The role of blood flow-restriction resistance training on redox balance and cardiac autonomic function in conservative kidney patients

Lysleine Alves Deus

Catholic University of Brasília - DF, Brazil

Abstract

Statement of the Problem: The formation of diabetic nephropathy (DN) in patients with diabetes mellitus (DM) type 2 includes stages from preclinical structural changes in kidney tissue in the first years of the disease to diffuse or nodular glomerulosclerosis after 15-20 years of DM. It was found that microalbuminuria is not first and not most specific sign of DN in DM. These facts became the prerequisite for the search of earlier preclinical markers of structural changes in kidney in type 2 DM.

The purpose of the study is to develop the method of personalized treatment of DN in DM type 2, which provides for personalized use of hypoglycemic drugs based on dominant clinical problem and predictive urinary proteomic profile. Methodology & Theoretical Orientation: Patients with DM type 2 assigned to groups based on standard methods (BMI, central and renal hemodynamics, pre- and postprandial blood glucose, Hb1Ac, lipid profile, GFR, AER, creatinine, urea, potassium in serum): group 1-patients with DM type 2, DN and CKD C 1-3a; group 2-patients with DM type 2, DN and CKD C 3b-5. All patients underwent quantitative analysis of ceruloplasmin, podocin, MMP9, E-cadherin, cystatin C, MCP-1, NGAL in urine by ELISA.

Conclusion & Significance: The personalized treatment obtained - Gliclazide MR used 30–120 mg/day, when high intensity of expression of ceruloplasmin, podocin, MMP9 detected in urinary proteome; empagliflozin used 10-25 mg/day, when high intensity of expression of E-cadherin, cystatin C detected in urinary proteome; the combination of Liraglutide in dose of 0.6 mg/day, followed by an increase to 3 mg/day, adding 0,6 mg at least 1 week for 4 weeks and Gliclazide MR 30-60 mg/day administered, when high intensity of expression of MCP-1, NGAL detected in urinary proteome. The introduction of personalized therapy of DN in DM type 2 in clinical practice was recommended.

Biography:

Dr. Lys is done Ph.D. from Universidade Católica de Brasília • Pós-Graduação em Educação Física, Brazil..

References:

- Siu AL. Screening for high blood pressure in adults: .S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2015;163 (10):778-86.
- 2. Salice P, Ardissino G, Barbier P, et al. Differences between offie and
- ambulatory blood pressures in children and adolescents attending a hospital hypertension clinic. J Hypertens. 2013;31(11):2165-75.
- Stergiou GS, Alamara CV, Salgami EV, Vaindirlis IN, Dacou-Voutetakis C, Mountokalakis TD. Reproducibility of home and ambulatory blood pressure in children and adolescents. Blood Press Monit.2005;10(3):143-7.

Citation: Lysleine Alves Deus, The role of blood flow-restriction resistance training on redox balance and cardiac autonomic function in conservative kidney patients, Global Nephrologists Meeting, January 18, 2021