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IN BRIEF

NEPHROTOXICITY

Effects of lithium on renal and thyroid function

Patients who are to start lithium treatment should have baseline measures of renal, thyroid and parathyroid function as well as regular long-term monitoring, conclude the authors of a new study. In their retrospective analysis, Shine *et al*. found that lithium use was associated with increased risks of stage 3 chronic kidney disease (HR 1.93, 95% CI 1.76–2.12), hypothyroidism (HR 2.31, 95% CI 2.05–2.60), and hypercalcaemia (HR 1.43, 95% CI 1.21–1.69). Women had a higher risk of renal and thyroid disorders than did men, with younger women at higher risk than older women.

Original article Shine, B. *et al*. Long-term effects of lithium on renal, thyroid, and parathyroid function: a retrospective analysis of laboratory data. *Lancet* doi:10.1016/S0140-6736(14)61842-0

CARDIOVASCULAR DISEASE

Cholesterol absorption and statin effectiveness

Variations in cholesterol absorption rates affect the ability of atorvastatin to reduce cardiovascular risk in patients on haemodialysis, according to new research. In a *post hoc* analysis of 1,030 participants from the 4D study, Silbernagel and colleagues stratified patients by their cholestanol-to-cholesterol ratio—a biomarker of cholesterol absorption. The researchers found that atorvastatin reduced the risk of major cardiovascular events only in patients in the first tertile, suggesting that only patients with low cholesterol absorption benefit from atorvastatin treatment.

Original article Silbernagel, G. *et al*. Intestinal cholesterol absorption, treatment with atorvastatin, and cardiovascular risk in hemodialysis patients. *J. Am. Coll. Cardiol.* doi:10.1016/j.jacc.2015.03.551

SYSTEMIC LUPUS ERYTHEMATOSUS

Analysis of antibody-secreting cells in SLE

The properties of antibody-secreting cells (ASCs) and the contribution of these cells to serum autoantibodies during flares of systemic lupus erythematosus (SLE) activity are unknown. New findings by Tipton *et al*. show that circulating ASCs that are present during SLE flares are highly polyclonal but contain clonal expansions that express the variable heavy-chain region V_H4–34. The researchers also found that a substantial proportion of ASCs were derived from newly activated naive B cells, providing insight into the mechanisms of B cell hyperactivity in SLE.

Original article Tipton, C. M. *et al*. Diversity, cellular origin and autoreactivity of antibody-secreting cell population expansions in acute systemic lupus erythematosus. *Nat. Immunol.* doi:10.1038/ni.3175

ACUTE KIDNEY INJURY

PLA2 and cisplatin-induced acute kidney injury

Phospholipase A2 (PLA2) ameliorates cisplatin-induced acute kidney injury by modulating inflammatory responses, say researchers. Kim *et al*. found that administration of PLA2 to mice increased the population of T regulatory cells and secretion of IL-10 in the kidney. Importantly, the anticancer effects of cisplatin were not affected by PLA2 treatment in a tumour-bearing model.

Original article Kim, H. *et al*. Phospholipase A2 inhibits cisplatin-induced acute kidney injury by modulating regulatory T cells by the CD206 mannose receptor. *Kidney Int.* doi:10.1038/ki.2015.147