



PRESS RELEASE

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Trial Analysis Reveals Almost All Adults with Hypertensive Chronic Kidney Disease Would Benefit from Intensive Blood Pressure Lowering

Highlights

- Nearly all SPRINT participants with hypertension and nondiabetic chronic kidney disease stages 3–4 had a net benefit (the predicted difference between benefits and harms) that favored a systolic blood pressure target of <120 mm Hg compared with <140 mm Hg.
- The findings will be presented at American Society of Nephrology (ASN Kidney Week 2025 November 5–9).

Houston, TX (November 7, 2025) — An analysis of the Systolic Blood Pressure Intervention Trial (SPRINT) indicates that nearly all adults with chronic kidney disease (CKD) would have benefits that outweigh the harm from a systolic blood pressure target of <120 mm Hg compared with a target of <140 mm Hg. The findings will be presented at ASN Kidney Week 2025 November 5–9.

In a benefit-harm trade-off analysis of 2,012 participants with CKD, investigators found that when predicting individualized treatment effects for multiple outcomes and simulating preferences for participants who view the benefits of intensive blood pressure lowering (reductions in death, cardiovascular events, and cognitive impairment) as much more important than treatment-related harms (such as emergency room visits or hospitalizations for acute kidney injury and fainting), 100% had a positive net benefit favoring intensive blood pressure lowering. When simulating benefits and harms to have similar, intermediate importance, 9 out of 10 still had a positive net benefit.

Compared with people with earlier-stage CKD (estimated glomerular filtration rate (45–59 ml/min/1.73m²), people with more advanced CKD (20–44 ml/min/1.73m²) experienced more treatment-related harms from a lower systolic blood pressure goal; however, they also had larger benefits, which resulted in the more advanced CKD group having greater net benefits. The findings, which are consistent with KDIGO Guidelines that recommend a systolic blood pressure target of <120 mm Hg for adults with hypertension and CKD, could help patients and care partners overcome therapeutic inertia that commonly occurs with intensifying blood pressure control in adults with CKD.

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“This study demonstrates that evidence about blood pressure targets from SPRINT can be personalized to adults with hypertension and CKD by using each individual's estimated risks and preferences for multiple outcomes related to blood pressure lowering, which could help facilitate shared decision-making conversations,” said corresponding author Alan Vera, a medical student at the University of California Davis.

Study: “Individualized Net Benefit of Intensive Blood Pressure Lowering Among Persons with CKD in SPRINT”

Join ASN and approximately 12,000 other kidney professionals from across the globe at Kidney Week 2025 in Houston, TX. The world's premier nephrology meeting, Kidney Week, provides participants with exciting and challenging opportunities to exchange knowledge, learn the latest scientific and medical advances, and listen to engaging and provocative discussions with leading experts in the field. Early programs begin on November 5, followed by the Annual Meeting from November 6-9. Follow the conversation at #KidneyWk.

About the American Society of Nephrology (ASN)

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge and advocating for the highest quality care for patients. ASN has nearly 22,000 members representing 141 countries. For more information, visit www.asn-online.org and follow us on [Facebook](#), [X](#), [LinkedIn](#), and [Instagram](#).

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Figure 2. Distributions of individualized predicted net benefits from intensive BP lowering among SPRINT participants with CKD, stratified by eGFR
A. Harm tolerant simulated preferences

B. Harm averse simulated preferences