

Dr. Gerard Muraida

The Doc Is In

Gerard Muraida MD is a Geriatrician and the Medical Director at InnovAge in Albuquerque.

Hypertension has been referred to as the “silent killer.” According to the Centers for Disease and Control and Prevention, nearly half of American adults have hypertension. Men are affected more than women – 50 percent vs. 44 percent. Non-Hispanic Blacks lead the way with 56 percent; Native Americans, 55 percent; non-Hispanic Whites, 48 percent; and Hispanics at 39 percent.

The Diabetes Research Institute estimates that just over 11 percent of Americans, or 37.3 million, have diagnosed diabetes. It is also reported that another 28 million have undiagnosed diabetes. The highest rates of diabetes mellitus by ethnicity/race include Native Americans at 14.5 percent, non-

Chronic Kidney Disease

Hispanic Blacks at 12 percent and 11.8 percent of Hispanics.

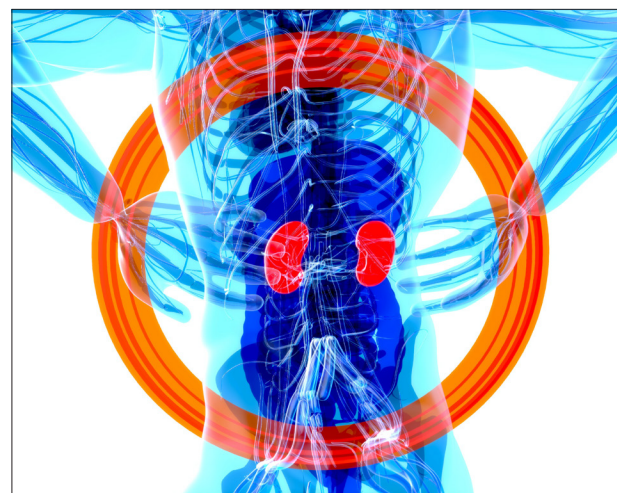
Why all the statistics? Hypertension and diabetes are the top two leading causes of chronic kidney disease (CKD). In fact, 14 percent of our population suffers from CKD. This is usually a slow, progressive illness but can be sped up by poor control of either hypertension or diabetes. In addition, certain medications and other illnesses can also cause kidney injury.

Normal kidney function peaks in our late 40s and begins a slow natural decline in our 50s and 60s. Relax, we are blessed with a large number of nephrons or kidney cells that are quite efficient. We usually determine kidney function by a measurement called eGFR. This is similar to how we gauge miles per gallon in our car. Normal eGFR is greater than or equal to 90. Most physicians will begin to monitor eGFR decline when it reaches 60. Remember, this is usually a very slow process of decline. We also measure the amount of protein that is passed into the urine. The amount of protein in the urine correlates to declining kidney function.

Early referral to a kidney specialist is recommended when the eGFR declines to 60 or so. Co-management of CKD can lead to a delay in end stage kidney disease (ESKD). ESKD is not diagnosed until the eGFR is less than 15 and is then treated with dialysis or transplantation.

To delay or avoid ESKD, blood pressure control is key. The blood pressure goal in CKD is controversial and lies between 120-130/80. Be mindful that not all blood pressure medications are appropriate for all populations. Some blood pressure medications should not be used in combination for seniors. Your primary care physician can provide guidance.

Diabetes management with quarterly or biannual measurement of your hemoglobin A1C is recommended. A1C is a measurement of the average blood sugar level over a three-month



period. If you are diabetic, the goal for A1C is less than 7.0 or whatever your physician determines is appropriate for you.

Avoidance of dehydration, non-steroidal anti-inflammatory agents, certain antibiotics and other medications can also lessen the risk of precipitating CKD progression. Please ask your doctor to determine if any of your current medications may predispose you to CKD. Good communication with your primary care physician can help alleviate risk and any concerns regarding your kidney health.



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