



# Giornata mondiale del rene

## ESPERIENZE IN AMBITO PROVINCIALE

**Dr. Rizzioli Emanuela**

**Resp. M.O Nefrologia e Dialisi**

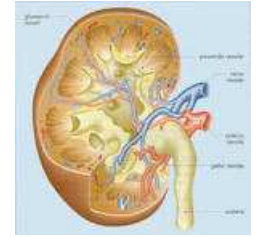
**DIPARTIMENTO DI MEDICINA**

**Unità Operativa Coordinamento e Integrazione Attività Mediche Internistiche e Specialistiche**

**Il Direttore Dr. ML Grata**



# Giornata mondiale del rene



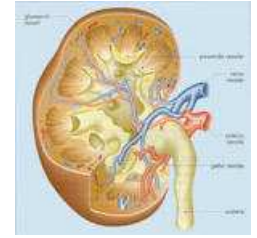
**Inaugurata nel 2007**

**Nasce dalla esigenza di**

**Diffondere informazioni riguardanti le malattie renali**

**Diffondere la convinzione dell' utilità di prevenzione e di diagnosi precoce**

# Giornata mondiale del rene

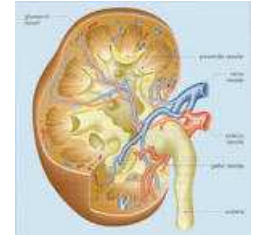


**Circa 5.000.000 di italiani sono affetti da malattia renale**

**La malattia renale è pauci sintomatica nelle sue fasi iniziali**

**Circa 40.000 pz sono in dialisi**

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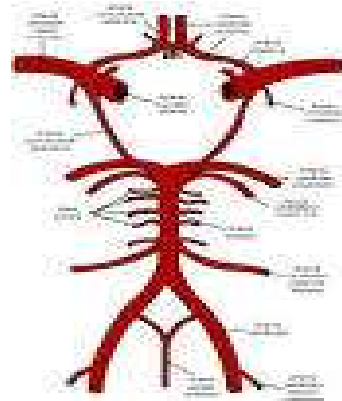
**Colpisce tutti: giovani, adulti (>frequenza dopo i 70 aa)**

**Lieve prevalenza nel sesso maschile (con trend in aumento nella donna per maggior sopravvivenza)**

**Elevati costi di gestione**

# implicazioni

## Cardio vascolari



CARDIOPATIA ISCHEMICA  
IMA  
ARITMIE  
INSUFFICIENZA CARDIACA  
ICTUS

## Osteoarticolari



CKD-MDB  
Fratture  
immobilità

## Ematologiche..



anemia  
Ridotte difese immunitarie

## FREQUENZA DI PATOLOGIE CARDIO-VASCOLARI NEI PZ PREVALENTI IN ITALIA E NELL'EURO-DOPPS

	Diagnosi all'inizio dello studio	
	Italia (%)	Euro-DOPPS (%)
<b>Ipertensione</b>	59.4	73.4
<b>Ipertrofia ventricolare sinistra</b>	65.3	54.9
<b>Cardiomegalia</b>	26.8	33.6
<b>Cardiopatía coronarica grave</b>	7.2	16.5
<b>Moderata</b>	14.4	15.7
<b>Insufficienza cardiaca: grave</b>	4.9	7.3
<b>moderata</b>	3.8	10.4
<b>Insuff. Cerebrovascolare: grave</b>	8.2	8.6
<b>Moderata</b>	3.8	4.6
<b>Arteriopatía occlusiva: Grave</b>	8.9	10.8
<b>moderata</b>	9.4	11.0

Trattare precocemente la malattia renale è cruciale  
per ridurre la morbilità  
e la mortalità secondaria a IMA o eventi  
cardiovascolari fatali



“Cura il rene se vuoi salvare il cuore!!!”



Prof.  
Gianbattista  
Capasso

## Stroke and Bleeding in Atrial Fibrillation with Chronic Kidney Disease

Jonas Bjerring Olesen, M.D.

## Clinical Features, Use of Evidence-Based Therapies, and Cardiovascular Outcomes Among Patients With Chronic Kidney Disease Following Non–ST-Elevation Acute Coronary Syndrome

June-Wha Rhee, MD; Stephen D. Wiviott, MD; Benjamin M. Scirica, MD, MPH; C. Michael Gibson, MD; Sabina A. Murphy, MPH; Marc P. Bonaca, MD, MPH; David A. Morrow, MD, MPH; Jessica L. Mega, MD, MPH

Department of Medicine (Rhee), Stanford University Medical Center, Stanford, California; TIMI Study Group, Cardiovascular Division, Department of Medicine (Wiviott, Scirica, Gibson, Murphy, Bonaca, Morrow, Mega), Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts; Cardiovascular Division, Department of Medicine (Gibson), Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts

[J Womens Health \(Larchmt\)](#). 2010 Aug;19(8):1487-91. doi: 10.1089/jwh.2009.1841.

