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Antiproteinuric efficacy of Cilnidipine as an add on therapy to Ramipril in patients of Diabetic Kidney Disease.

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Diabetic Nephropathy is disabling complication of uncontrolled diabetes mellitus. Clinical proteinuria is a well-established marker of renal dysfunction. ACE-I or ARBs are the first choice in the management of proteinuria, but even at the maximum dose they fail to cease the progression of proteinuria.Hence addition of a Calcium channel blocker (CCB) to the already prescribed ACE-I can be used to augment its antiproteinuric effect.Cilnidipine a dual L/N-type CCB dilates the afferent and efferent arterioles of the glomerulus decreasing the intraglomerular pressure and showing antiproteinuric effects.The present study was aimed to study the antiproteinuric efficacy of Cilnidipine as an add on therapy to Ramipril.This interventional study was conducted on 60 patients of both genders aged 18 years and above with diabetic nephropathy (Stage-1 to Stage 4) over a period of one year.Baseline urine protein creatinine ratio (UPCR), serum creatinine and the estimated glomerular filtration rate(eGFR) was recorded and repeated at 12 weeks, after addition of Cilnidipine (5-20 mg) daily dose to the ongoing treatment with Ramipril (2.5-20mg) daily dose. The end point was decrease in the UPCR levels. After 12 weeks of treatment with Cilnidipine, it was observed that there was a significant reduction in the UPCR (mean + SD) from 3.3+1.19 to 3.1+1.05 respectively ($p<0.05$).The serum creatinine also showed a significant reduction along with an increase in the eGFR levels ($p<0.001$).This study reveals that the addition of Cilnidipine to Ramipril in patients of Diabetic kidney disease was highly efficacious in preventing the progression of Diabetic nephropathy.

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