Diabetic nephropathy (DN) is one of the most serious problems in nephrology, as 40% of the cases of end stage renal disease (ESRD) are due to this entity.

It has been shown that the renin-angiotensin system (RAS) plays an important role during the development of DN.

The renoprotective effect of some AT1 receptor blockers (ARB) have been demonstrated in animal models of diabetes mellitus (DM), and some clinical trials have shown that ARB are more effective than traditional antihypertensive therapies in reducing renal failure progression in patients with type 2 DM.

Candesartan (CAN) is a relatively new, potent and selective, long-acting, effective angiotensin II type 1 receptor blocker which binds tightly to and dissociates slowly from the AT1 receptor.

Candesartan with its flexible dosage regimen therefore appears to offer an effective and well-tolerated alternative to other established agents in the treatment of a wide range of hypertensive patients.

**Methods**

<table>
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<tr>
<th>Material and Methods</th>
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<td><strong>Table 1 Changes in 24-hour urine volume in each experimental group during the study</strong></td>
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<tr>
<td><strong>Table 2 Effects of candesartan treatment on serum creatinine and BUN in rats with STZ induced DN</strong></td>
</tr>
</tbody>
</table>

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**Results**

- **Figure 1 Effects of candesartan on urinary albumin levels**

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**Conclusion**

- Based on the obtained results from this study it can undoubtedly be concluded that:
  - candesartan although not completely but to a great extent ameliorates the functional renal disorder induced by STZ and
  - may be used as a first line drug as ACE inhibitors in preventing DN.

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**References**