

**Harvard Medical School Department of
Continuing Education and the Cardiovascular
Division of the Department of Medicine,
Brigham and Women's Hospital**



Cardiology Rounds
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Do statins protect the kidney as well as the heart?

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Objectives:

- Review the nature of dyslipidemia in kidney disease.
- Examine epidemiological data suggesting that dyslipidemia may be associated with more rapid kidney function loss.
- Review studies suggesting that statins reduce the rate of kidney function loss in people with and without pre-existing coronary disease.
- Discuss the mechanisms that may explain the putative renal protective effects of statins.

Questions:

1. Dyslipidemia of non-nephrotic chronic kidney disease is characterized by increased low-density lipoprotein (LDL)-cholesterol and normal serum triglycerides.
True False
2. Abnormalities in lipoprotein metabolism are unaffected by kidney function per se and become abnormal only when kidney dysfunction is severe enough to require dialysis.
True False
3. Most studies of patients with coronary disease suggest that statins do not influence the rate of change in kidney function.
True False
4. Factors that may predict renal benefit from statins include:
 - a. Severity of renal function impairment at baseline.
 - b. Severity of proteinuria at baseline.
 - c. Both
 - d. Neither
5. Statins may reduce protein traffic across proximal tubular cells by:
 - a. Decreasing proteinuria directly.
 - b. Blocking receptor-mediated endocytosis of filtered protein.
 - c. Both
 - d. Neither

6. Rosuvastatin may cause increase in tubular proteinuria by blocking receptor mediated endocytosis.

True False

7. The weight of currently available evidence clearly shows that statins exert a clinically relevant beneficial effect on the rate of kidney function loss.

True False

To receive AMA category 1 credit, you must correctly answer 60% of the test questions.

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