

Semaglutide in obese haemodialysis patients with stage v chronic kidney disease: a real-world case series

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BACKGROUND AND IMPORTANCE

- **Obesity** and **type 2 diabetes** are highly prevalent in advanced **chronic kidney disease**.
- These conditions increase cardiovascular risk and may limit access to kidney transplantation
- **GLP-1 receptor agonists** improve glycaemic control, weight and cardiovascular outcomes in the general population, but evidence in **haemodialysis patients** remains limited

AIM AND OBJECTIVES

To evaluate changes in renal and cardiovascular parameters in obese stage V CKD patients on haemodialysis treated with semaglutide

MATERIALS AND METHODS

- **Retrospective real-world case series**
- Haemodialysis patients with obesity treated with semaglutide
- Data collected from electronic medical records

Variables: demographics, concomitant treatments, duration of therapy, creatinine, urea, GFR, HbA1c, systolic blood pressure

RESULTS

 **9 patients treated with semaglutide**

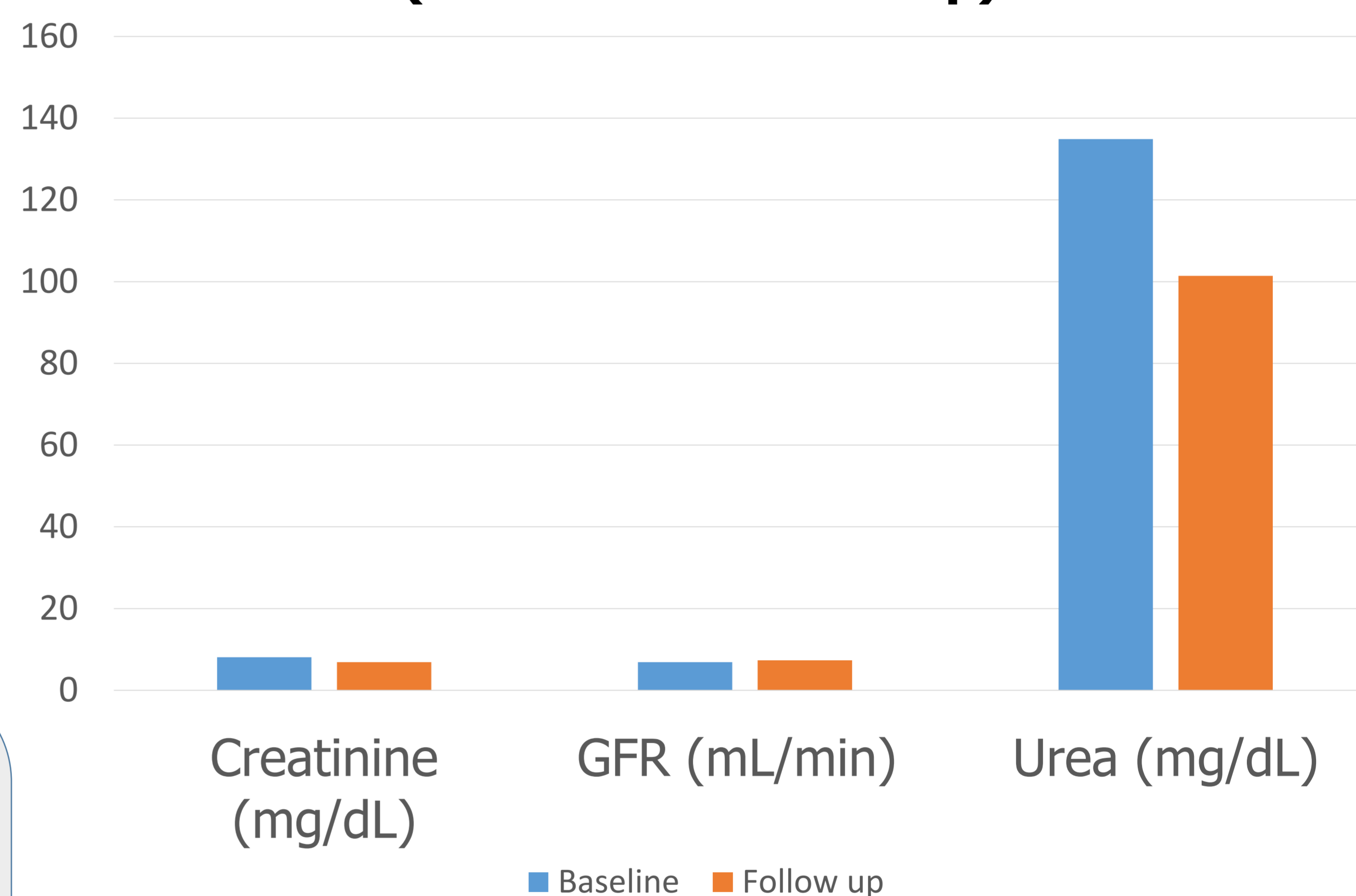
- **55% female**
- **Median age: 71 years**
- **Median treatment duration: 325 days**
- **89 % had type 2 diabetes**
- **All patients had Stage V CKD**

