

Everyone talking - A life journey with your kidneys First series 2nd episode: 19 Oct 2021

Kidney Disease and you Do you have a kidney problemYou need to know!

Guest speakers: Dr. Sunny Wong, Dr. William Lee Moderators: Ms. Candy Chea, Dr. Samuel Fung



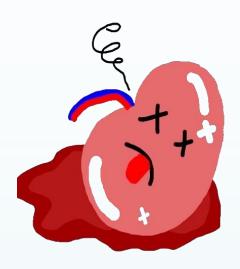
Do you have a kidney problem-You need to know!

- 1. Symptoms of Kidney Disease
- 2. Investigations and Diagnosis of Kidney Disease
 - 3. Treatment for Kidney Disease
 - 4. Kidney Disease and Drugs

Symptoms of Kidney Disease

Kidney is a silent organ

 Kidney disease can be asymptomatic in early stage



Symptoms of Kidney Disease(Early Stage)



- dysuria
- frequency
- hesitancy
- stone passage
- polyuria or oliguria
- nocturia

Abnormal urine

- red colour(haematuria)
- frothy (proteinuria)
- turbid (infection)



Loin pain

Ankle swelling

Symptoms of Renal Failure



Pale looking (anaemia)

Malaise



(Uremic) Confusion

Coma, Seizures

Poor appetite nausea vomiting

Uremic

NB: occur in late stage asymptomatic in early stage symptoms individualized

Investigations and Diagnosis of Kidney Disease(1)

Blood Pressure Measurement



	Systolic (mmHg)	Diastolic(mmHg)
Normal Blood Pressure	<120	<80
Elevated Blood Pressure	120-129	<80
Stage 1 Hypertension	130-139	80-89
Stage 2 Hypertension	>140	>90

Investigations and Diagnosis of Kidney Disease(2)



Urinalysis



Urine Dipstick



hematuria proteinuria glycosuria Microscopic Examination



Red blood cell Cytology

Investigations and Diagnosis of Kidney Disease(2)

Methods for Measuring Proteinuria



Collection over a fixed period of time

24 hour urine collection
Total protein and estimated
Glomerular Filtration Rate
(eGFR)



Urine Dip stick

Spot urine

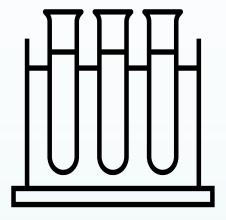


- Urine protein creatinine ratio(PCR)
- Urine albumin creatinine ratio(ACR)

Investigations and Diagnosis of Kidney Disease(3)

Kidney Function Assessment

- Blood: Urea · Creatinine · Urate ·
 Electrolyte(Sodium · Potassium ·
 Calcium · Phosphate)
- Estimated Glomerular Filtration Rate (eGFR)
 -calculated from creatinine \ age \ sex



Investigations and Diagnosis of Kidney Disease(4)

Imaging Investigations

- Plain X ray (KUB)
- Ultrasound imaging of kidneys
- Computerized tomography of kidneys and urinary system





Investigations and Diagnosis of Kidney Disease(5)

Renal Biopsy

Kidney Pathological Assessment

- degree of kidney injury
- glomerulonephritis
- diabetic kidney disease





Kidney Injury

Acute

Chronic

Acute Kidney Injury

 Rapid deterioration of kidney function within a short period of time

Multifactorial in etiology

Asymptomatic in early stage and may be neglected

Causes of Acute Kidney Injury

Pre-renal:

Impaired kidney perfusion, common cause of acute kidney injury

Common etiology:
Severe burn
Massive hemorrhage
Shock

Renal:

Due to kidney disease

Common etiology:
Acute tubular necrosis
Acute glomerulonephritis
Drug toxicity

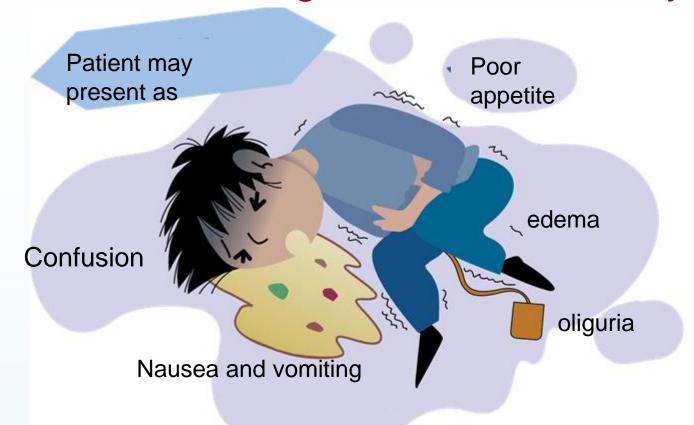
Post-renal:

