



UNC
KIDNEY CENTER

Podcast Transcript:

Dr. Ron Falk

Membranous Nephropathy

“What types of treatments are available?”

Patient: So how will this be treated? What kind of medicines will I be taking?

Dr Falk: Happily, in some patients with this disease, especially women, the disease process goes away by itself. That’s wonderfully fun when it happens. In about a third of patients the disease has a spontaneous remission. In one third of patients, the disease process grumbles along. And finally, in about another third of patients, the disease has a more progressive course. But this is a long term disease. It’s a chronic disease in some patients. So one has to match the extent of treatment with the severity of the disease. So, many patients, all that is required are blood pressure medicines that help decrease the protein in the urine and help preserve kidney function.

There are 2 groups of these types of blood pressure medicines. One is called an Angiotensin Converting Enzyme Inhibitor, or an ACE-Inhibitor. All of these have the name “-pril” at the end, Enalapril or Benazepril-which one of those drugs, it doesn’t make that much difference, they’re all about the same. They certainly work in this disease to lower the amount of proteinuria.

And then there are another group of blood pressure drugs called Angiotensin Receptor Blockers, or ARBs, they similarly can help preserve kidney function and decrease proteinuria. That’s absolutely the first step in treatment. Now, in some patients with more severe disease, we use the age-old medicine of Prednisone or other kinds of Glucocorticoids- Solu-Medrol for example, but most commonly, Prednisone. In combination with more substantial kinds of immunosuppression- called Cyclophosphamide, for example.

Another way of treating this disorder is to use a drug called Cyclosporine. Your doctor will have to help you figure out whether you need this more potent immunosuppressive drug-Cyclosporine or Prednisone and Cyclophosphamide. Hopefully, blood pressure control will do a lot to help your disease.

Patient: You mentioned that there were three groups. Is there any way to tell which group you're in as a patient, whether yours might be the one that goes away spontaneously or last a long time?

Dr Falk: After three or four years of having the disease, and the disease going away, you know that you're in the group that did very well. But that's not a good answer for today. At the time of diagnosis, the question is, are you in the group of patients that is going to do well? Or are you in a group of patients who are going to do less well? And there are certain features that help us answer that question.

Women do better than men. Women do better than men in a lot of ways, but in this circumstance as well. If your blood pressure is low, you'll do better. If your kidney function is normal at the time of diagnosis, you do better. If, in fact, you have less than 6 grams of protein-which is a lot of protein-for more than 6 months, in fact your chances of doing well diminish somewhat. So, in general, women, with minimal amounts of protein, maybe 1,000 or 2000 milligrams, or 1-2 grams a day, who have normal kidney function and who have normal blood pressure, they do very well as a group.

In contrast, males, with lots and lots of proteinuria-- 6, 7, 8, 9, 10 grams a day, some degree of kidney dysfunction already, and high blood pressure, the group of patients just is not going to do as well.