- Significant reduction in **serum urea**
- Improvement in **systolic blood pressure**
- Moderate reduction in **HbA1c**
- **Renal function** remained stable

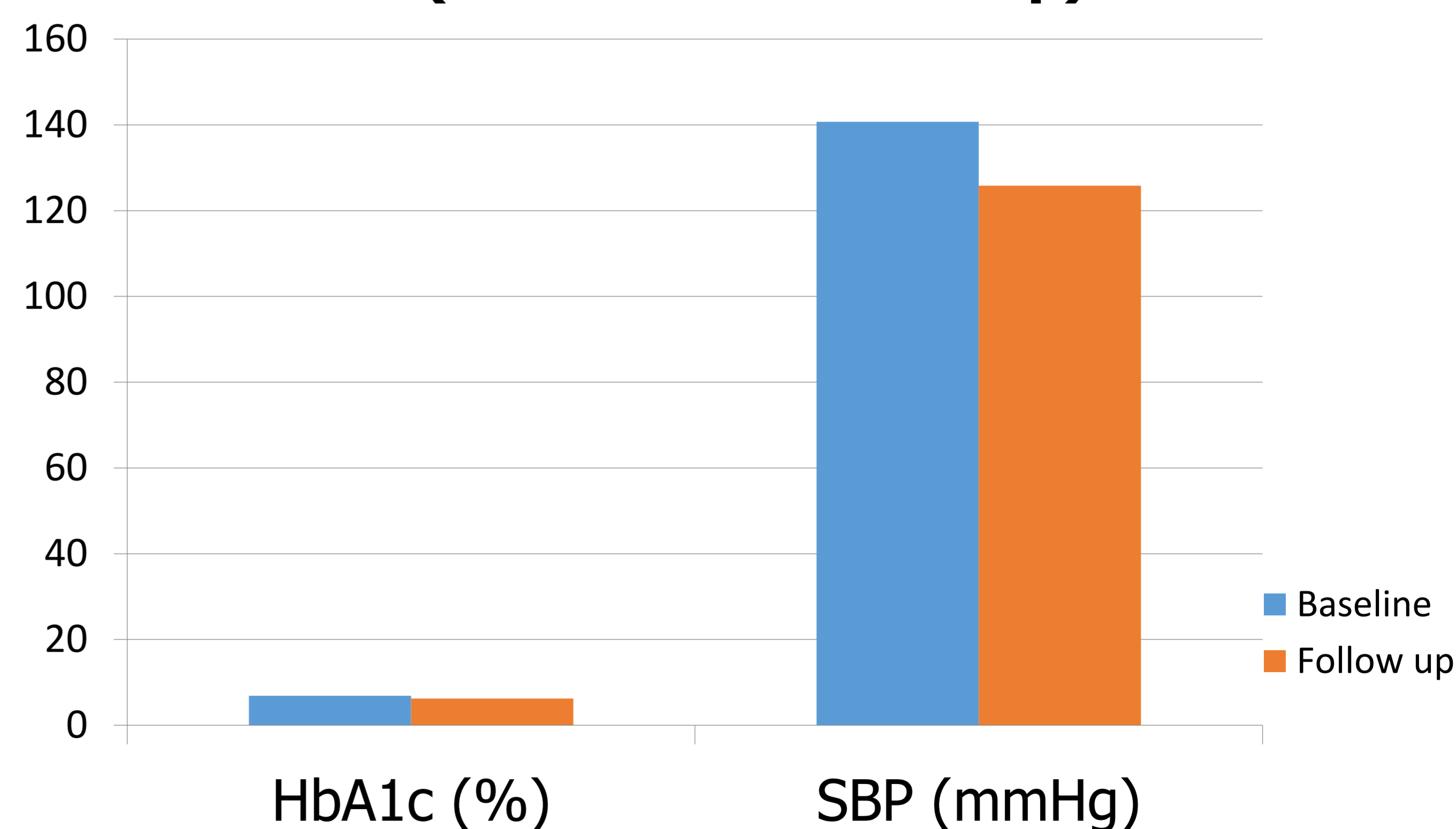
CONCLUSIONS

- **Semaglutide** showed clinically relevant **cardio-renal benefits** in **obese haemodialysis patients with advanced CKD**.

Renal outcomes (Baseline vs Follow up)



Cardiovascular outcomes (Baseline vs Follow up)



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★ These findings suggest it may be a therapeutic option in a population with limited treatment alternatives.