Due to obstruction of urinary tract

Common etiology:
Kidney stones
Ureteric stricture
Tumor
Benign prostatic
enlargement

Symptoms of Acute Kidney Injury

Moderate to Severe degree of Acute Kidney Injury



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Treatment of Acute Kidney Injury

According to the etiology

- Dehydration: rehydration
- Glomerulonephritis: steroid
 - +/- immunosuppression



- Urinary tract infection: antibiotic
- Obstructive Nephropathy: relieve the obstruction







Treatment of Acute Kidney Injury

May need dialysis support if severe renal impairment



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Definition of Chronic Kidney Disease

Kidney Damage: Glomerular Filtration Rate(GFR)
 <60ml/min/1.73m²

 Abnormalities in blood, urine and radiological examinations

Persists for more than 3 months

Staging of Chronic Kidney Diseasec

Estimated Glomerular Filtration Rate (eGFR ml/min/1.73m²)

Stage 1 eGFR >90

Normal

If there is proteinuria/ haematuria

Stage 2 eGFR 60-89

Mild Reduction in GFR

If there is proteinuria/ haematuria

Stage 3
eGFR
30-59

Moderate Reduction in GFR Stage 4
eGFR
15-29
Severe
Reduction
in GFR

Stage 5
eGFR
<15
End Stage
Renal
Failure

Treatment of Chronic Kidney Injury

- 1. Treating the cause of the chronic kidney disease
- 2. Measures to retard renal function deterioration
- 3. Monitor and manage complications of chronic kidney disease
 - 4. Reduction of cardiovascular complications

Control Hypertension

<120/80



Reduction of Pressure within Kidney Tissue

Angiotensin Converting Enzyme Inhibitors (ACEI)

Angiotensin II Receptor Blockers (ARB)



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Good Diabetic Control

HbAlc <6.5%



Retard Kidney Function Deterioration

Sodium-Glucose Cotransporter 2 Inhibitors (SGLT2)



Restrict dietary protein intake

Can retard kidney function deterioration and reduce proteinuria



Low Salt Diet

Reduce daily salt intake to one teaspoonful (5g) or below, can help to reduce blood pressure, reduce proteinuria, and retard kidney function deterioration



Lifestyle Modification

Regular Physical Activity

Undertake moderate-intensity physical activity or to a level compatible with cardiovascular and physical tolerance for a cumulative duration of at least 150 minutes per week (e.g. 30 minutes 5 times per week) (brisk walking, biking on level ground, stair climbing, mopping floor, etc)

Quit Smoking



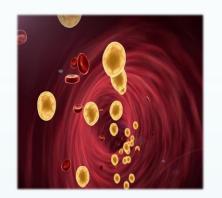


Reduction of Cardiovascular Complications

Maintain normal body weight

Control blood lipid level

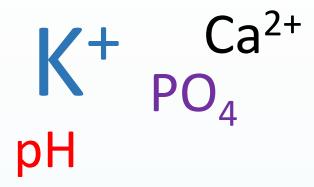




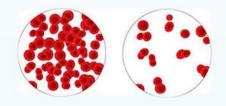
Monitor Complications of Kidney Disease

- Electrolytes like potassium, phosphate and calcium
- pH of blood
- Urate (gout)
- Edema
- Anaemia







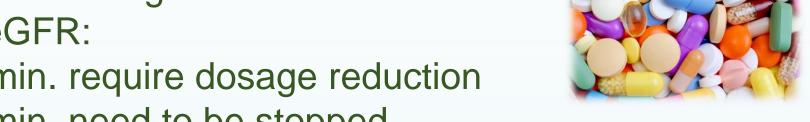


Use of Medication in Chronic Kidney Disease Patients

As renal function fall, the dosage of some drugs need to be adjusted or stopped

For example:

- Anti-diabetic drug: Metformin When eGFR:
 - <45ml/min. require dosage reduction
 - <30ml/min. need to be stopped



Some antibiotics also require dosage reduction at lower eGFR

Use of Medication in Chronic Kidney Disease Patients

Try to Avoid:

- Non-steroidal Anti-inflammatory Drug
- Herbs/Health supplements





Caution: Don't use over-the-counter medicines without medical or pharmacist advice

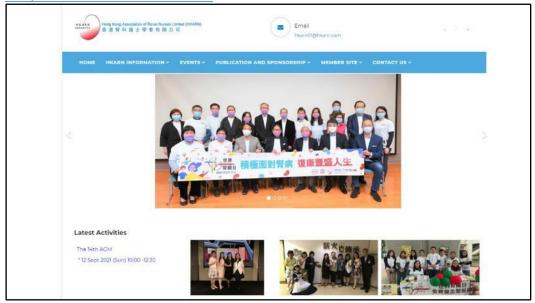
For any questions, please consult your doctor



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