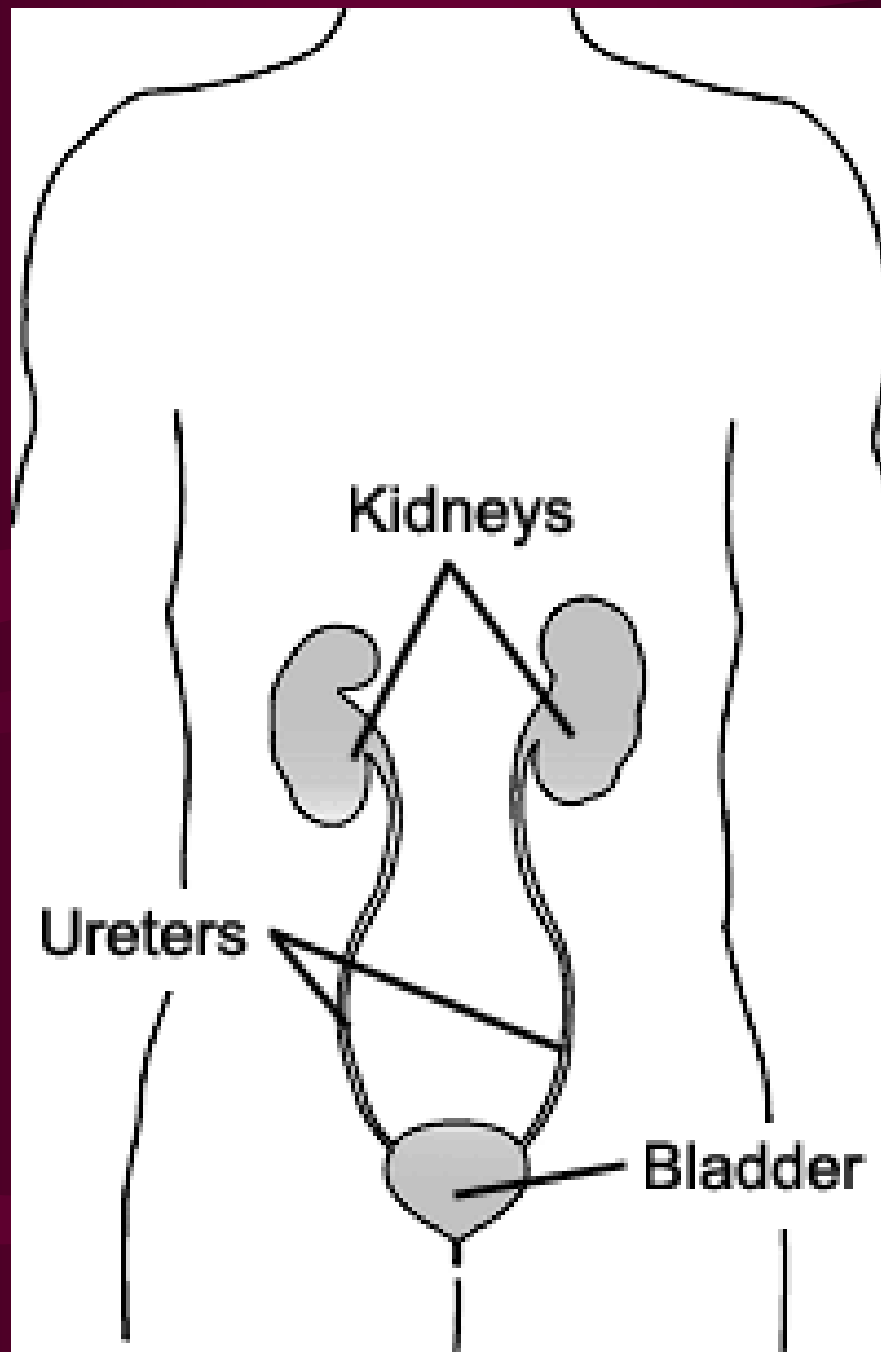


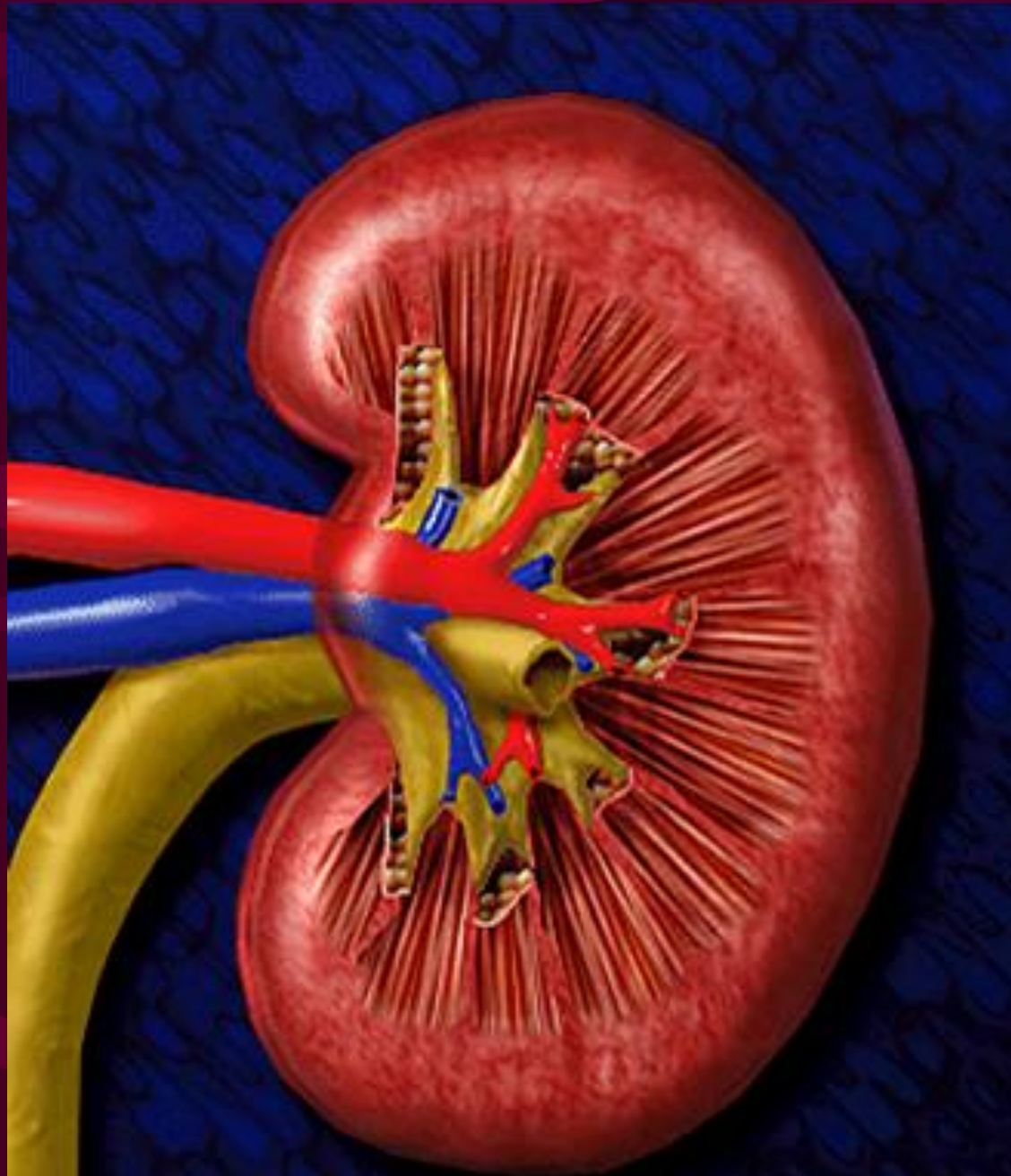
DIABETES & KIDNEY DISEASE

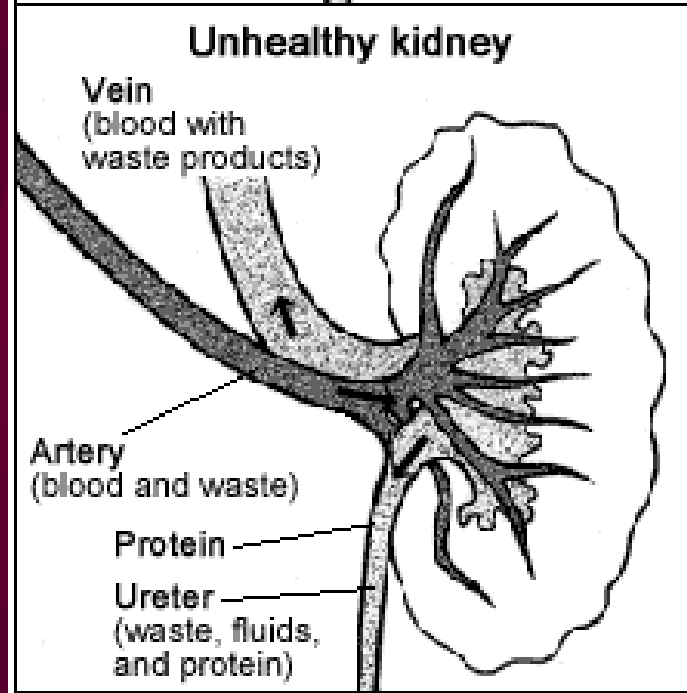
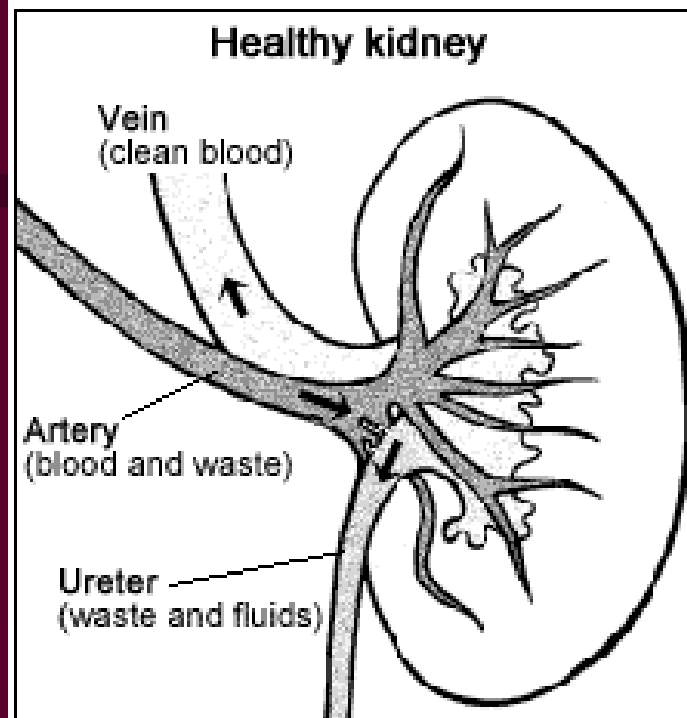
Dr Modi

Magnitude of the problem

- 20 % of all diabetic patients get diabetic kidney disease (DIABETIC NEPHROPATHY)
- 25 % of all patients undergoing dialysis & Kidney transplant are diabetic patients







Prevention of diabetic Nephropathy

- **Target group approach:**
 - a) Hypertensive diabetic patients
 - b) DM with f/h/o DM-Nephropathy
- Glycemic control
- Aggressive HTN control
- Quit smoking
- Dietary protein-restriction



DIABETES & Blood pressure control

