Will the Real Kidney Patient Please Stand up?



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KEYWORDS

• Chronic kidney disease • Kidney patient • Differential diagnosis

KEY POINTS

- All adults lose kidney function as they age, and thus the kidney patient can be hiding in plain sight.
- Often kidney disease is not considered in the differential although it may be a component and should not be overlooked.
- A kidney patient will be seen in every specialty, every setting, and every age group. It is
 vital that one knows how to evaluate and manage these patients.

I think I'll go back to ignoring the creatinine until it gets so high it scares me. Kidney disease is confusing, and I can't figure out what I'm supposed to do.

— Andy Narva, MD, Director, National Institutes of Health (NIH), National Kidney Disease Education Program, (NKDEP)

The National Kidney Foundation (NKF) recently reported that Americans are "kidney clueless," with more than half of those surveyed unsure what the kidneys do, the signs or symptoms of kidney disease, or even who is at risk of developing kidney disease. This would be less concerning if their practitioners were kidney disease experts and could educate patients regarding risk factors and symptoms. However, in a 2014 study, NKF reported a severe lack of knowledge among practitioners as to the diagnosis and treatment of chronic kidney disease (CKD). In this inaugural issue of *PA Clinics*, the authors hope to highlight kidney disease in all its permutations, the patient population, the presence of kidney disease in every specialty and increase the comfort zone of the PA who is not in nephrology. One should start with the basics: who is the kidney patient?

The standard risk factors for CKD include diabetes, hypertension and race.

But few practitioners, however, look outside the box and realize that age alone will increase one's risk of CKD. In addition, patients face risk factors daily. A recent

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A 20 year old female presents with white-coat hypertension and an inability to lose weight, primarily centrally.

Kidney diagnosis?

Autosomal-dominant polycystic kidney disease

A 60 year old healthy woman presents for her annual Pap smear and pelvic.

Kidney diagnosis?

Age-related chronic kidney disease

A 45 year old African-American man presents with new-onset hypertension.

Kidney diagnosis?

Apoliproprotein L1 gene variant

A 50 year-old Japanese man presents with recurrent hematuria although his present urine is bland.

Kidney diagnosis?

IGA nephropathy

A thin 17 year-old wrestler attempts to lose 5 pounds to qualify at a lower weight class. He is running sprints in a rubber suit. He presents with multiple joint pains.

Kidney diagnosis?

Rhabdomyolysis

A 55 year-old diabetic presents to the office with an A1C of 9.8, overt neuropathy, retinopathy, and microalbuminuria.

Kidney diagnosis?

End Organ Diabetic Nephropathy

A 35 year-old man with long-standing human immunodeficiency virus (HIV) well-controlled with triple therapy presents for his quarterly management laboratory tests.

Kidney diagnosis?

Human immunodeficiency-associated nephropathy

A 28 year-old African American federal employee presents for a physical examination prior to posting overseas. Routine screening laboratory tests show a serum creatinine (SCr) of 5.9.

Kidney diagnosis?

Glomerulonephritis

A 45 year-old construction worker presents with complaints of knee pain. He has been using over-the-counter nonsteroidal anti-inflammatory steroids (NSAIDS) for pain management.

Kidney diagnosis?

Acute tubular necrosis secondary to nonsteroidal anti-inflammatory drugs

A teenager is seen in the emergency room with complaints of nausea and vomiting. Laboratory tests are done and show a serum creatinine (SCr) of 4.5. She admits to smoking synthetic marijuana earlier in the day.

Kidney diagnosis?

Spice-induced acute kidney injury

A 16 year-old football player comes into the office for a sports physical prior to the football season. He admits to taking creatine supplements to bulk up, and his blood pressure is 135/90.

Kidney diagnosis?

Creatine-induced hypertension

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