

PREDNOS 2 Results Newsletter!

The PREDNOS 2 Trial: Why did we need it?

Most children with steroid-sensitive nephrotic syndrome (SSNS) have relapses of the condition. Many of these relapses are triggered by upper respiratory tract infections, or URTIs. This means coughs, colds, sore throats etc. Research studies in other countries showed that giving a low dose of steroid every day for around a week at the time of an URTI made it less likely to cause a nephrotic syndrome relapse.

The way these research studies were designed and the different types of infection seen in these much hotter countries (India, Sri Lanka and the Middle East) meant we were unsure if the treatment would work in the UK. The studies were also mostly done in children already taking a low-dose of steroid every other day to prevent relapses. We wanted to know whether giving a low dose of steroid every day for around a week at the time of an URTI prevents relapses in all children with nephrotic syndrome who have relapses—children taking steroids every other day, children taking other types of immunosuppressant drugs, or children

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taking no preventative treatment.

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This is why we needed your help—and the help of all of the families that took part in the PREDNOS 2 trial!



The PREDNOS 2 Trial: How we did it

We recruited 365 children with relapsing SSNS. This makes it the largest ever clinical trial in children with nephrotic syndrome!

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Half of the children took a steroid and the other half took dummy tablets (placebo) for 6 days at the start of an URTI. We followed up the children for 12 months and collected information on relapses and

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other treatments and information from questionnaires about behaviour and quality of life. We also investigated whether or not there were cost savings with this treatment.

271 children had an URTI during the trial so only these children were included in the analyses.

Giving 6 days of a low-dose steroid at the time of an upper respiratory tract infection did not reduce the risk of a relapse.

There was also no effect on the overall number of relapses, the number of children needing to start extra preventative treatments or side effects of steroids.



Although there was no clinical effect, the economic analysis found that giving prednisolone led to lower treatment costs overall and higher quality of life and so might offer better value for money, but this has to be interpreted against the clinical evidence of no significant effect.

Our conclusion is that there is no clinical benefit to giving children low-dose prednisolone at the time of an URTI.

What difference has it made?

The International Pediatric Nephrology Association (IPNA) has produced a first set of international guidelines for managing children with SSNS. These were published in October 2022. The guidelines say that children should not be routinely given low-dose steroids at the time of an URTI and this is because of the results of PREDNOS 2!

Further Contact

If you would like any more information about the trial or its results, please contact the doctor at the hospital where the participant was seen for their PREDNOS 2 study visits.

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Thank You!

Thank You!

Thank you for participating in the PREDNOS 2 study!

We couldn't have run the study without you.

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