Tight blood pressure control (BP < 140/80 mm of Hg)

Reduces the risk of
Any diabetes related end points : 24%

Diabetes related deaths:
32%

Stroke : 44%

Microvascular end points
:37%

RISK FACTORS FOR DIABETIC NEPHROPATHY

- Uncontrolled, long standing diabetes
- Uncontrolled high blood pressure
- Family history of diabetic kidney disease

Diabetes and Urinary tract involvement

(Kidney, Ureter, bladder)

- Diabetic kidney disease (Diabetic Nephropathy)
- Recurrent UTI (Urinary tract infection)
- Kidney infection (Pyelonephritis, Perinephric abscess)
- Diabetic bladder disease (Cystopathy)

Detection of diabetic kidney disease (Nephropathy)

- Increased 24 hours urinary proteins (> 150 mg/24 hours)
- Microalbuminuria (>50 mg/l)
- Increased blood urea and serum creatinine

Symptoms of diabetic nephropathy

- Swelling in feet (pedal edema) on exertion/rest
- Reduced appetite
- High blood pressure
- Low haemoglobin (Hb)/Anemia and related symptoms

Prevention of diabetic kidney disease

- Blood sugar control (35-40% prevention)
- Blood pressure control (Very important)
- Prompt treatment of urinary tract of infection
- Control of high cholesterol

Treatment of diabetic nephropathy

- Tight Blood sugar & BP control
- Protein restriction (< 0.8 mg/kg)
- Correction of Anemia (Iron, Erythropoetin)
- Treatment of UTI / Urinary tract obstructive disease
- Dialysis
- Kidney transplant