We read with interest the just published report of The Guiding Evidence Based Therapy Using Biomarker Intensified Treatment in Heart Failure (GUIDE-IT) study (1). In this randomized clinical trial of nearly 1000 patients with heart failure and reduced ejection fraction, compared amino-terminal pro-B-type natriuretic peptide (NT-proBNP)-guided treatment strategy versus usual care. The study failed to show any differences in the primary end point of the composite of time-to-first heart failure hospitalization or cardiovascular mortality. Remarkably, despite the proBNP-guided titration in the intervention group, there were no significant differences in medical therapy over time, between the two groups in relation to percentage exposure to the ACEI/ARB at 12 months. We had recently shown in a small case series that rising BNP levels at presentation in patients with type 1 cardiorenal syndrome portended improved cardiorenal outcomes as well as responsiveness to combination diuretics or decongestive diuresis. Further larger studies of these observations are warranted.

Implication for health policy/practice/research/medical education: The Guiding Evidence Based Therapy Using Biomarker Intensified Treatment in Heart Failure (GUIDE-IT) study, a randomized clinical trial of nearly 1000 patients with heart failure and reduced ejection fraction, compared amino-terminal pro-B-type natriuretic peptide (NT-proBNP)-guided treatment strategy versus usual care. The study failed to show any differences in the primary end point of the composite of time-to-first heart failure hospitalization or cardiovascular mortality. Remarkably, despite the proBNP-guided titration in the intervention group, there were no significant differences in medical therapy over time, between the two groups in relation to percentage exposure to the ACEI/ARB at 12 months. We had recently shown in a small case series that rising BNP levels at presentation in patients with type 1 cardiorenal syndrome portended improved cardiorenal outcomes as well as responsiveness to combination diuretics or decongestive diuresis. Further larger studies of these observations are warranted.

Please cite this paper as: Onuigbo MAC. The guiding evidence based therapy using biomarker intensified treatment in heart failure (GUIDE-IT) study; the utility of decongestive diuresis in type 1 cardiorenal syndrome with rising pro-BNP levels. J Nephropharmacol. 2018;7(2):66-67.

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recently published in a case series in the *Journal of Clinical Medicine*, evidence to suggest that in patients with type 1 cardiorenal syndrome presenting with/without worsening renal failure, the presence of acutely rising BNP levels, on admission to the hospital, portended a good cardiorenal prognosis vis-a-vis individual patient responses to the intravenous loop diuretic, Furosemide, continuously infused, in combination with the co-administration of intravenous chlorothiazide, given in boluses every eight hours. The utility of combination intravenous furosemide-chlorothiazide in "decongestive diuresis" in such patients is clearly an available, affordable and cheap alternative therapeutic option that would be available virtually in very hospital setting all over the world, when compared to mechanical ultrafiltration with dialysis or related equipment. Further larger studies of this phenomenon are warranted to confirm our findings.

**Author's contribution**
MACO is the single author of the manuscript.

**Conflicts of interest**
The author report no conflicts of interest. The author alone are responsible for the content and writing of the article.

**Ethical considerations**
Ethical issues (including plagiarism, data fabrication, double publication) have been completely observed by the author.

**Funding/Support**
None.

**References**