**Renal dysfunction as a predictor of long-term mortality in middle-aged women following an acute coronary syndrome.**

[Holzmann MJ](#)<sup>1</sup>, [Janszky I](#), [Al-Khalili F](#), [Schenck-Gustafsson K](#).

BRIEF REVIEW [www.jasn.org](http://www.jasn.org)

## CKD and Sudden Cardiac Death: Epidemiology, Mechanisms, and Therapeutic Approaches

Isaac R. Whitman,\* Harold I. Feldman,\*<sup>†</sup> and Rajat Deo\*<sup>‡</sup>

\*Department of Medicine, and <sup>†</sup>Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania, Philadelphia, Pennsylvania; and <sup>‡</sup>Section of Electrophysiology, Division of Cardiovascular Medicine, University of Pennsylvania, Philadelphia, Pennsylvania

### ABSTRACT

Multiple studies demonstrate a strong independent association between CKD and cardiovascular events including death, heart failure, and myocardial infarction. This review focuses on recent clinical studies that expand this spectrum of adverse cardiovascular events to include ventricular arrhythmias and sudden cardiac death. In addition, experimental models suggest structural remodeling of the heart and electrophysiologic changes in this population. These processes may explain the increased arrhythmic risk in kidney disease and aid in identifying patients who are at higher risk for sudden cardiac death. Finally, we review here the data to support the use of pharmacologic and device-based therapies for both the primary and secondary prevention of sudden cardiac death.

*J Am Soc Nephrol* 23: ●●●-●●●, 2012. doi: 10.1681/ASN.2012010037

that were treated by emergency services personnel.<sup>17</sup> The majority of SCDs occur at the event is often unwitnessed, and the prognosis from cardiac arrest is worse in patients with structural heart disease. In addition, survival increases with a decline in the number of patients with ESRD who are not dialyzed.

The NEW ENGLAND JOURNAL of MEDICINE

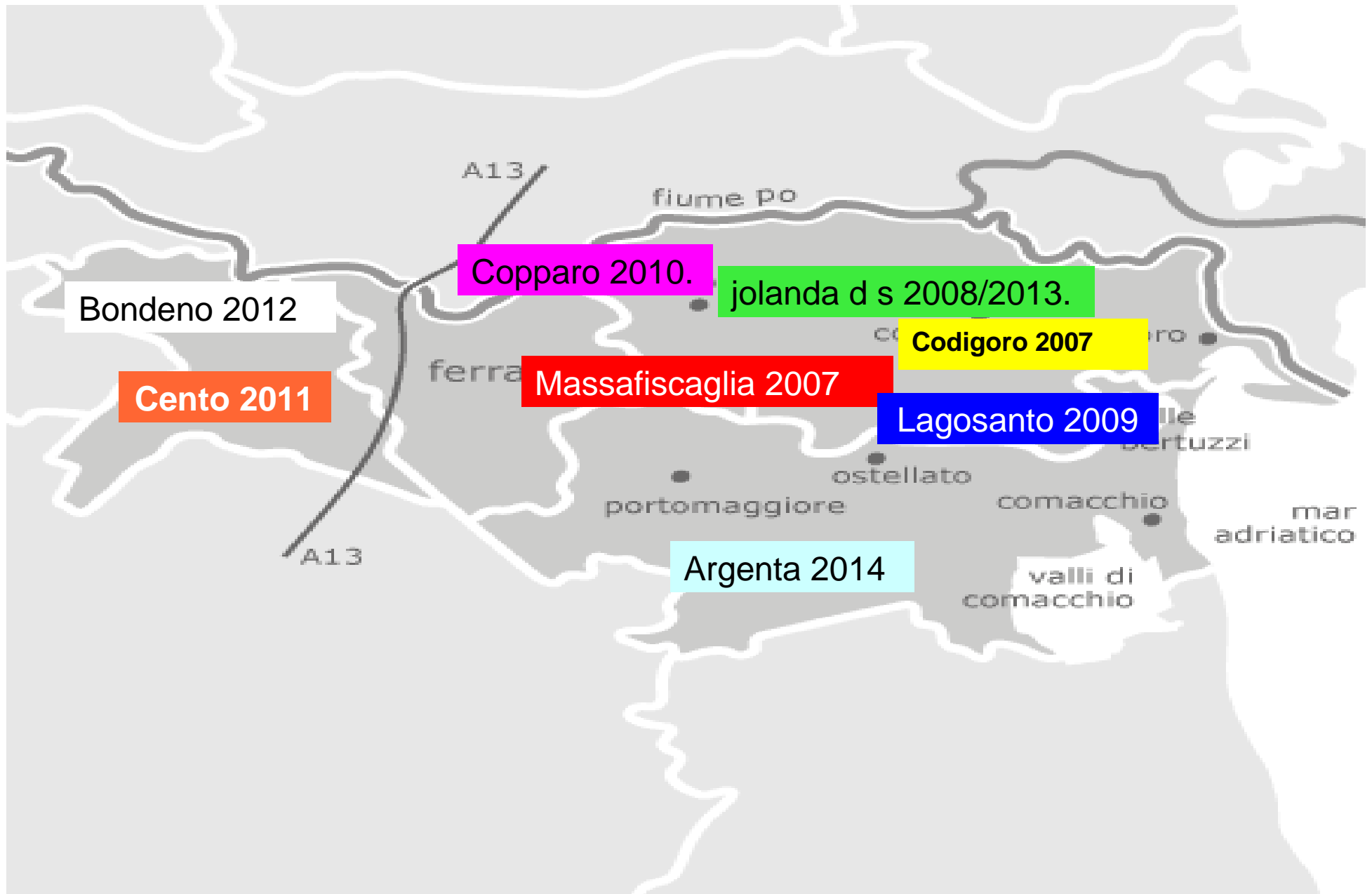
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ORIGINAL ARTICLE

