

2. Bölüm

SON DÖNEM BÖBREK YETMEZLİĞİ TEDAVİ SEÇENEKLERİ

Feyza BAYRAKTAR ÇAĞLAYAN¹

1. SON DÖNEM BÖBREK YETMEZLİĞİ

1.1. Tanım

Son dönem böbrek yetmezliği (SDBY), yaşam kalitesini ve süresini etkileyen klinik olarak anlamlı bir sonlanım noktası olmasına rağmen evrensel olarak kabul edilmiş bir tanımlaması yoktur. Bu durum, etkili tedavilerin geliştirilmesinde zorluk oluşturmaktadır (1).

Geçmişte yapılan büyük ölçekli çalışmalarda SDBY tanısı koyabilmek için üremi varlığı ile kronik renal replasman tedavisi (RRT) ihtiyacının bulunması yeterli görülmüştür (2-4).

Son yıllarda Böbrek Hastalığı: Global Çıktıları İyileştirme (KDIGO) 2012 Kronik Böbrek Hastalığı (KBH) Değerlendirme ve Yönetme Klinik Uygulama Kılavuzu'nda KBH, glomeruler filtrasyon hızı (GFH) ve albuminüri seviyelerine göre sınıflandırılmış ve risk kategorileri belirlenmiştir. (Şekil 1)

Bu sınıflamaya göre Evre 5 KBH veya SDBY, GFH <15 ml/dk/1.73 m² altında olması veya diyaliz ihtiyacı bulunması olarak tanımlanmıştır (5). Bu sınıflamadaki risk kategorileri, hastaların izlenmesi, eğitimi ve uygun tedavilerin seçiminde bir kılavuz olarak kullanılmaktadır. Aynı zamanda prognozun öngörülmesi ve izlem sıklığının ve uzmana sevk zamanının belirlenmesi açısından yol gösterici olabilmektedir. Fakat GFH 15'in altına düştükten sonra da hastaların yıllarca semptomsuz olarak ve diyaliz ihtiyacı gelişmeden izlenebileceği göz önüne alındığında bu tanımlamanın yetersiz olduğu görülmektedir. Pratikte SDBY denildi-

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