FATTY ACIDS FOR IgA NEPHROPATHY

Manuel Ferraro and colleagues in Italy have found that polyunsaturated fatty acids (PUFAs) might be a useful addition to renin–angiotensin system (RAS) blockers for reducing proteinuria in patients with IgA nephropathy (IgAN).

“RAS blockers alone are not enough to prevent progression of IgAN to end-stage renal disease” says Ferraro, “and immunosuppressive treatment, which can be useful for severe forms of disease, is often costly and is associated with adverse reactions such as infections and malignancies.” Previous findings from studies of PUFAs in IgAN have been inconsistent, but Ferraro *et al.*’s open-label study is the first to administer PUFAs in combination with RAS blockers.

The authors enrolled 30 patients with biopsy-proven IgAN who had persistent proteinuria despite treatment with RAS blockers; they then randomly assigned participants to either supplementation with PUFAs or to continue on RAS blockers alone. After 6 months, the mean reduction in proteinuria from baseline was significantly greater in patients who had received combination treatment than in those who had received RAS blockers alone. The proportion of patients who achieved a $\geq 50\%$ reduction in proteinuria from baseline was 80% in the combination-therapy group but only 20% in the RAS-blockers-alone group. The investigators noted no differences in renal function between groups at the end of the study, which Ferraro suggests was “possibly due to the relatively short period of observation”.

PUFAs are thought to act by reducing the production of inflammatory eicosanoids that could contribute to glomerular injury and proteinuria. This theory is supported by the fact that erythrocyturia, a marker of inflammation, declined in the PUFA-treated patients studied by Ferraro *et al.*

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Original article Ferraro, P.M. *et al.* Combined treatment with renin–angiotensin system blockers and polyunsaturated fatty acids in proteinuric IgA nephropathy: a randomized controlled trial. *Nephrol. Dial. Transplant.* **24**, 156–160 (2009).