Are You at Risk for Kidney Disease?

Did you know?
Anyone can get chronic kidney disease at any age. But some people are more likely to get it than others. You may have an increased risk for chronic kidney disease if you:
• Have diabetes
• Have high blood pressure
• Have a family history of this disease
• Are older
• Are in a population group that has a high rate of diabetes or high blood pressure, such as African American, Hispanic American, Asian or Pacific Islander, or American Indian

Kidney disease often has no symptoms until it is in the later stages. Many people are not aware they have kidney disease, even when their kidneys are barely able to work. Testing is very important for people at risk – it may be the only way to find kidney disease in the early stages and prevent damage.

What are the kidneys and what do they do?
Your kidneys are two fist-sized organs shaped like kidney beans. They are located just below the ribs on either side of your spine. Your kidneys are mainly a filtering system, but have other important jobs as well. Your kidneys:
• Clean the blood of wastes that come from food and your normal muscle activity
• Take away extra fluid (water) and keep the chemicals in your blood balanced (some of these chemicals are sodium, potassium, phosphorus and calcium).
• Take away the drugs and toxins in your body
• Help control blood pressure, make red blood cells and make vitamin D for healthy bones

What is chronic kidney disease?
Chronic kidney disease means the kidneys may have been damaged by diabetes, high blood pressure or another disease. Kidney damage cannot be fixed but you can take steps to keep it from getting worse. Usually there are no symptoms, but if kidney disease gets worse, wastes build up in your blood which can make you feel sick and cause many other serious problems. These problems can lead to kidney failure, which means you would need dialysis or a kidney transplant to stay alive.

What causes kidney disease?
• High blood pressure and diabetes are the most common causes of kidney failure. Both high blood pressure and high blood sugar can damage the small filters in the kidneys (glomeruli) that get rid of waste and extra fluid. Controlling high blood pressure and high blood sugar can slow or prevent kidney disease.

Other conditions that can cause kidney disease are:
• Glomerulonephritis: a group of diseases that cause inflammation and damage
• Inherited disease, such as polycystic kidney disease which causes large cysts in the kidney
• Lupus and other diseases of the immune system
• Diseases that cause blockage in the kidney, such as kidney stones or enlarged prostate disease (in men)
• Repeated bladder and kidney infections
• Kidney cancer
• Normal aging

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If you are at risk, get tested.
Checking for chronic kidney disease should be part of your routine care if you have diabetes or high blood pressure. Talk with your health care provider about getting tested if you have any of the other conditions that cause kidney disease. Two tests are recommended:
- A simple blood test to measure your glomerular filtration rate (GFR): This test shows how well your kidneys are filtering wastes from your blood. The lower the GFR number, the more damage your kidneys have.
- A simple urine test to see if there is protein in the urine. Protein in the urine is not normal. When your kidneys are damaged protein leaks into the urine.

There are other tests that may be done to detect kidney damage or to see how badly the kidneys are damaged. Your health care provider will discuss these tests with you if they are needed.

What’s the good news?
Chronic kidney disease can be prevented even if you are at increased risk. You should make a plan with your health care provider for how to keep from developing kidney disease. Be sure to:
- Have your kidneys tests done at least once a year if you have diabetes, high blood pressure or other risk factors.
- Keep your blood sugar and blood pressure in good control to prevent kidney damage:
  - Take medicines for diabetes and high blood pressure exactly as prescribed.
  - Follow your diet for diabetes and keep your blood sugar as close to normal as you can.
  - Keep your blood pressure low enough to prevent kidney damage. Discuss how low your blood pressure should be with your health care provider.
  - There are two types of blood pressure medicine that can slow CKD down and help keep the kidneys from failing. These medicines – ACE inhibitors and ARBs – can be used even if you don’t have high blood pressure.

Your health care provider may also suggest that you:
- Make changes in your diet, such as cutting down on salt, protein, alcohol and caffeine.
- Lose extra pounds. Ask your health care provider what your weight should be and work toward that goal.
- Exercise regularly. Your goal is to work up to 30 minutes of moderate exercise most days of the week. Before beginning an exercise program it is important to talk with your health care provider and make a plan.
- If you smoke or use tobacco products take steps to quit as soon as you can.
- Avoid taking large amounts of over-the-counter pain relievers. Make sure your health care provider knows about your CKD and talk with them about what you can take safely. Examples of drugs to ask about or avoid include: aspirin, ibuprofen (Advil, Motrin, and others), naproxen (Aleve and others), indomethicin (Indocin), Celebrex, Toreldol, as well as other prescription pain relievers offered by healthcare providers who may not know about your CKD.

Need more information?
Be sure to ask questions and discuss any concerns with your health care provider. You can also learn more by visiting the National Kidney Foundation website at:
www.kidney.org

The information presented is intended for general information and educational purposes. It is not intended to replace the advice of your health care provider.
Contact your health care provider if you believe you have a health problem.