

CKD and the Renal Failure

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Chronic kidney disease (CKD) is an alteration of kidney structure or function for more than 3 months with health implications, classified based on etiology, glomerular filtration rate (GFR) and albuminuria (CGA) categories. The etiology of CKD is assigned based on the presence or absence of systemic disease and the location of pathological anatomical findings observed or found within the kidney; specifically in TFG in estadio IV (15 - 29 ml/min/1.73m) and stage V (less than 15 ml/min/1.73m) is where our patients initiate a „torment, an ordeal, hopelessness”, sometimes being the 2 or 3 consultation with the nephrologist and with the renal nutritionist (if derived by the doctor) is when they realize the magnitude, of the transcendence of the disease, to this add to previous diseases such as diabetes mellitus (DM), high blood pressure (HTA) to mention the most cause, metabolic complications, dyslipidemias, gastrointestinal symptomatology, edema, alteration of serum electrolytes, elevation of uric acids, hospital stays, etc. In addition to the emotional state of evolution, stages of disease (especially stages IV and V) reflect anxiety, anger, resignation, depression, frustration, courage, helplessness, sadness, etc. This reflects the need to implement, create specific programs not only of psychological support for the patient and also to the family nucleus in the integral care of this vulnerable group, we must implement and verify that the promotion of renal health, prevention, timely detection, comprehensive treatment and containment or reversal of CKD in the first three stages is implemented and reflected, that the patient is aware of the consequences at advanced stages (IV and V) and limitation of renal damage mortality. A patient with good control of the DM and HTA can slow down the complications of nephropathy through a good quality of life, as long as a strict management is established through adjustments of the feeding plan (separate topic to consider), exercise and drugs known as „nephroprotective”, achieve measures to curb the deterioration of intact nephrons and even recover semi-damaged nephrons (damage reversal). There is no systematic application of early detection programmes, nor of the dissemination of different secondary prevention strategies to limit the progression of kidney damage. Renal function replacement treatment (dialysis, haemodialysis, etc.) is an adequate and useful therapy with its clinical repercussions and renal transplantation is not a viable option (at least in our midst) for the vast majority of CKD patients due to the high upfront cost it represents and the lack of a structured program of efficient organ procurement; a patient with social security has access to the various types of substitute therapies but a patient in a private environment is very difficult to solve such treatment; preventive actions should be focused to curb or at least slow the onset of the incidence of terminal stages of the disease that require life-support therapies with high financial and social costs. The patient and the family nucleus must be aware of how they face the disease depending on their cultural, social, economic, psychological context, etc., and the interdisciplinary team must have a critical and objective look at this disease that we are not exempt from suffering it. The disease constantly reminds us of death, we must reflect on the importance of health.

The happiness of the body is based on health; understanding, in knowing.

Such as Miletus.

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