

485

COMPARISON OF LISINOPRIL AND LOSARTAN IN REDUCING MICROALBUMINURIA LEVELS IN DIABETIC PATIENTS WITH EARLY NEPHROPATHY (A6), Justin Tse. Kaiser Permanente Medical Care Program, Sacramento, CA (justin.g.tse@kp.org) IRB approved.

Diabetic nephropathy is a major cause of end stage renal disease. Early initiation with the appropriate renal protective drug and dose is essential for preventing the progressive decline in diabetic patients' renal function. Currently, the treatment of choice for diabetic nephropathy is angiotensin converting enzyme inhibitors (ACE-I) or angiotensin II receptor blockers (ARBs). Numerous studies have compared the effects of ACE-I versus ARBs on nephropathy by assessing microalbuminuria levels. The objective for this retrospective, multi-center study was to compare the effectiveness of lisinopril and losartan in reducing early nephropathy in diabetic patients by reviewing their microalbuminuria levels over three years. In this study, early nephropathy was defined as positive microalbuminuria for up to two years and having a blood pressure less than 130/80. The patients had been prescribed a daily dose of either lisinopril 20-40 mg or losartan 50-100 mg. Patient data were evaluated upon medication initiation and titration, and when urine protein levels reached the baseline level for a diagnosis of microalbuminuria. Over the span of three years from June 1, 2005 to June 1, 2008, changes, if any, in subsequent microalbuminuria levels were noted to determine if optimum doses of lisinopril are superior, inferior, or equipotent compared to optimum

doses of losartan. Results and conclusions will be presented.