JEIMP
The Journal of European Internal Medicine Professionals

Letter to Editor

Comment on "What's Missing in Diabetes Treatment? A Novel Agent, Finerenone?"

Author(s)

[1]Arzu Akgül, [2]Berrak Itır Aylı

J Eur Int Prof. Year; 2025, Volume: 3, Issue: 4
Submitted at: 18.09.2025 Accepted at: 07.10.2025 Published at: 06.08.2025

doi 10.5281/zenodo.17454

Affiliation(s)
[1]Etlik City Hospital, Department of Nephrology, Ankara, Türkiye
[2]Hacettepe University Health Science Faculty, Ankara, Türkiye

Corresponding Author: Arzu Akgül, M.D., Etlik City Hospital, Department of Nephrology, Ankara, Türkiye
E-mail: arzuakgul@gmail.com

To the Editor,

PThe review article by Öztürk et al., titled "What's Missing in Diabetes Treatment? A Novel Agent, Finerenone?", successfully summarizes the anti-inflammatory and antifibrotic effects of finerenone in diabetic kidney disease, particularly within the context of the FIDELIO-DKD and FIGARO-DKD trials (1). However, new clinical data published in 2025 further expand finerenone's therapeutic potential, emphasizing its important role in patients with non-diabetic heart failure.

In a post-hoc subgroup analysis of FINEARTS-HF Vaduganathan et al. evaluated the effects of finerenone in heart failure patients both with and without concomitant SGLT2 inhibitor use. Regardless of baseline SGLT2 inhibitor therapy, finerenone reduced cardiovascular death and heart failure events. This study showed that finerenone and SGLT2 inhibitors act via different mechanisms and may provide additive protection when used together (2).

Interestingly, in a study published in The Lancet, the FINEARTS-HF diabetes post-hoc analysis found that finerenone treatment reduced the incidence of new-onset diabetes by 24% compared with placebo in patients with heart failure. Notably, despite higher SGLT2 inhibitor use in the placebo group, diabetes incidence was lower in the finerenone group. This suggests that the diabetes-preventive effect of finerenone is independent of SGLT2 inhibitor use. This unexpected metabolic benefit suggests that finerenone may play a potential role in diabetes prevention (3).

In diabetic kidney disease, finerenone has been shown to reduce albuminuria and progression to ESRD. However, findings from the CONFIDENCE trial, published in NEJM, are particularly striking (4). This randomized, double-blind clinical trial evaluated the effects of finerenone combined with empagliflozin in patients with type 2 diabetes and chronic kidney disease. Participants were randomized to finerenone, empagliflozin, or combination therapy. The combination achieved a significant reduction in urine albumin creatine ratio reaching 52% by day 180. Compared to finerenone alone, the combination achieved an additional 29% reduction, and compared to empagliflozin alone, an additional 32% reduction. This effect was observed as early as day 14 and reached 40% by day 90. Although albuminuria levels rebounded after treatment discontinuation, they remained below baseline. The combination of finerenone and empagliflozin was thus shown to reduce albuminuria more effectively than either agent alone, making it a valuable option for early and robust intervention in clinical practice.

Taken together, these studies highlight the evolving role of finerenone as not only a renoprotective agent but also as a pleiotropic drug providing cardiovascular and metabolic modulation. Integrating these findings into the original review would offer readers a more comprehensive and up-to-date perspective on finerenone's clinical benefits.

DECLERATIONS

Ethics committee approval: None
Financial Disclosure: The author declare that they received no financial support for the research, authorship, letter.

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