Indications for MRAs in the management of cardio-kidney risk

Indication for **steroidal mineralocorticoid receptor antagonist** (i.e. spironolactone, eplerenone) to manage HFrEF* in CKD patients

GFR Categories (ml/min/1.73m²) Description and range				Albuminuria Categories Description and range		
				A1	**A2**	**A3**
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥ 300mg/g ≥ 30mg/mmol
	G1	Normal to high	≥ 90			
	G2	Mildly decreased	60-90			
	G3a	Mildly to moderately decreased	45-59			
	G3b	Moderately to severely decreased	30-44			
	G4	Severely decreased	15-29			
	G5	Kidney failure	<15			

**Strong recommendation for steroidal MRA to manage symptomatic HF* (NYHA Class II-IV)

Do not start

*No evidence of benefit to use steroidal MRAs to reduce the risk of CKD progression

HFrEF (≤40%) **or HFpEF with elevated BNP or hospitalization in past 12 months **or** Post-MI HFrEF (≤40%)

Indication for **nonsteroidal mineralocorticoid receptor antagonist** (Finerenone) to reduce the risk of CKD progression and CV events in patients with Type 2 DM and CKD and patients with heart failure (HFpEF)

GFR Categories (ml/min/1.73m²) Description and range				Albuminuria Categories Description and range		
				A1	**A2**	**A3**
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥ 300mg/g ≥ 30mg/mmol
	G1	Normal to high	≥ 90			
	G2	Mildly decreased	60-90			
	G3a	Mildly to moderately decreased	45-59			
	G3b	Moderately to severely decreased	30-44			
	G4	Severely decreased	15-29	≥25		
	G5	Kidney failure	<15			

Strong indication for non-steroidal MRA in T2DM with CKD to reduce the risk of CV events* and CKD progression

Do not start

Not included in clinical trials

*CV risk reduction mainly due to a reduction in HF hospitalizations

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