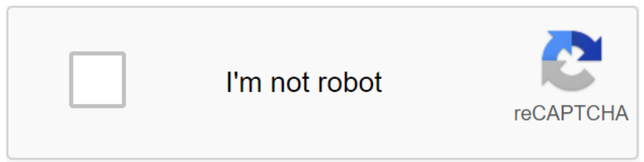

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Davis Company ET - 16 DB - Care Central DP - Non-Emergency Medicine ER - Goals / Hypothesis: Ferofibrat caused acute, resistant plasma creatinine increase in phenofibrat intervention and events of diabetes reduction (FIELD) We rated the renal effects of phenofibrace in general and under study Methods: Patients with type 2 diabetes (n No. 9,795) between the ages of 50 and 75 years were randomly assigned phenophibrate (n No. 4,895) or placebo (n No. 4900) for 5 years, after 6 weeks of phenofibra start-up. Albuminuria (the ratio of urinary albumin/creatinine, measured at the baseline, year 2 and closure) and the calculated GFR, measured four to six months according to the diet modification in the study of renal diseases, were predetermined endpoints. Plasma creatinine was re-measured 8 weeks after discontinuation of treatment at closing (sub-study of washing out, n No. 661). The analysis was carried out for the purpose of treatment. Results: During the launch of phenophibrate, plasma creatinine increased by 10.0 micromole/L (p 0.001), but quickly canceled the placebo appointment. It remained higher on phenophibrat than on placebo, but chronic growth was slower (1.62 vs. 1.89 mcmol/L per year, p - 0.01), with less estimated loss of GFR (1.19 vs. 2.03 ml min (-1) 1.73 m (-2) per year, p. 0.01). After washing out, it is estimated that the GFR fell less from the baseline level on phenophibrat (1.9 ml min (-1) 1.73 m (-2), p 0.065) than on placebo (6.9 ml min (-1) 1.73 m (-2), p. 0.001), sparing 5.0 ml min (-1) 1.73 m (-2) (95% CI 2.3-7.7, p 0.001). widespread preservation of calculated GFR with phenophibrat was observed with basic hypertriacillyglycerolemia (n No 169 vs. 491 491 alone, or combined with low HDL-cholesterol (n No.140 vs. 520 without) and a decrease of 0.48 mmol/L in triacylglycerol during the active start-up period (before randomization) (n No. 356 vs. 303 without). Phenofibrat reduced the concentration of labine urine and, Consequently, the ratio of albumin/creatinine is 24% vs. 11% (p 0.001; average difference 14% (95% CI 9-18); p 0.001), with 14% less progression and 18% more albuminuria regression (p 0.001) than placebo participants. The frequency of renal events at the end of the stage was similar (n No. 21 vs. 26, p 0.48). Conclusions/interpretation: Phenofibrat reduced albuminuria and slowed the estimated loss of GFR for 5 years, despite the initial and reversible increase in plasma creatinine. Phenofibrat can delay albuminuria and GFR disorders in type 2 diabetes patients. Supporting research deserves attention. Court registration: ISRCTN64783481. Help us find a new treatment for hyperlipidemia in dogs! Keywords: hyperlipidemia, dog, dog, phenophibrate, FNF The purpose of this study is to study the use of phenophibrate to treat hyperlipidemia (elevated serum cholesterol, triglycerides, or both) in dogs. What happens in this study If exams, tests and procedures show that your pet is eligible to participate in the study and you decide to enroll them, the following procedures will occur: Physical examination; Administration of phenophibrate mouth once a day for 21 days (three weeks); The collection of blood and urine is repeated after 21 days (three weeks) of treatment; and, repeated physical examinations, blood/urine tests, and an increase in the dose of the drug every 3 weeks (maximum 63 days after the first visit) if hyperlipidemia was not resolved and side effects did not occur. Pet Owner Responsibilities If you decide to take part in this trial, you will be responsible for: Keeping all scheduled meetings; Administer phenophibrate tablets /s, once a day, in the morning, with food; Maintaining your pet on the same diet, medications or supplements for the duration of the study; and, Covering the cost of initial consultation and diagnosis in order to determine eligibility, recheck diagnosis, and the cost of any medical care needed due to an adverse event during the study. Requirements for participation We are looking for dogs diagnosed with hyperlipidemia without changes in diet or medication in the past month (NOTE: Patients with primary or secondary hyperlipidemia and non-diabetes may be enrolled.). To determine the eligibility of your dog will need a blood and urine test (full blood test, chemical panel, including cholesterol and triglycerides, complex thyroid panel, ratio of urination and urine) and abdominal ultrasound. The benefits and risks of participating in this trial help improve or solve your dog's hyperlipidemia and reduce the risk of hyperlipidemia associated with (e.g., reduce the risk of pancreatitis, increased liver values, gallbladder changes, loss of urine protein, eye diseases and even neurological signs). The Compensation Study covers the cost of phenophibrate at the time of the study. The resources of the PDF Docs Clinical Trials Information FlyerScheduleStudy duration and period each dog will be considered within 21 days. If blood lipids are normalized at the lowest dose of phenophibrate, your dog will complete the study on day 21. If no side effects were observed, but blood lipids have not normalized, you dog will be treated to a maximum of 63 days (with an increase in dose). Recruitment period from July 13, 2018 uc Davis Veterinary and Medical Clinic 1 Garrod DriveSmall Animal Clinic - Internal MedicineDavis, CA 95616 Are there any questions or want to know more? Leave your contact details below and the research team will contact you. Kwiring, Courtney et al. Fenofibrat. Davis' Guide to Drugs, 16th. F.A. Davis Company, 2020. Davis' Drug Guide - OLD - USE 2.0, www.drugguide.com/ddo/view/Davis-Drug-Guide/51298/all/fenofibrate. Kwiring C, Sanoski CA, Valleran. Fenofibrate. Davis' guide to drugs. F.A. Davis Company; 2020 . Access to October 3, 2020. Fenofibrate. Davis's guide to drugs (16th edition). F.A. Davis's company. Received on October 03, 2020 from C, Sanoski CA, Vallerand AH. Phenofibrat (Internet). In: Davis' guide to drugs. F.A. Davis Company; 2020. It is quoted 2020 October 03. Available from: . He said . . . . . He said . . . . . AS - Sanoski, Cynthia A, AU - Vallerand, April Hazard, BT - Davis Drug Guide UR - PB - F.A. Davis Company ET - 16 DB - Davis Drug Guide - OLD - USE 2.0 DP - Non-Emergency Medicine ER - 1. 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