

CRF and BP: Medicine at KBTH

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What is CRF (K/DOQI)



- ✓ Evidence of structural or functional kidney abnorms (U/A, imaging, histo)
- ✓ Persisting for > 3 months +/- dec. GFR

OR

- ✓ Decreased GFR +/- kidney damage

*BR Caveat

CRF: Signs and Symptoms



- ✓ Volume Overload
- ✓ Hyperkalemia
- ✓ Metabolic Acidosis
- ✓ Hypertension
- ✓ Anemia
- ✓ Bone Disease

Uremic State



- ✓ Anorexia
- ✓ Nausea/Vomiting
- ✓ Pericarditis
- ✓ Peripheral Neuropathy
- ✓ CNS (LOC, Lethargy, seizures, coma)

Predictors of fast GFR decline



- ✓ Greater Proteinuria
- ✓ High BP
- ✓ Black race
- ✓ Lower serum HDL

Study Design



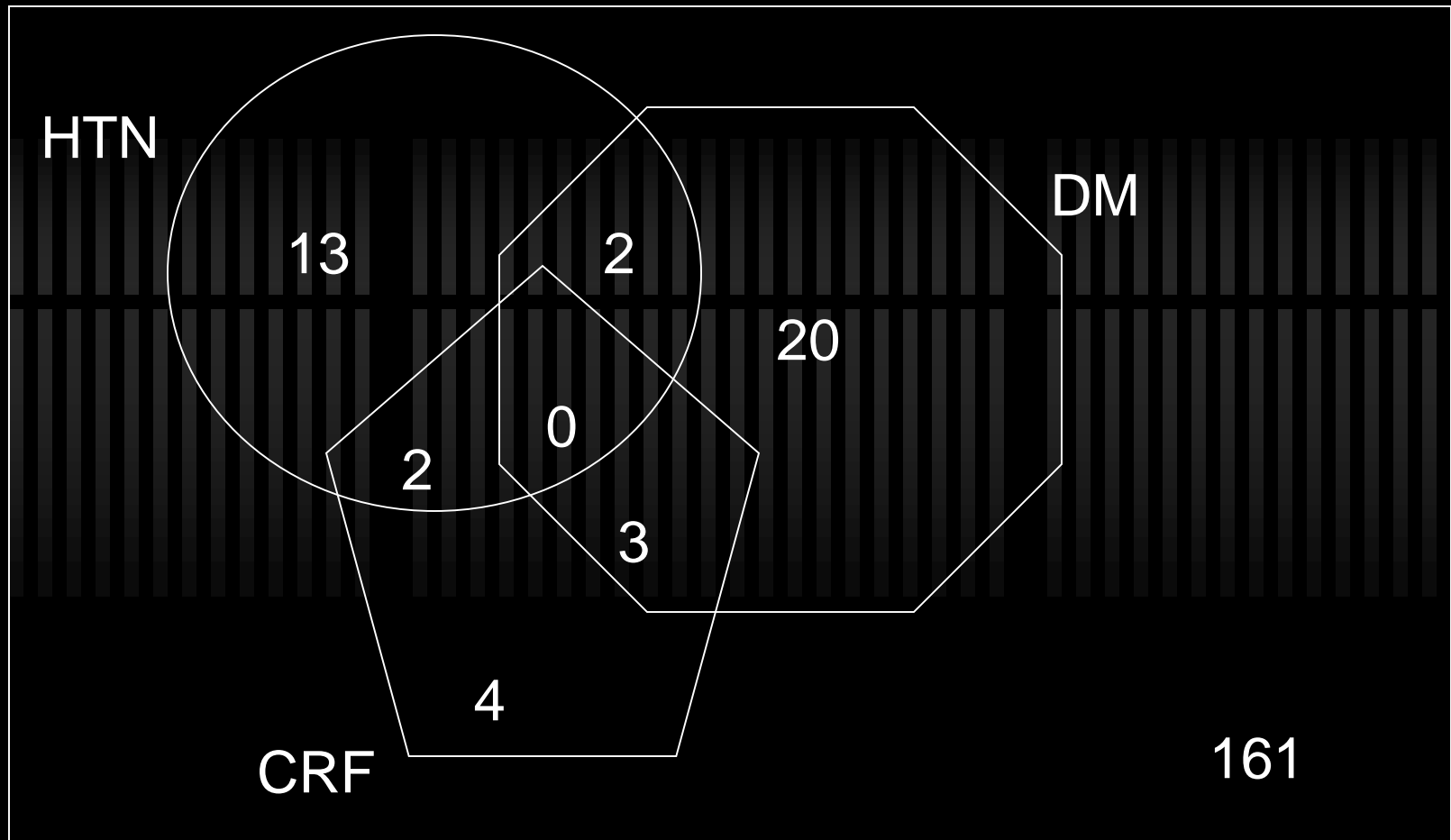
- ✓ Patient Selection
- ✓ Data Analysis

Study Questionnaire



- ✓ Duration of diagnosis of HTN/CRF
- ✓ Known Diabetic?
- ✓ Anti-BP meds (duration, compliance, affordability, efficacy, ACE-I?)

CRF, DM and Hypertension



Limitations of study



- ✓ Length of study
- ✓ Point of data collection
- ✓ Access to records
- ✓ Difficulty in Diagnosis of chronic disease

Studies on BP control



- ✓ MDRD
- ✓ REIN trial
- ✓ REIN-2
- ✓ AASK
- ✓ COOPERATE

Recommendations



- ✓ Further Study with longer period of data collection.
- ✓ Routine GFR measurements and proteinuria determination to follow course of disease
- ✓ Prescribe ACE-Is for reno-protection