

REPLY

The role of fibrates in chronic kidney disease and diabetes mellitus

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We appreciate the thoughtful comments of Yuli Huang and Yunzhao Hu in their correspondence (Lipid-lowering agents in chronic kidney disease: do fibrates have a role? *Nat. Rev. Cardiol.* doi:10.1038/nrcardio.2013.15-c1)¹ on our Review (Management of cardiovascular disease in patients with kidney disease. *Nat. Rev. Cardiol.* **10**, 261–273; 2013),² which raises some important issues.

We fully agree that further studies are necessary to define the role of specific lipid-lowering agents, both alone and in combination, in patients with chronic kidney disease (CKD). Furthermore, we wish to emphasize the importance of distinguishing the population of patients with CKD as a whole from those patients with diabetes mellitus and CKD. As noted in the original article, statin therapy

demonstrated some promise in those patients with diabetes and CKD studied in the 4D trial.³ Huang and Hu additionally cite the ACCORD and FIELD trials,^{4,5} in which populations with diabetes were also studied. Therapeutic benefits accrued in the subpopulation with diabetes might conceivably be less apparent when all patients with CKD are considered, and perhaps specific patient populations with CKD (that is, patients with diabetes compared with those without) should be targeted differently with regards to therapy.

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Competing interests

The authors declare no competing interests.

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