

Chronic kidney disease rises

The prevalence of chronic kidney disease continues to increase due to epidemic cases of diabetes, hypertension and obesity. Obesity seems to have a direct correlation with the development of chronic kidney disease. Two-thirds of people with CKD have either diabetes or hypertension. According to the National Institute of Health, there are 30 million Americans with CKD, which makes up 14 percent of the U.S. population.

There are many common medications over the counter that can cause serious kidney damage in some cases if taken on a consistent basis over a long period of time. They include arthritis medications like ibuprofen, naprosyn or diclofenac and stomach medications – proton pump inhibitors like omeprazole, pantoprazole and esomeprazole. They can cause short- and long-term kidney damage. High doses of Tylenol on a regular basis over time can also result in kidney and liver failure.

A renal diet aims to reduce the intake of protein (mostly meats) and phosphorous rich foods like cheese, milk, fast food and meat along with limiting calcium, sodium and potassium (bananas, watermelon, orange juice, tomatoes and potatoes). By following the renal diet, the patient can reduce the amount of waste the body produces in order to improve kidney function. It is best to avoid processed meats like ham, bacon, sausage and lunch meats.

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Diet choices favorable to kidney function are fruits and vegetables. You can eat bread, cereal, rice pasta, red bell peppers, cabbage, cauliflower, garlic, onions, apples, cherries, red grapes, ginger, fish, olive oil and egg whites.

Patients usually do not develop any symptoms during early stages of CKD. In late stages, they can experience lack of energy, loss of appetite, leg swelling, nausea, vomiting, itching and confusion.

In many cases, the patient is usually referred to a nephrologist very late, when preventive measures are not expected to make a positive impact. All CKD patients require maintenance blood work that needs to be checked routinely to prevent complications.

Dietary changes are important and simple to put into place. Patients are usually surprised at the fluid restriction, usually 48 oz. (1,500 ml in 24 hours) even though it plays an important role in hypertension and CKD. The most important way to slow the progression of renal disease is good control of diabetes and hypertension.

Early referral to a nephrologist, controlling diabetes, hypertension and obesity and early preventive measures are important steps in the prevention of CKD.

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