



Podonet

Registry for Steroid Resistant Nephrotic Syndrome

Cyclosporin A - Prednisone Combination Therapy

First 6 months:

CYCLOSPORIN A

Dosing:	150 mg/m ² per day administered in 2 divided doses
Administration:	oral, administer at the same time twice daily at 12-hour intervals
Monitoring:	Blood/serum drug concentration (trough level 80-120 ng/ml) Renal function tests Hepatic function tests Serum electrolytes Lipid profile Blood pressure Heart rate

PREDNISONE

Dosing:	30 mg/m ² administered in 2 doses for 1 month, followed by 30 mg/m ² on alternate days for 5 months
Administration:	oral, administer after meals or with food to decrease GI side effects
Monitoring:	Blood pressure Serum electrolytes Glucose Weight Children's height and growth

After 6 months:

If remission achieved:	1. Taper prednisone during month 7-9, then discontinue 2. Taper CsA during months 10-12, then discontinue
If partial remission achieved:	Consider individual treatment modifications (e.g. replace prednisone by MMF)
If no response achieved:	Discontinue both CsA and prednisone; start/continue ACE inhibitor or ARB, uptitrate dose to maximum antiproteinuric effect
If relapse occurs:	<u>1. During reduction of prednisone dose:</u> Restart with initial CsA (150 mg/m ² /d) and prednisone doses (30 mg/m ² /d) <u>2. During reduction of CsA dose:</u> Restart with cyclosporine A 150 mg/m ² /d for 1 month; combine after 1 month with prednisone <u>3. > 1 month after discontinuation of CsA:</u> Start treatment with oral prednisone as test for steroid sensitivity.