

What is kidney disease?

If you have kidney disease, your kidneys cannot regulate fluids and remove harmful waste products from your body. Chronic kidney disease can vary from mild to very severe.

Just because a person does not have symptoms does not mean that he or she does not have kidney disease. The earlier stages of chronic kidney disease can often only be detected by blood and urine tests. Therefore, it is important that kidney disease is tested for early.

Who is at risk for chronic kidney disease?

Diabetes and high blood pressure account for almost 75% of all cases of chronic kidney disease. You are also at risk if

- You are 65 or older.
- You are African American, Hispanic, Asian, or Native American.
- A family member has chronic kidney disease.
- You are obese.
- You have high levels of LDL-cholesterol.
- You suffer from recurrent urine infections or kidney stones.
- You use certain medications, especially over-the-counter painkillers, frequently or for long periods of time in high dosages.
- You smoke or use substances such as heroin or cocaine.

Ask your doctor

Routine blood and urine test results that show anemia, high serum urea nitrogen and serum creatinine, low calcium, or high phosphorus or potassium in the blood or excretion of protein in the urine may mean kidney disease. If you think you are at risk, ask your doctor about having these tests, especially if you have been experiencing fatigue, weight gain or loss, fluid retention, or loss of appetite.

How is chronic kidney disease treated?

If your doctor tells you that you have chronic kidney disease, there are steps to take to prevent the

rapid progression of this condition. These include treating high blood pressure, diabetes, and the causes of protein in the urine. You will have to restrict protein in your diet and maintain healthy cholesterol levels. And you should stop smoking. In addition, complications of chronic kidney disease, such as anemia, bone disease, and high levels of potassium, should be treated.

A small number of patients receive kidney transplants. Most patients are treated with hemodialysis or peritoneal dialysis, however. Dialysis is either life-long therapy, or it is kept up until a kidney transplant is possible. Delay in recognizing chronic kidney disease or failure to closely monitor the disease means dialysis is likely to be necessary sooner than it otherwise would be.

What can you do?

If you have been diagnosed with chronic kidney disease, you need to **SHAPE UP:**

- S** STOP SMOKING and illicit substance use.
- H** Control HIGH blood pressure, HIGH blood sugar, HIGH cholesterol, and HIGH potassium.
- A** ANEMIA (low red cell count) needs to be treated. Your doctor will prescribe iron supplements as well as injectable medications when needed.
- P** Check for PROTEIN in the urine, take medications to treat it, and restrict protein in your diet.
- E** ELIMINATE medications that can further damage your kidneys such as certain over-the-counter arthritis medications or antibiotics.
- U** UNDERSTAND the disease by reading; by visiting Web sites such as <http://www.kidney.org>, <http://www.aakp.org>, <http://chid.nih.gov>, or <http://www.niddk.nih.gov>; by asking questions of your health care providers; and by joining support groups.
- P** PRESERVE your veins: Avoid having blood drawn from veins in your nondominant forearm when your serum creatinine level is 2 mg/dL or more and if hemodialysis is planned.

CLIP AND SAVE

KIDNEY DISEASE

Patient Care

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