Primary Nephrotic Syndrome Treatment Options

Treating primary Nephrotic Syndrome includes preserving kidney function as well as taking steps to reduce high blood pressure, swelling, high cholesterol, and the risks of infection. Treatment may vary from patient to patient, depending on age, disease, genetic results, kidney function and how well they respond to steroids.

1. Usually, patients are treated with corticosteroids first.

   - CORTICOSTEROIDS (Prednisone)
   - CYCLOPHOSPHAMIDE (Cytoxan)
   - CYCLOSPORINE (Neoral)
   - METHYLPREDNISOLONE (Solu Medrol)
   - MYCOPHENOLATE (MMF, Cellcept, Myortic)
   - ABATACEPT (Orencia)
   - LOSMAPIMOD
   - SPARSENTAN

2. If steroids fail to cause remission (usually within 8-12 weeks), or if a patient becomes “steroid dependent,” one or more of the following treatments may be tried.

   - ADRENOCORTICOTROPIN (ACTH Acthar Gel)
   - CYCLOPHOSPHAMIDE (Cytoxan)
   - CYCLOSPORINE (Neoral)
   - PROGRAF (Tacrolimus)
   - RITUXAN (Rituximab)
   - ACE INHIBITORS
   - ARBS

3. There are a number of other potential treatments that may reduce proteinuria in Nephrotic Syndrome patients. Ask your doctor about clinical trials for these.

   - Methylprednisolone (Solu Medrol)
   - Plasmapheresis (Liposorber)
   - Mycophenolate (MMF, Cellcept, Myortic)
   - Abatacept (Orencia)
   - Losmapimod
   - Sparpentin

A note on side-effects: All medications have different side effects, so the treatment chosen by you and your doctor should take side effects into account. If you are unhappy with the side effects you are experiencing, talk to your doctor about other options you may have.

*Note: The decision to prescribe a medication is the responsibility of your physician/primary care provider based on his/her evaluation of your condition. The above is meant for informational purposes only. Discuss this information and all information about drugs/medications with your physician before starting or stopping any medication.