

Leukotriene Antagonist Use Is Associated With Less Albuminuria and Lower Systolic

Blood Pressure in Adults



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BACKGROUND

- Chronic kidney disease (CKD) is associated with significant morbidity and mortality.
- Leukotrienes are pro-inflammatory lipid mediators that cause endothelial dysfunction, increase glomerular permeability to albumin, and mediate cardiovascular disease.
- In animal studies, the use of montelukast, a cysteinyl leukotriene receptor antagonist (CystLT₁R), is shown to significantly reduce renal fibrosis and improve renal function.
- We tested the hypothesis that the use of CystLT₁R antagonists (montelukast/zafirlukast) in adults would associate with less albuminuria and lower systolic blood pressure (SBP).

METHODS

Study Population

- We examined the use of CystLT₁R with albuminuria and SBP using data from 51,111 adults from the National Health and Nutrition Examination Survey (NHANES) between 1999 and 2018
- In NHANES, urine albumin and creatinine were measured in a single spot urine sample and were reported as urine albumin to creatinine ratio (ACR) in mg/g.
- Resting SBP was measured in mmHg by trained staff at mobile examination centers and during home examinations.
- Demographic data was collected via participants' responses to questionnaires.
- We defined chronic kidney disease as urine ACR >30 mg/g or eGFR <60 mL/min/1.73m².

Statistical Analysis

- Linear regression was used to evaluate the association between montelukast use and the primary outcomes of continuous variables, and odds ratio was used for categorical variables.
- Potential effect modifiers, such as age, sex, race, diabetes, hypertension, and body mass index (BMI) were adjusted in the models.

RESULTS

Table 1. Baseline Characteristics of Study Population

Characteristics	Montelukast/Zafirlukast Use N = 434	No Montelukast/Zafirlukast Use N = 50,677
Age	55.0 ± 17.0	47.1 ± 19.1
Female N (%)	281 (64.7)	26,082 (51.5)
Race White N (%)	235 (54.1)	21,863 (43.1)
Diabetes N (%)	108 (24.9)	6479 (12.8)
Hypertension N (%)	231 (53.2)	16,151 (31.9)
Body mass index (kg/m²)	31.5 ± 7.8	28.7 ± 6.8
eGFR (ml/min/1.73m ²)	87.9 ± 21.9	96.6 ± 23.2
Urine ACR (mg/g)	32.1 ± 211.8	46.8 ± 352.7

GFR = estimated glomerular filtration rate; ACR = albumin to creatinine ratio

Table 2. Association of Montelukast/Zafirlukast Use with Albuminuria, Blood Pressure, and Kidney Disease

Montelukast/Zafirlukast Use vs. No Use	β-Estimate (95% CI)	P-value
Urine ACR* eGFR** SBP***	-0.13 (-0.22 to -0.04) -0.50 (-2.1 to 1.05) -1.98 (-3.82 to -0.11)	0.005 0.51 0.038
	Odds Ratio (95% CI)	P-value
CKD**	0.89 (0.66 to 1.21)	0.45

^{*}Adjusted for age, sex, race, diabetes status, hypertension, body mass index, eGFR, and use of ACE inhibitor or angiotensin receptor blocker.

RESULTS CONTINUED

- Of the 51,111 study participants in NHANES, 434 were on montelukast/zafirlukast.
- Patients on montelukast/zafirlukast were older and had a lower baseline eGFR than participants who were not using the medication. They also had a higher prevalence of diabetes, hypertension, and obesity than participants not on montelukast/zafirlukast.
- After adjustment, montelukast/zafirlukast use was associated with a lower urine albumin-to-creatinine ratio (ACR).
- After adjustment, there was no association between montelukast/zafirlukast use and eGFR or CKD.
- After adjustment, montelukast/zafirlukast use was also associated with lower SBP.

DISCUSSION

- Elevated levels of leukotrienes in animal models have been demonstrated to be a
 potent chemoattractant for neutrophils, which leads to the release of lysosomal
 enzymes and reactive oxygen species that increase tissue damage in the kidneys.
- In a recent study, children with minimal change disease using montelukast for 12 months had a significant reduction in relapse rate during montelukast therapy and post-therapy.
- Animal studies have shown that montelukast improves vascular endothelial cell function and myocardial remodeling.
- More recently, an observational study of asthmatic adults has shown a significant relationship between montelukast use and the reduction of major ischemic cardiovascular events, such as myocardial infarction or ischemic stroke.

CONCLUSIONS

- Participants using montelukast/zafirlukast had significantly lower albuminuria and SBP than participants not using montelukast.
- Inhibition of leukotriene may represent a novel therapeutic target for patients with kidney disease and provide CVD protection.
- Further studies are needed to examine the relationship between montelukast/zafirlukast use and kidney and cardiovascular disease.

^{**} Adjusted for age, sex, race, diabetes status, hypertension, body mass index, and use of ACE inhibitor or angiotensin receptor blocker.

^{***} Adjusted for age, sex, race, diabetes status, hypertension, body mass index, eGFR, urine ACR, and use of anti-hypertensive medications.