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Administration of low-dose cyclosporine alone for the treatment of elderly patients with membranous nephropathy

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ABSTRACT. This study aimed to investigate the effects of administration of low-dose cyclosporine A (CsA) alone and the combination of low-dose CsA and a low-dose hormone for the treatment of elderly patients with membranous nephropathy. We divided 27 patients into two groups as follows: low-dose CsA group (group A) and the group receiving a combination of a low-dose hormone and low-dose CsA (group B). The treatment and follow-up times were ≥6 months. We observed no difference in gender, age, serum creatinine levels, estimated glomerular filtration rate (eGFR), and 24-h urinary protein levels between the two groups before treatment; in addition, the rates of complete and partial remission were not different 6 months after treatment. The rate of complications in group B was higher than that in group A (84.6 *vs* 35.7%, respectively; t = 0.018). While the pretreatment eGFR of patients who achieved remission was significantly higher than that of patients who did not achieve remission, the 24-h urinary protein levels and incidence of hypertension were significantly lower than those of patients who did not achieve remission (t = 0.042, 0.035 and 0.043, respectively). The efficacy of administration of low-dose CsA alone and in combination with a low-dose hormone was similar; the

efficacy was related to eGFR, urinary protein levels, and the incidence of hypertension before the treatment. The side effects of administration of CsA alone were significantly lower than those of the combination treatment.

Key words: Elderly idiopathic membranous nephropathy; Low doses; Glucocorticoids; Cyclosporine A

