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

HTN

DM

CRF
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.