Nature Reviews Nephrology 9, 126 (2013); published online 12 February 2013;
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IN BRIEF

ACUTE KIDNEY INJURY

Na/K citrate for prevention of contrast-induced nephropathy

A new study reports that the urine alkalinization agent Na/K citrate might protect against contrast-induced nephropathy (CIN). Markota *et al.* randomly assigned 202 patients who underwent coronary angiography to Na/K citrate or control groups. They found that the incidence of CIN was significantly lower in patients who received Na/K citrate than in the control patients (4% versus 20%, $P=0.0001$). The incidence of CIN in patients with urine pH <6 was more than tenfold higher than that in patients with urine pH >6. The researchers suggest that urine alkalinization using Na/K citrate might be an effective strategy for CIN prevention.

Original article Markota, D. *et al.* Prevention of contrast-induced nephropathy with Na/K citrate. *Eur. Heart J.* doi:10.1093/eurheartj/ehu009

CHRONIC KIDNEY DISEASE

New KDIGO CKD Clinical Practice Guideline published

The KDIGO Chronic Kidney Disease (CKD) Workgroup has published a new Clinical Practice Guideline for the Evaluation and Management of CKD. They hope that this guideline will improve clinicians' understanding of the evidence supporting current clinical practice, help to identify areas where further research is needed, and ultimately improve patient care.

Original article Kidney Disease Improving Global Outcomes (KDIGO) Chronic Kidney Disease Work Group. KDIGO Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int. Suppl.* 3, 1–150 (2013)

DIABETIC NEPHROPATHY

Systolic blood pressure variability and risk of nephropathy in patients with type II diabetes

In patients with type II diabetes, visit-to-visit variability in systolic blood pressure (SBP) might be a novel risk factor for the development and progression of diabetic nephropathy, according to new data. Okada *et al.* found that the coefficient of variation in SBP (calculated by using SBP measurements taken at every home visit for 354 patients over 1 year) was associated with change in urinary albumin excretion ($\beta=0.1758$, $P=0.0108$) and an increased risk of development of albuminuria during a mean follow up of 3.76 ± 0.71 years (HR 1.143, 95% CI 1.008–1.302).

Original article Okada, H. *et al.* Visit-to-visit blood pressure variability is a novel risk factor for the development and progression of diabetic nephropathy in patients with type 2 diabetes. *Diabetes Care* doi:10.2337/dc12-2087

PAEDIATRICS

Bisphenol A exposure and albuminuria in US children

Bisphenol A exposure is widespread in the USA and has been associated with low-grade albuminuria in Chinese adults. Now, a new analysis of data from NHANES 2009–2010 reports that US children ($n=710$) with the highest urinary BPA levels (a biomarker of BPA exposure) had a significantly higher albumin-to-creatinine ratio (0.91 mg/g higher) than those with the lowest urinary BPA levels. The researchers suggest that endothelial dysfunction resulting in low-grade albuminuria is an adverse effect of BPA and suggest that efforts to prevent BPA exposure are required.

Original article Trasande, L. *et al.* Bisphenol A exposure is associated with low-grade urinary albumin excretion in children of the United States. *Kidney Int.* doi:10.1038/ki.2012.422