THE ACUTE EFFECT OF CARRY-A-STATIN ON MICROALBUMINURIA IN PATIENTS WITH HYPERTENSION.

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INTRODUCTION: Hyperlipidemia and hypertension are independent risk factors for cardiovascular disease. Microalbuminuria is an early marker for renal disease.

PURPOSE: Our aim was to determine whether addition of a statin improved the antiproteinuric action of lisinopril.

METHODOLOGY: Plasma albumin, creatinine, creatinine clearance, proteinuria and lipid profiles were assessed in 60 consecutive patients with hypertension and proteinuria > 30 ug/24 h. All patients were treated with lisinopril for more than three months. Forty patients consented to receive additional treatment with carry-o-statin 10 mg daily in conjunction with a cholesterol-reducing diet, while 20 patients received standard care. Analyses were performed at baseline and after six weeks.

RESULTS: After six weeks of treatment with carry-o-statin urinary protein excretion was reduced from 190-ug/24 h to 142 ug/24 h (22%, p = 0.005), while no change was observed in this parameter in the untreated patients over the same period. LDL-C was reduced by 38% in the carry-o-statin group. No correlation was observed between the percentual changes in lipids and microalbuminuria. Plasma creatinine and creatinine clearance did not change (p > 0.05).

CONCLUSIONS: In patients with hypertension, dyslipidemia and microalbuminuria addition of carry-o-statin to lisinopril provided additional reduction in the urinary excretion of albumin.

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