

# kidney news

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## EARLY DETECTION and PREVENTION of RENAL DISEASE

**How can we prevent renal disease, and delay progression of renal disease?** Chronic renal disease is mostly asymptomatic, making not only its detection difficult, but also both remembering to suspect it, and encourage the patient to accept treatment for the asymptomatic disease.

We must remember to suspect renal disease in situations where the patient has an illness that may affect the kidneys, but may not necessarily primarily be affecting the kidneys.

Being suspicious of medications, both prescription and OTC medications; herbal therapies that may all be renally toxic.

Secondly, in order to ensure as much as possible the overall patient's well-being, we need to maximise their therapy that may benefit the kidney. Avoidance of nephrotoxins, reducing proteinuria, avoiding urinary infection, maximising diabetes mellitus control and good blood pressure control are all important.

Early detection involves identifying the problem as early as possible. In a previous [kidney news](#) (Volume 3, number 2; June 2001) I emphasised the importance of thinking about the corrected glomerular filtration rate (GFR) more than the serum creatinine. And overleaf I have again placed the GFR table I had in that [kidney news](#) table for your ready reference.

Since the kidneys are a bean shape, try the acronym **BEANS** for reminding yourself about the management of patients with chronic renal failure:

**B**lood pressure control and minimise vascular risk.  
**E**ssential nutrients: iron, vitamin D, dietary advice.  
**A**naemia management - erythropoietin.  
**N**ephrotoxins avoided.  
**S**pecialist referral – for further advise/investigation.

Hopefully this acronym will assist

What is coming up? A WEBSITE

I hope by the end of this year I will have my website up and running. Presently it is in development. The site address will be [www.kidney.net.nz](http://www.kidney.net.nz). Sorry, nothing to see there yet, I am afraid!

The site will:

- allow you to source all the previous kidney news articles;
- have a GFR calculator;
- e-mail me;
- refer patients;
- source renal reference renal information from;
- suggestions link;
- and in the future, a patient information site, link to other kidney websites, to name a few.

I am learning how to write a web page at present, and hope to have it operating basically within 3 months. Hopefully then you can add this site to your favourites for easy link up. Watch this space!

### STATINS and kidneys.

Pleasingly, Pharmac has relaxed the bureaucratic rules, from 1 April 2002, for statins. This is a very important development for renal disease, as prevention of vascular disease is important in renal tissue preservation.

If you subsequently have any difficulty in getting statins for patients, feel free to contact me; so I will be – hopefully – able to help.

### WHAT'S IN HERE THIS TIME?

- 1 & 2 Early detection and prevention of renal disease
- 1 Other news
- 2 How to contact me

### Useful screening tests for renal disease:

**MSU** for RBCs/blood (renal damage, tumour, trauma, stones).

**MSU** for protein (inflammation, glomerulonephritis).

**MSU** for WBCs (inflammation, infection).

Serum blood test for **serum creatinine, urea, sodium and potassium** (degree of hydration, degree of renal dysfunction, electrolyte control abnormalities).

**Serum glucose and HbA1c** (diabetes mellitus and diabetes control).

**Ultrasound scan** (best non-invasive test for renal anatomy and structure and exclusion of obstruction).

**IVU** (for anatomy, tumour, diagnosis of some conditions (eg. stones, scars, analgesic nephropathy)).

**Captopril renogram** (for renal artery stenosis IF normal renal function).

**MRA/magnetic resonance angiogram** (renal artery stenosis IF impaired renal function).

Values in **RED** signify moderate renal impairment for that age, requiring explanation and possible referral. Tables are for males.

Females, multiply table value by 0.85 (which will reduce creatinine clearance, and even more severe renal failure).

**BLACK** table for 50 year old, and **BLUE** for 70 year old males.

Serum creatinine (mmol/l)	50 kg (50 yo)	60 kg (50 yo)	70 kg (50 yo)	80 kg (50 yo)	90 kg (50 yo)
0.07	1.31	1.58	1.84	2.10	2.37
0.09	1.02	1.23	1.43	1.64	1.84
0.11	0.84	1.00	1.17	1.34	1.51
0.13	0.71	0.85	0.99	1.13	1.27
0.15	0.61	0.74	0.86	0.98	1.10
Serum creatinine (mmol/l)	50 kg (70 yo)	60 kg (70 yo)	70 kg (70 yo)	80 kg (70 yo)	90 kg (70 yo)
0.07	1.00	1.22	1.42	2.10	1.62
0.09	0.79	0.95	1.10	1.26	1.42
0.11	0.65	0.78	0.90	1.03	1.16
0.13	0.55	0.65	0.77	0.87	0.98
0.15	0.47	0.57	0.66	0.75	0.85

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### Qualifications

BSc (Biochemistry, Otago) 1981

MBCbB (Otago) 1984

FRACP 1992

MRCPUK 1993

### Interests

Investigation of renovascular disease and hypertension

Management of urinary tract infections

Investigation of urinary calculi

Investigation of proteinuria and haematuria

Investigation and management of impaired renal function.

Renal nutrition.

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### South Auckland Rooms

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