## Intensive Blood-Pressure Control in Hypertensive Chronic Kidney Disease

Lawrence J. Appel, M.D., M.P.H., Jackson T. Wright, Jr., M.D., Ph.D.,

# Giornata mondiale del rene



ANNO	SEDE	PZ	TOT	popolazione
2007	CODIGORO	27 F 36 M	63	12,760
2007	MASSA FISCAGLIA	345 f 308 M	653	3,775
2008	JOLANDA DI SAVOIA	219 F 183 M	402	3.187
2009	LAGOSANTO	61 F 54 M	109	4.783
2010	COPPARO	23 F 44 M	67	17,408
2011	CENTO	118 F 138 M	256	35,095
2012	BONDENO	70 F 59 M	129	15,309
2013	JOLANDA DI SAVOIA	54 F 49 M	103	3,016

Tempo di osservazione 6 anni (dal 2007 al 2012)

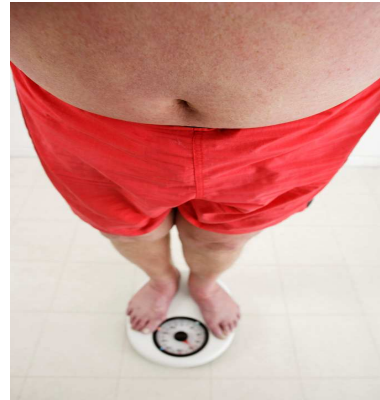
n. utenti **1980** (popolazione della provincia 80.500) tutti caucasici

F 1012, età media 57,8 +- 9,7 aa

M 968 età media 57+- 9,1 aa

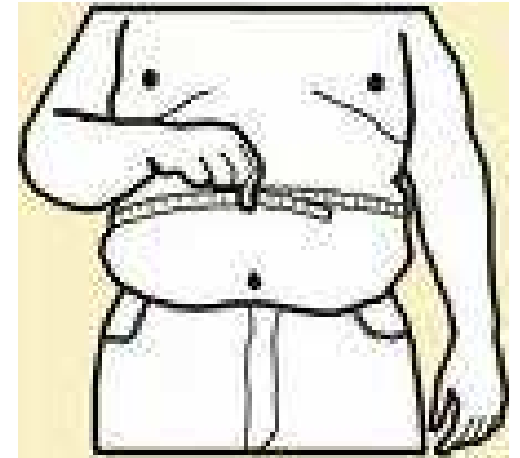
# Parametri clinici su cui è stato basato lo screening nefrologico

