BÖLÜM 37

Kronik Böbrek Yetersizliği ve Kalp

İnanç ARTAÇ [1]

GİRİŞ

Kronik böbrek hastalığı (KBH) Küresel Sonuçların İyileştirilmesi Vakfı (KDIGO) yönergeleri tarafından böbrek işlevinde veya yapısında 3 aydan uzun süredir mevcut olan bir anormallik olarak tanımlanır. Klasik olarak tahmini glomerüler filtrasyon hızının (tGFR) 60 mL/dk/1,73 m^2'den az olması ve/veya kalıcı böbrek hasarının (albumin: kreatinin oranı (ACR) >30mg/g, idrar sediment anormallikleri, tübüler işlev bozukluğu, böbrek nakli öyküsü) bulgularının varlığı ile tanımlanmaktadır (1). Türk Nefroloji Derneği (TND) tarafından gerçekleştirilen CREDIT (Chronic Renal Disease in Turkey) çalışması ile ülkemizde KBH yaygınlığı ile eşlik eden komorbid durumların sıklığı saptanmıştır. Türkiye'de 23 ilde küme örneklem yöntemiyle seçilen 18 yaşın üzerindeki 10.748 bireyde yapılan CREDIT kohortunun birinci fazının sonuçlarına göre; Türkiye'deki genel erişkin popülasyonda KBH yaygınlığı yüzde 15,7 bulunmuştur (2). KBH, böbrek hastalığının ciddiyetine göre beş alt gruba ayrılmaktadır (Tablo 1). KBH'nin daha ileri aşamaları (düşük tGFR veya daha yüksek idrar ACR ile tanımlanır) son dönem böbrek hastalığı (SDBH) ve kardiyovasküler hastalıklara (KVH) progresyon ve ölüm dahil olmak üzere daha kötü prognoz ile ilişkilidir (3).

Azalmış tGFR ve albüminüri, kardiyovasküler morbidite ve mortalitenin yanı sıra tüm nedenlere bağlı mortalitenin başlıca bağımsız belirteçleridir (4). tGFR ≥60 ml/dk/1,73 m2 olan ve proteinürisi olmayan hastalarda en yaygın ölüm nedeni kanser iken, tGFR <60 ml/dk/1,73m^2 olanlarda en yaygın ölüm nedeni

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SONUÇ

Özetle, klinik uygulama popülasyonlarından, randomize klinik çalışma popülasyonlarının kohort analizlerinden ve genel popülasyonun çeşitli gözlemsel kohortlarından elde edilen çoklu çalışmalardan elde edilen kanıtlar, farklı GFR ölçümleri ile idrar protein atılımı ile ölümcül ve ölümcül olmayan KV olaylar arasında bir ilişki olduğunu doğrulamıştır. KBH, GFR'deki azalma ve/veya aşırı üriner protein atılımı ile yansıtıldığı gibi, anormal kardiyak yeniden şekillenme ve klinik kalp yetmezliği gibi özel bir aşırı yük ile önemli derecede ölümcül ve ölümcül olmayan KV sonuçlarla ilişkilidir. Bunun yanında KBH, önceden bilinen klinik KV hastalığı olan ve olmayan kişileri de etkilemektedir. Son dönem böbrek yetmezliği popülasyonundaki yüksek KVH yükü ve bu hastaların karşılaştığı çok sayıda zorluk göz önüne alındığında, KV riskleri azaltmak için multi-disipliner bir yaklaşım sağlamak, klinik sonuçların iyileşmesine neden olabilir ve transplantasyona giden uzun yolda beklerken bu hastalara fayda sağlayabilir.

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