Preterm birth and risk of chronic kidney disease from childhood into mid-adulthood

The objective of this study, which was conducted in Sweden, was to investigate the relation between preterm birth (gestational age 37 weeks) and the risk of chronic kidney disease (CKD) from childhood into mid-adulthood.

The participants were over four million singleton live births in Sweden during 1973 and 2014. The findings were that preterm birth and extremely preterm birth (<28 weeks) were associated with nearly two-fold and three-fold risks of CKD respectively, from birth into mid-adulthood. An increased risk was observed even among those born at early term (37–38 weeks).

It was concluded that preterm births are strong risk factors for the development of CKD from childhood into mid-adulthood. Such people need long-term monitoring and preventive actions to preserve renal function.

***BMJ* 2019; 365:l1346**

Oral antihypertensive regimens (nifedipine retard, labetalol and methyldopa) for management of severe hypertension in pregnancy

Hypertension complicates 1 in 10 pregnancies and may cause serious maternal complications. This randomised trial compares the value of three commonly used antihypertensive drugs in the management of such patients.

Two thousand three hundred and seven women aged at least 18 years, pregnant for at least 28 weeks with a systolic BP of ≥160mm or diastolic BP of ≥110mm who were able to swallow oral medications were involved. The primary outcome sought was a systolic pressure between 120–150mm and a diastolic between 70–100mm.

All three oral medications reduced the BP to the reference range in most women. Nifedipine retard use produced the required result better than the other two drugs, but all three were found to be viable options.

***Lancet* 2019; 394:1011–21**

Oral semaglutide and cardiovascular outcomes in patients with type 2 diabetes

Establishing cardiovascular safety of new therapies for type 2 diabetes is important. Safety data are available for the subcutaneous form of the glucagon-like peptide-1 receptor agonist semaglutide but are needed for oral semaglutide.

In this randomised trial patients with type 2 diabetes and at high risk of cardiovascular disease or chronic kidney disease were assigned to be treated with oral semaglutide or placebo. The primary outcome sought was the occurrence of major CVS events (death, myocardial infarction or stroke). Half of 3,183 patients were assigned to receive oral semaglutide and the other half received placebo.

The conclusion reached was that there was no excess CVS risk with the use of oral semaglutide.

NEJM 2019; 381:841–851

URL:
http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2019/vol-132-no-1507-13-dec-2019/8084