



UNC  
KIDNEY CENTER

Podcast Transcript:

Dr. Ron Falk

Fibrillary GN

“Fibrillary GN: How do you treat it?”

Patient:           What is the treatment for this disease?

Dr Falk:           Again, this is one of those glomerular diseases that we do not have large, randomized trials to help guide our therapy. In the first place, lowering blood pressure and making sure that that blood pressure is lowered, with certain categories of drugs that help decrease the amount of protein in the urine, are most useful.

It would be best if your blood pressure were between 125/75 to 130/80 and lowered with drugs that inhibit the angiotensin system. So, common drugs, angiotensin converting enzyme inhibitors, those drugs that all end with a “-pril”, lisinopril, enalapril, just to name two-any of them work. Or, angiotensin receptor blockers, the “-sartans”—losartan, valsartan, and candesartan, to name but a few. Those are good drugs to start with.

Suppressing the immune system has not really been of huge benefit in this disease, although many of us have tried. Drugs such as cyclosporine, mycophenolate mofetil, or even cyclophosphamide, some patients this seems to work. Interestingly, I’ve had many patients now who’ve had Fibrillary GN that has gotten better all by itself. The disease process stabilizes with just the use of these antihypertensive drugs.