Pa >140/90 mmhg

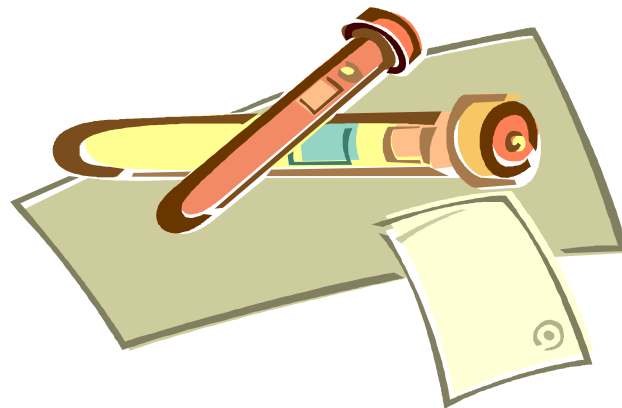


BMI >25

>102 cm M  
> 88 cm F



LEUCOCITURIA 1+  
PROTEINURIA 1+  
MICROEMATURIA 1+



# questionario



Età

Sesso

Tabagismo

DM

ipertensione

Table 1. Anthropometric and blood pressure parameters in men and women.

	( <i>n</i> = 1012) Women	( <i>n</i> = 968) Men	<i>p</i> -Value
Height (m)	1.61 ± 0.06	1.73 ± 0.06	<0.001
Weight (kg)	67.1 ± 12.6	82.0 ± 12.5	<0.001
Body Mass Index (kg/m <sup>2</sup> )	21.9 ± 4.2	24.5 ± 3.6	<0.001
Waist circumference (cm)	92.9 ± 13.3	101.3 ± 10.8	<0.001
Body surface index (m <sup>11/6</sup> kg <sup>-2/3</sup> )	0.0951 ± 0.0105	0.0920 ± 0.0071	<0.001
Systolic blood pressure (mm Hg)	129.8 ± 18.8	133.5 ± 19.0	<0.001
Diastolic blood pressure (mm Hg)	76.3 ± 9.5	78.9 ± 10.6	<0.001

Table 2. Clinical data and the relative odds ratios (ORs) in women and men.

		Women	Men	<i>p</i> -Value
Overweight	OR	210 (20.8%) 0.645 (0.573–0.724)	362 (37.4%) 1.470 (1.348–1.604)	<0.001
Abdominal obesity	OR	649 (64.1%) 1.505 (1.371–1.652)	426 (44%) 0.662 (0.604–0.725)	<0.001
Smoker	OR	197 (19.5%) 0.992 (0.889–1.106)	191 (19.7%) 1.009 (0.901–1.129)	0.91
Former smoker	OR	219 (21.6%) 0.559 (0.497–0.628)	434 (44.9%) 1.657 (1.528–1.804)	<0.001
Hypertension	OR	336 (33.2%) 0.899 (0.819–0.981)	369 (38.1%) 1.114 (1.017–1.221)	0.024
Diabetes mellitus	OR	110 (10.9%) 0.876 (0.757–1.013)	132 (13.6%) 1.134 (1.001–1.285)	0.064
Glycosuria	OR	43 (4.2%) 0.642 (0.501–0.822)	85 (8.8%) 1.393 (1.220–1.590)	<0.001
Proteinuria	OR	238 (23.5%) 1.070 (0.969–1.182)	204 (21.1%) 0.929 (0.830–1.040)	0.196
Hematuria	OR	171 (16.9%) 1.161 (1.042–1.294)	124 (12.8%) 0.839 (0.728–0.967)	0.012
Leucocyturia	OR	187 (18.5%) 1.538 (1.403–1.676)	68 (7%) 0.511 (0.415–0.630)	<0.001

