

Title: Diabetic Kidney Disease - What You Need To Know

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Abstract: Diabetic kidney disease is a serious concern problem, requiring close attention. Within 20-25 years, as many as 25-40% of diabetic patients will begin showing signs of kidney disease. With diabetic kidney disease's increased risk of disability and death, it is important for patients to understand the problem as well as how to decrease their risk. Interventions such as tight control of blood sugars, maintenance of a goal blood pressure as well as use of either an ACE Inhibitor or an Angiotensin Receptor blocker can help reduce patients' risk from diabetic kidney disease.

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...RISK (continued)?

Third, with your physician's approval, you should perform at least 150 minutes per week of moderate intensity aerobic exercise (50-70% of maximum heart rate).

Fourth, it is important to lose excess body weight, preferably achieving your ideal body weight. A good initial goal is a 10% loss. However, as little as 10 lbs can make a difference.

WHAT IF I ALREADY HAVE KIDNEY DISEASE?

The primary goal is to slow progression of kidney disease. Your kidneys will work better and longer if you focus on controlling your diabetes, achieving your ideal blood pressure, using an ACEI or ARB and avoiding medications that can cause further damage to the kidneys, like non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.) and iodine contrast (used in certain body scans). It may be helpful to meet with a kidney doctor, called a nephrologist, who can help plan your treatment. Your diet may need to be changed to better suit your kidney function, so a dietician may be involved in your care, as well.

WHAT ARE THE COMPLICATIONS OF DIABETIC KIDNEY DISEASE?

Diabetic kidney disease can result in chronic renal failure, eventually leading to end stage kidney disease. Once at this stage, your body will need help filtering waste out of your blood, by either

chronic dialysis or a kidney transplant. Even without progression to kidney failure, diabetic kidney disease causes many other problems, like hypertension and increased risk of heart attack.

QUESTIONS?

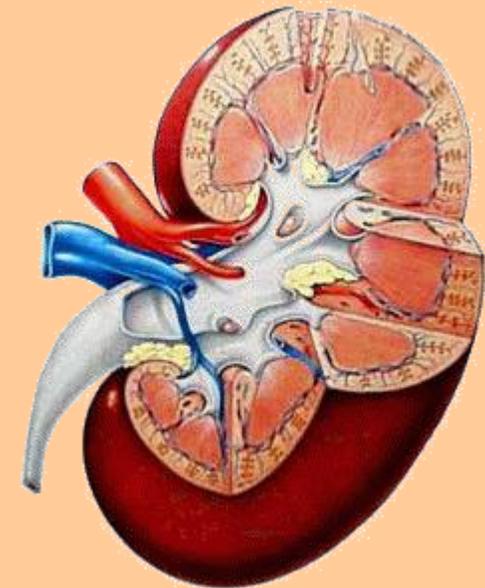
If you have any further questions, contact your physician.

INTERNET RESOURCES

American Diabetes Association – www.diabetes.org

Diabetic Kidney Disease

What You Need To Know.



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DIABETES MELLITUS

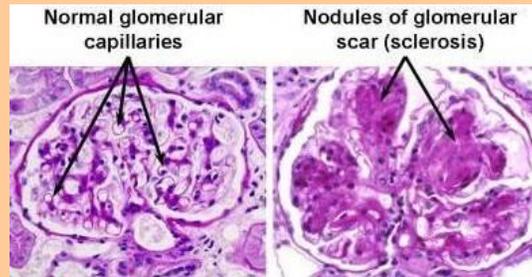
Diabetes is a chronic medical condition that occurs when your body is either not capable of producing insulin (Type I diabetes) or the body does not respond to insulin anymore (Type II diabetes).

Insulin is necessary for keeping blood sugars within a normal range. Without insulin, your average blood sugar level will increase. Chronically elevated blood sugar can cause damage to many of your organs, including your kidneys.

WHAT DOES DIABETES DO TO THE KIDNEYS?



The kidneys function, mainly, to filter waste out of your bloodstream. To filter the blood properly, millions of tufts of tiny blood vessels in the kidneys, called glomeruli, need to stay healthy.



However, in diabetes, the small vessels in your body can become injured. If this happens, your kidney may lose its ability to control your salt and water balance, causes protein called albumin to enter the urine and decreases your body's ability to get rid of waste products.

HOW COMMON IS THIS?

Diabetic kidney disease may be more common than you know. Of the patients who have had diabetes for 20-25 years, 25-40% of them have some kidney disease. This is a significant problem, which can eventually result in kidney failure. In fact, diabetes is the largest cause of kidney failure in the United States.

WHAT ARE THE SYMPTOMS?

Initially there are often no symptoms. Over time, however, some patients note increased fatigue, foamy urine and swelling in the legs.

Late in the diabetic kidney disease, patients sometimes note a decreased need for insulin and anti-diabetic medications. This is because the kidney is not breaking medications down as well. Some also experience morning sickness, nausea, vomiting, cramping, weakness, paleness, anemia and itchiness.

WHAT ARE THE SIGNS?

The earliest sign is often discovery of a protein called albumin in the urine. This can sometimes be present for years before two other measures of kidney function, creatinine and BUN, become elevated. Patients with diabetic kidney disease often have elevated blood pressure, as well.

HOW IS IT DIAGNOSED?

Because of the importance of early detection and treatment, you should get your blood and urine checked by a physician every year. Your urine will be screened for protein. Normal urine should be free of protein. Regardless of whether you have a small amount of protein in your urine (30-300 mg/dl) or a large amount (more than 300 mg/dl), both indicate kidney damage. Your blood will be checked for creatinine and BUN levels as well. Late in diabetic kidney disease, these two tests can be elevated.

CAN I DECREASE MY RISK?

Yes. There are many ways to decrease your risk of kidney disease. First, it is important that you keep your blood sugars under tight control. A good measure of glucose control is the hemoglobin A1C test, which should be performed at least every six months. It is important to keep this under 7%.

Second, you should try to keep your blood pressure within a desirable range (<130/80). While many medications may help you achieve your ideal blood pressure, use of Angiotensin-converting-enzyme inhibitors (ACEI) or Angiotensin-receptor blockers (ARB) are particularly important. In addition to helping control your blood pressure, these medications also decrease the amount of protein in the urine and slow progression of kidney damage.

