

Prevention of Progression of CKD- Newer Evidences

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Abstract

Chronic Kidney Disease [CKD] afflicts approximately 7-10% of Adult Population. The manifestations of CKD are varied and can mimic a variety of medical and surgical conditions. It is a silent killer due to its far reaching ill effects on the cardiovascular system. Early recognition is of paramount importance since preventive strategies are successful only if applied before irreversible renal fibrosis sets in. This talk will provide an overview of Paradigm shift in our focus on various risk factors.

The old fashioned recommendation of blanket dietary Protein restriction now applies more to meat based diets and not for vegetable proteins. Multiple lines of evidences are in favour of Plant Based dietary Protein intake with Reno protective benefits due to their alkaline nature and fibre content. In addition, Plant Based Protein intake results in reduced Phosphate absorption which is advantageous in curtailing release of FGF-23 and PTH.

Methods:

RAS blockade based Anti-Hypertensive therapy retains its strong recommendation. However, there are multiple challenges in implementing it which will be discussed. A dose escalating strategy of RAS Blockade aiming for Proteinuria reduction can be applied in the Context of close follow up. However, it requires close serum creatinine and Potassium monitoring to prevent harm. Newer Potassium Binders like Patiromer and Zirconium can act as therapeutic enablers to realise the full potential of RAS Blockade.

Result:

Based on well conducted large trials [CREDENCE and DAPA-CKD] SGLT2 Inhibitors have provided substantial benefits in terms of renal, cardiac and all-cause mortality in patients with Stage 3-4 CKD . Their use is now recommended for both Diabetic and Non Diabetic Renal Diseases. However, they can be a source of serious side effects which will be discussed.

Conclusion:

Sodium Bicarbonate is a low cost therapy which alleviates metabolic acidosis. Statins have shown CV benefits if used in early stages of CKD. However, Uric acid lowering therapy has failed to provide beneficial effects in recent trials. In the same way, cautious use of calcium containing Phosphate Binders and vitamin D and B complex supplements is required to prevent unintended harm.

Biography:

Prof. K. Sampath Kumar, the department has taken great strides in diagnosis, treatment, and management of kidney-related ailments. He has extensive experience in the field of Kidney disease since 1992. Started the department of Nephrology in Meenakshi Mission hospital which has grown to become a national level teaching cum research unit for Diplomate National board Super speciality training ,Has been conferred Honorary Fellowship of Royal College of Physicians of Glasgow in 2013..

Publication of speakers:

1. Prevalence and risk factors for post renal transplant hyperparathyroidism: A cross-sectional study, 2021/01/01
2. Unusual presentation of post-transplant lymphoproliferative disorder in renal transplant, 2020/12/01

Citation: Prof. K. Sampath Kumar, Prevention of Progression of CKD- Newer Evidences Webinar on Renal Diseases and Management, March 16, 2021