# DIAGRAMMA DI VENN

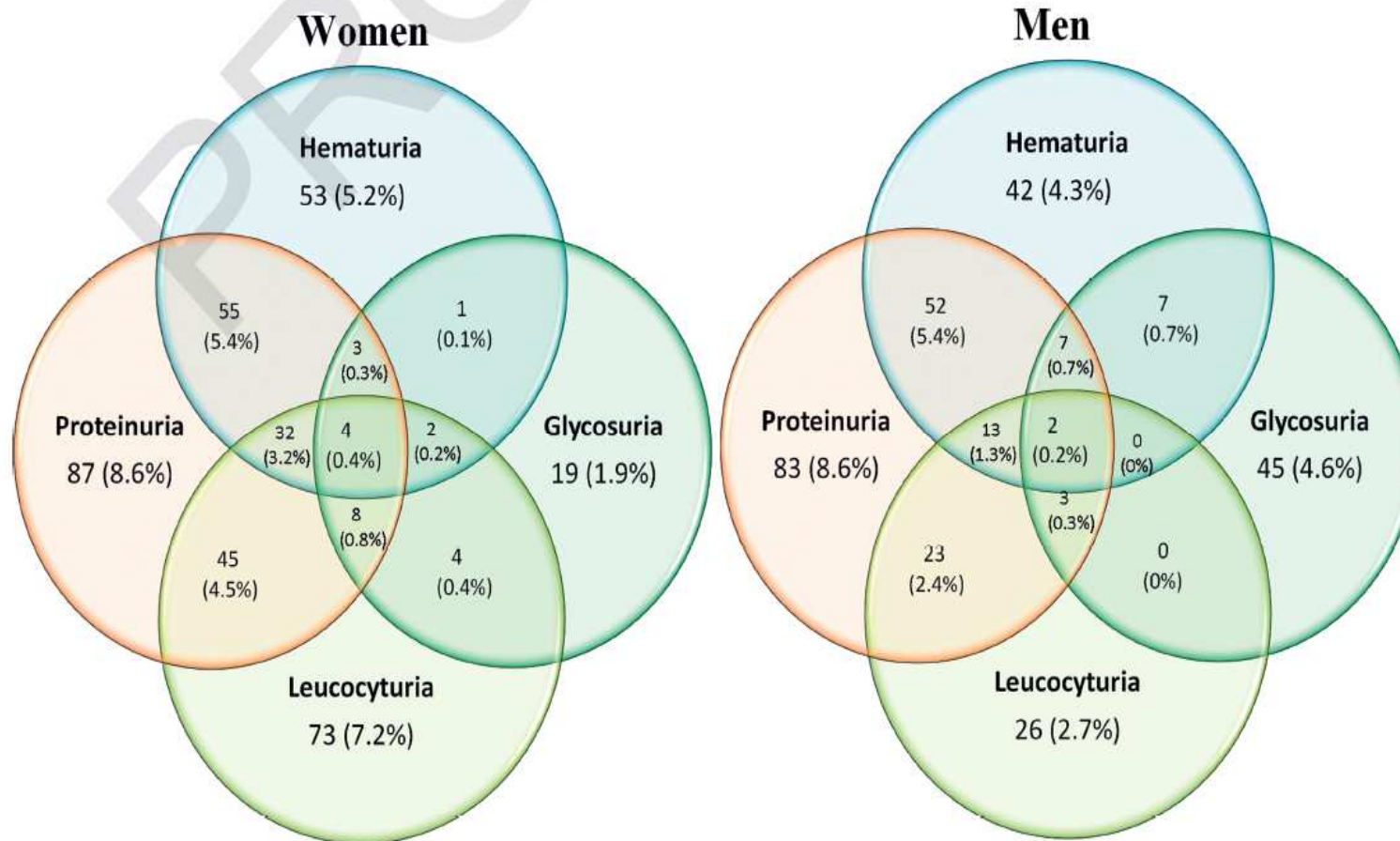







Figure 1. Venn diagram indicating the prevalence of glycosuria, proteinuria, hematuria, and leukocyturia in the 1012 women and in the 968 men investigated.

**Table 2** Factors independently associated with urine abnormalities

Dependent variable	Independent variable	OR	95% CI	<i>P</i>
Proteinuria	Age	1.025	1.003–1.047	0.0275
	Diabetes mellitus	1.499	1.072–2.095	0.0179
Hematuria	Age	1.039	1.013–1.065	0.0025
	Female sex	1.610	1.207–2.147	0.0012
	Smoking status	1.745	1.253–2.430	0.001
Leukocyturia	Age	1.040	1.013–1.068	0.0039
	Female sex	3.975	2.811–5.621	<0.0001

# conclusioni

1. le  hanno una maggior prevalenza di obesità addominale
2. gli  hanno BMI maggiore
3. le  hanno minor tendenza a smettere di fumare
4. nelle emati  vi era > prevalenza di leucocituria ed
5. la **proteinuria** non mostrava differenze nei due gruppi
- 5 gli  hanno valori pressori >

# Importanza del risultato..

leucocituria ed ematuria sembrano predire lo stroke embolico

l'obesità, l'insulino resistenza, la s. metabolica correlano con il rischio di malattia renale

Studio cinese (>2300 pz) confermava che DM, proteinuria e ipertensione correlano con CKD

studio giapponese evidenziava > prevalenza di ckd in donne >70 aa

***“basta poco per ottenere molto....”***

*Grazie per l'attenzione*

