



Clinical Group

Archives of Renal Diseases and Management



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Factors related to the progression of Chronic Kidney Disease after two years of follow-up of stage 3 Chronic kidney Disease Patients

Results: There were studied 126 stage 3 CKD patients (77 stage 3A, 49 stage 3B) (72 men, 54 women) (33 diabetics). 5 patients progressed to stage 5 CKD and they showed: lower number of platelets (147.000+ 24.760 vs 240.090+ 60.780, p= 0,009) and initial glomerular filtration rate (36,36 + 2,84 vs 46,81 + 7,73 ml/min, p= 0,022), higher BMI (38,46 + 3,47 vs 29,48 + 4,86 Kg/m2, p= 0,002) and beta-2 microglobulin (5,30 + 2,23 vs 2,93 + 0,86 pg/ml, p= 0,000) and all the patients had stage 3B CKD (100,0 vs 37,7 %, p= 0,029) and were taken an ACE inhibitor (100,0 vs 23,6 %, p= 0,003). There were no differences related to age, sex, smoking, troponine, NT-proBNP, proteinuria, diabetes or other pharmacological treatments.

Conclusions: In spite of the low number of patients, it seems that stage 3 CKD patients without anemia or previous clinical cardiovascular event who progressed to end stage CKD after two years of follow up had lower glomerular filtration rate and platelets, higher BMI and all were taken an ACE inhibitor. According to data analyzed, in the future, it would be interesting to study the adequate treatment for obese CKD patients and platelet volume indices of these patients.

Abstract

Background: The problem of chronic kidney disease (CKD) progression is a panic and it is still inevitable.

Patients and Methods: Prospective observational study of factors present at initial evaluation of stage 3 CKD patients proceeding from external consultations after two years of follow-up. Exclusion criteria: Under 40 or older than 79 years old, anemia, previous heart or hepatic failure, valvular or ischemic cardiopathy, arrhythmias, clinical arterial peripheral disease or immunosuppressive treatment. Inclusion criteria: All the incidental patients who wish to participate between January, 2012 and January, 2014. The study was approved by the Committee of Ethics of Clinical Investigation.

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