Research Article

Journal of Clinical Nephrology and Urology

Efficacy and Safety of Finerenone in Diabetic Ckd Patients: A Retrospective Study from a Tertiary Care Centre in South India

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Received: August 19, 2026; **Accepted:** October 06, 2026; **Published:** October 16, 2026

Introduction
Diabetic kidney disease (DKD) remains a leading cause of end-stage renal disease (ESRD), with persistent proteinuria contributing significantly to both renal and cardiovascular complications [1]. Finer none has demonstrated a reduction in the risk of cardiovascular events and kidney failure in patients with chronic kidney disease (CKD) and type 2 diabetes [2]. Additionally, finer none offers a favourable safety profile, particularly with respect to hyperkalemia, while effectively attenuating the inflammatory and fibrotic pathways implicated in renal and cardiovascular injury.

Methods
Retrospective analysis of 122 patients with diabetes with EGFR >25 ml/min /1.73 m2 or presence of albuminuria (>30 mg/g of creatinine), who were initiated on furanone from 2022-2024 were analysed and were followed up for another one year. Of these 10 % (12 patients) were lost to follow up,6 patients discontinued the drug due to financial reasons ,2 patients developed stopped drug due to hyperkalemia. Baseline characteristics of the patients were analysed in detail. These patients were retrospectively followed up at 3 months,6 months and various parameters including variation of Egfr, reduction in proteinuria, hyperkalemia events etc were analysed.

Result
The average age of study population was 64 + 2.5 years. Males contributed to around 84 % of our study population (81 patients).85 % (91 patients) had hypertension as comorbidities. Average egfr at time of start of study was 44 ml/1.73 m2 and average proteinuria was 720 mg/g of creatinine. At 3 months after initiation of finrenone, the mean egfr was 46 + 4.5 ml/1.73 m 2 and urine ACR reduced from 720 mg/g creatinine at start of furanone therapy to 540 mg/g creatinine at 3 months and at the end of 6 months, mean urine ACR reduced to around 380 mg/g of creatinine. At 3 months, only 4 % had hyperkalemia (potassium >5.5) and at 6 months only 6 % (6 patients) had hyperkalemia. At the end of one-year average egfr was 49 ml1.73 m and around 8 % (8 patients) had a fall in egfr at 3 months, around around 4 % (4 patients) had fall in egfr at 6 months and 2 % (2 patients) had fall in egfr at 6 months.

Conclusion
The rapid emergence of new therapeutic options for DKD like finrenone is exciting. In conclusion, this study demonstrated the efficacy of finerenone in reducing proteinuria in diabetic patients with proteinuria and or renal dysfunction without causing significant side effects.

References

1. Pasari AS, Gupta S, Gurjar P, Ramteke V, Malde S. Efficacy of finerenone in reducing proteinuria in diabetic kidney disease with maximum tolerable doses of dapagliflozin and telmisartan. World J Nephrol. 2026. 15: 117173.
2. Alhomoud IS, Albekery MA, Alqadi R, Alqumia A, Khan RA. Mulhim MY Finerenone in diabetic kidney disease: a new frontier for slowing disease progression. Front. Med. 2025. 12: 1580645.

Citation: Varsha Vipin, Praveen Murlidharan, Satish Balan, Kimshealth Trivandrum. Efficacy and Safety of Finerenone in Diabetic Ckd Patients: A Retrospective Study from a Tertiary Care Centre in South India. J Clin Nephro Uro. 2026. 1(1): 1-1. DOI: doi.org/10.61440/JCNU.2026.v1.03

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