

Renal/Kidney

There is an age-related decline in kidney function; however, not all individuals will develop chronic kidney disease (CKD) with advancing age. Those who are genetically predisposed and exposed to lifetime cardiovascular risk factors are likely to develop systemic atherosclerosis and CKD. ⁽¹⁾

Why is it Important? ⁽¹⁾

- 70.9% of people with CKD have hypertension compared with 20.1% of people without CKD ⁽¹⁾
- About 1 in 10 people have some degree of CKD and it is more common in women ⁽²⁾
- CKD contributes to poor health through its association with inflammation and oxidative stress ⁽¹⁾
- Malnutrition, weight loss and sarcopenia are common in CKD patients, leading to poor outcomes, such as physical and cognitive dysfunction, manifesting as major geriatric syndromes ⁽¹⁾
- Frailty is likely to be one of the underlying processes that leads to the clinical manifestations of geriatric syndromes in patients with CKD ⁽¹⁾
- Functional outcomes, such as cognition and physical functioning, are more relevant outcomes to older patients with CKD ⁽¹⁾
- Renal function declines physiologically with advancing age and pathologically as a result of associated diabetes mellitus and hypertension ⁽¹⁾
- Although about half of people aged 75 or more have some degree of CKD, most of these people do not actually have diseases of their kidneys; they have normal ageing of their kidneys ⁽²⁾

Key Considerations

- Interventions should be developed and assessed in terms of maintaining quality rather than quantity of life in order to prevent disability ⁽¹⁾
- Investigations to exclude treatable kidney disease (e.g. urinary tract infection or obstruction) ⁽²⁾
- Reduce progression of kidney disease (by controlling BP to recommended levels with ACEI or ARB therapy) ⁽²⁾
- Reduce cardiovascular risk, avoidance of nephrotoxic medications and volume depletion, Lipid-lowering treatment, glycemic control ⁽²⁾
- Early detection and management of CKD complications by: avoid renally-excreted medications; adjust medication doses for kidney function and appropriate referral to a nephrologist where indicated ⁽²⁾

References,

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2. Phoon, R. (2012) *Chronic kidney disease in the elderly: Assessment and management*. *Australian Family Physician* Volume 41, No.12, December 2012 Pages 940-944. Retrieved March 2014 from: <http://www.racgp.org.au/download/Documents/AFP/2012/December/201212phoon.pdf>