



Complete Summary

GUIDELINE TITLE

Angiotensin II antagonists.

BIBLIOGRAPHIC SOURCE(S)

Nicholls K. Angiotensin II antagonists. Nephrology 2006 Apr;11(S1):S92-7.

Nicholls K. Angiotensin II antagonists. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2005 Sep. 10 p. [11 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Diabetic nephropathy

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
Management
Treatment

CLINICAL SPECIALTY

Endocrinology
Family Practice
Internal Medicine

Nephrology
Pharmacology

INTENDED USERS

Pharmacists
Physicians

GUIDELINE OBJECTIVE(S)

To review the beneficial effects of angiotensin II receptor antagonists in preventing progression of diabetic nephropathy

TARGET POPULATION

Patients with diabetic nephropathy:

- Patients with type 1 or type 2 diabetes mellitus complicated by microalbuminuria or overt nephropathy

INTERVENTIONS AND PRACTICES CONSIDERED

Angiotensin II receptor antagonist therapy

MAJOR OUTCOMES CONSIDERED

- Blood pressure
- Mean arterial pressure
- Renal function
 - Albuminuria
 - Time to doubling of serum creatinine
 - Glomerular filtration rate
 - Time to onset of end-stage renal disease
- Cardiovascular morbidity
- Mortality

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Databases searched: The Cochrane Renal Group Specialised Register was searched for randomised controlled trials relating to the prevention of progression of kidney disease in people with diabetes mellitus type 1 and type 2. Specific interventions included antihypertensive therapies, Angiotensin-converting enzyme (ACE) inhibitors, all receptor antagonists, calcium channel blockers, dietary

protein restriction and glucose control, and interventions to control hypercholesterolemia and hyperlipidemia.

Date of search: 16 December 2003.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Recommendations of Others. Recommendations regarding use of angiotensin II antagonists in patients with diabetic nephropathy from the following groups were discussed: American Diabetes Association, American Diabetes Association, Canadian Diabetes Association, and Kidney Disease Outcomes Quality Initiative.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for the levels of evidence (I–IV) can be found at the end of the "Major Recommendations" field.

Guidelines

- a. Angiotensin II receptor antagonists offer specific renoprotection in diabetic nephropathy, beyond their antihypertensive benefit. (*Level I evidence* for type 2 diabetics with microalbuminuria or overt nephropathy)

Definitions:

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate use of angiotensin II receptor antagonists in patients with diabetic nephropathy
- Prevention of progression of diabetic nephropathy in type 2 diabetics

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Sep

GUIDELINE DEVELOPER(S)

Caring for Australasians with Renal Impairment - Disease Specific Society

SOURCE(S) OF FUNDING

Industry-sponsored funding administered through Kidney Health Australia

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

David Harris, Convenor (Westmead, New South Wales); Merlin Thomas (Prahran, Victoria); David Johnson (Woolloongabba, Queensland); Kathy Nicholls (Parkville, Victoria); Adrian Gillin (Camperdown, New South Wales)

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All guideline writers are required to fill out a declaration of conflict of interest.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Caring for Australasians with Renal Impairment \(CARI\) Web site](#).

Print copies: Available from Caring for Australasians with Renal Impairment, Locked Bag 4001, Centre for Kidney Research, Westmead NSW, Australia 2145

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- The CARI guidelines. A guide for writers. Caring for Australasians with Renal Impairment. 2008 Jul. 6 p.

Electronic copies: Available from the [Caring for Australasians with Renal Impairment \(CARI\) Web site](#).

PATIENT RESOURCES

None available

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