BÖLÜM 23

ÇOCUK VE ADOLESANLARDA DİYABETİK BÖBREK HASTALIĞI

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TANIM

Diabetes mellitus (DM), insanları etkileyen en yaygın metabolik bozukluktur. Pankreas β hücrelerinin immün harabiyetine bağlı insülin üretim kusurundan kaynaklanan tip 1 diabetes mellitus (DM1), periferik insülin direncinden kaynaklanan tip 2 diabetes mellitus (DM2) ya da her ikisinin kombinasyonu şeklinde görülebilir. DM, yaşam kalitesini bozan mikrovasküler komplikasyonlara yol açabilir (1,2).

Diyabetik böbrek hastalığı (DBH) veya diyabetik nefropati, diabetes mellitusun sinsi ve en sık görülen mikrovasküler komplikasyonlarından biridir. Mikroalbüminüri (MA) DBH'nın bilinen en iyi belirteçlerinden biridir (2). Hastalık mikroalbüminüri ile başlayıp son dönem böbrek yetmezliğine kadar ilerleyebilir. Bu nedenle, mikroalbuminürinin taranması ve erken tespiti nefropatinin ve aşikar proteinürinin önlenmesi için gereklidir.

EPİDEMİYOLOJİ

DBH, Amerika Birleşik Devletleri'ndeki yetişkinlerde SDBY'nin %60.6 oranı ile en sık nedeni olmasına rağmen çocuklarda ve ergenlerde daha nadirdir (3). DM1 tanısı alındıktan 20 yıl sonra hastaların yaklaşık olarak %30-40'ında nefropati gelişmekte olduğu, nefropatiyi takibende 10 yıl sonra böbrek yetmezliği geliştiği bildirilmiştir (4). Alman Diyabet Dokümantasyon Sistemi'nin verileri, DM1'li

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pediatrik hastalarda dislipideminin tedavisi genelde ailesel hiperkolesterolemili çocuklarda yapılan denemelerin sonuçlarına dayanmaktadır (73).

Diyet : Mevcut bakım kriterleri içinde karbonhidrat sayımı, kalori takibi ve düşük glisemik indeksli gıdaların tüketimi gibi diyet eğitimi (17) ve glisemik kontrol ile ilişkili olarak artan fiziksel aktivitenin teşviki (74) bulunmaktadır. Ancak, DM2'li ergenlerin yalnızca %20-30'u yüksek yağlı besinleri sınırlar ve karbonhidrat sayımını kullanır (74). Amerikan Diyabet Derneği (ADA) kılavuzları da özellikle DM2'li gençler için kilo kontrolü önermektedir (17). Yakın zamanda, DiRECT'in (Diabetes Remission Clinical Trial) kayda değer başarısı, özellikle çok düşük enerjili diyetlerin (VLED) kullanımıyla diyabet yönetimine yönelik diyet yaklaşımını yeniden gündeme getirmiştir. Yeni tanılı DM2'li obez yetişkinler, 3-5 ay boyunca çok düşük kalorili (825-835 kcal/gün) bir diyet ile beslenmiş, ardından gıda ve aylık destek yeniden sağlanmış, ve sonuçta 12 ayda %46 ve 24 ayda %36 oranında diyabet remisyon oranı elde edilmiştir (75). Yakın tarihli bir metaanalizde çocuklarda ve ergenlerde VLED'ler birkaç uyarıyla birlikte kilo kaybı ve iyileştirilmiş kardiyo-metabolik sonuçları göstermiştir ancak VLED güvenliği değerlendirilememiştir (76).

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