LETTER TO THE EDITOR

In Reply to 'Glucagon-like Peptide-1 Receptor Agonists and the Risk of Acute Kidney Injury: Alarming, or Not?'

We thank the authors for their comments[1] about our paper.[2] We agree that glucagon-like peptide-1 receptor agonists (GLP-1 RAs) do not increase risk for acute kidney injury (AKI) on a population level, but that care needs to be taken in patients with more advanced chronic kidney disease (CKD) and/or adverse gastrointestinal events. It is not known if AKI is more likely with certain GLP-1 RAs.

The risk-to-benefit ratio of GLP-1 RAs in patients with CKD owing to diabetic kidney disease is not nearly as clear as it is with SGLT2 inhibitors. As opposed to SGLT2 inhibitors (for which there are 2 large published trials in patients with CKD, 1 in diabetic kidney disease[3] and 1 in CKD with or without diabetes,[4] both clearly showing kidney and cardiovascular benefits), there are no large trials for GLP-1 RAs in patients with diabetic kidney disease. The PIONEER 5 trial of oral semaglutide in diabetic patients with CKD3 was a relatively small trial, but it is of note that semaglutide was associated with adverse events in 15% versus 5% with placebo, and there were 3 versus 1 AKI events.[5] In 2 very recent meta-analyses, SGLT2 inhibitors were shown to have a lower risk of AKI than both GLP-1 RAs and placebo, and they were associated with a marked decrease in both cardiovascular and kidney events—benefits not seen with GLP-1 RAs.[6,7]

In our opinion, SGLT2 inhibitors are preferable to GLP-1 RAs in most patients with CKD and can be used in patients with or without diabetes.

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ARTICLE INFORMATION

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