

Diabetic Nephropathy – Pipeline Insight – 2018 Size, Share, Industry, Forecast and outlook (2024-2031) Market -

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Contents

DIABETIC NEPHROPATHY PIPELINE ANALYSIS

- Diabetes is a metabolic disorder characterized by high blood sugar level, which is caused by improper functioning of the pancreas, the organ secreting insulin in the body.
- Diabetic nephropathy is considered a disease of the kidney glomerulus and said to be one of the most notable complications in terms of mortality and morbidity for diabetes patients.
- The disease is mainly characterized by macroalbuminuria. Additionally, diabetic nephropathy can also be caused by imbalanced glomerular filtration rate, proteinuria, and hypertension.
- The kidney's imbalanced glomerular filtration rate is going to build up waste products in the blood and thus, increases protein level in the urine.
- However, major signs and symptoms of diabetic nephropathy in its later stages are the high level of blood urea nitrogen (BUN) and serum creatinine, increased albumin secretion in urine, high blood pressure, ankle and leg swelling, itching, nausea, vomiting, morning weakness, and anemia.
- Diabetic nephropathy is a kidney-related complication of type I diabetes and type II diabetes. It is also known as diabetic kidney disease. Early treatment may prevent the disease or slow down its progression, thereby reducing the chance of complications. Diabetic nephropathy may also lead to kidney failure, which is also called as end-stage kidney disease.
- Kidney failure is a life-threatening condition, and at this stage, the only treatment options are dialysis or the kidney transplant.
- Disease-modifying therapies (DMT) that employ angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) are used in the treatment of diabetic nephropathy. ACE inhibitors including enalapril, ramipril, lisinopril, and

captopril are known to lower the amount of protein in the urine. The combination of ARBs and ACE inhibitors provide greater protection to the kidney compared to their individual action. Major ARBs are candesartan, losartan, and irbesartan.

- The efficacious therapies for diabetic nephropathy remain a major unmet need and weigh in on the anticipated nephroprotective effects that mineralocorticoid receptor antagonists and SGLT-2 inhibitors may offer, as well as the safety risks involved.
- The pipeline molecules that are included in clinical trial development phases are Bardoxolone methyl, Calcitriol, Empagliflozin, Spironolactone, Allopurinol, Ivabradine and so on, which are expected to show diabetic nephropathy market growth over the forecast period.
- The molecules in phase 3 clinical trial development are Pirfenidone, Canagliflozin by Janssen Research & Development, Finerenone (BAY94-8862) by Bayer. It has also identified that most of these molecules are in the pre-clinical development stage. An appreciable number of molecules have been discontinued from development.
- Overall, the diabetic nephropathy market is showing significant growth because of the increasing incidence of diabetes and obesity in different regions of the world.
- In addition, raising awareness about diabetes and kidney-related disorders, increasing R&D investments in drug discovery and development is also driving the growth of the market. Moreover, precise regulatory requirements and drugs longer approval time, as well as the scarcity of diabetic nephropathy comprehensive therapeutic management, are going to inhibit the growth of diabetic nephropathy market.
- The recent market trends that have been observed in diabetic nephropathy market is increasing the use of combination therapy, which is gaining popularity in diabetic nephropathy market.

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