



Novel Approaches in the Treatment of Kidney Failure

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ABSTRACT:

Kidney failure, a serious medical condition, occurs when the kidneys are unable to adequately filter waste and excess fluid from the blood. This can lead to a buildup of toxins in the body, causing various health problems. There are two main types of kidney failure: acute kidney injury (AKI) and chronic kidney disease (CKD).

Acute kidney injury can develop suddenly and is often caused by factors such as infections, medications, or underlying medical conditions. It may be reversible with appropriate treatment, but if left untreated, it can progress to chronic kidney disease.

Chronic kidney disease is a progressive condition that develops over time, often due to underlying conditions like diabetes or high blood pressure. As the disease progresses, kidney function gradually declines, leading to a need for dialysis or a kidney transplant.

Common symptoms of kidney failure include fatigue, swelling, nausea, vomiting, and decreased urine output. Early diagnosis and treatment are crucial for managing kidney failure and improving patient outcomes.

Keywords: [AKI] Acute Kidney Injury and [CKD] Chronic Kidney Disease.

Introduction:

Introduction for kidney failure

Kidney failure, also known as renal failure, occurs when your kidneys are no longer able to adequately filter waste products from your blood. This can lead to a buildup of harmful substances in the body, causing various health problems.

Kidney failure is a condition in which one or both of your kidneys no longer work on their own. Causes include diabetes, high blood pressure and acute kidney injuries. Symptoms include fatigue, nausea and vomiting, swelling, changes in how often you go to the bathroom and brain fog. Treatment includes dialysis or a kidney transplant.

There are two main types of kidney failure:

Chronic kidney failure: This is a progressive condition that develops over time, often due to underlying conditions like diabetes or high blood pressure. Chronic kidney failure is typically irreversible and can eventually lead to end-stage renal disease, requiring dialysis or a kidney transplant.

Acute kidney failure: This develops suddenly and can be caused by factors such as infections, injuries, or certain medications. In some cases, acute kidney failure is temporary and can resolve with treatment.

Common symptoms of kidney failure include:

*Fatigue

*Nausea and vomiting

*Swelling in the legs and ankles

*Shortness of breath

*Decreased urine output

*Confusion or difficulty concentrating

*Loss of appetite

*Weight loss

If you are experiencing any of these symptoms, it is important to consult with a healthcare provider for evaluation. Early diagnosis and treatment can help manage kidney failure and improve your overall health.

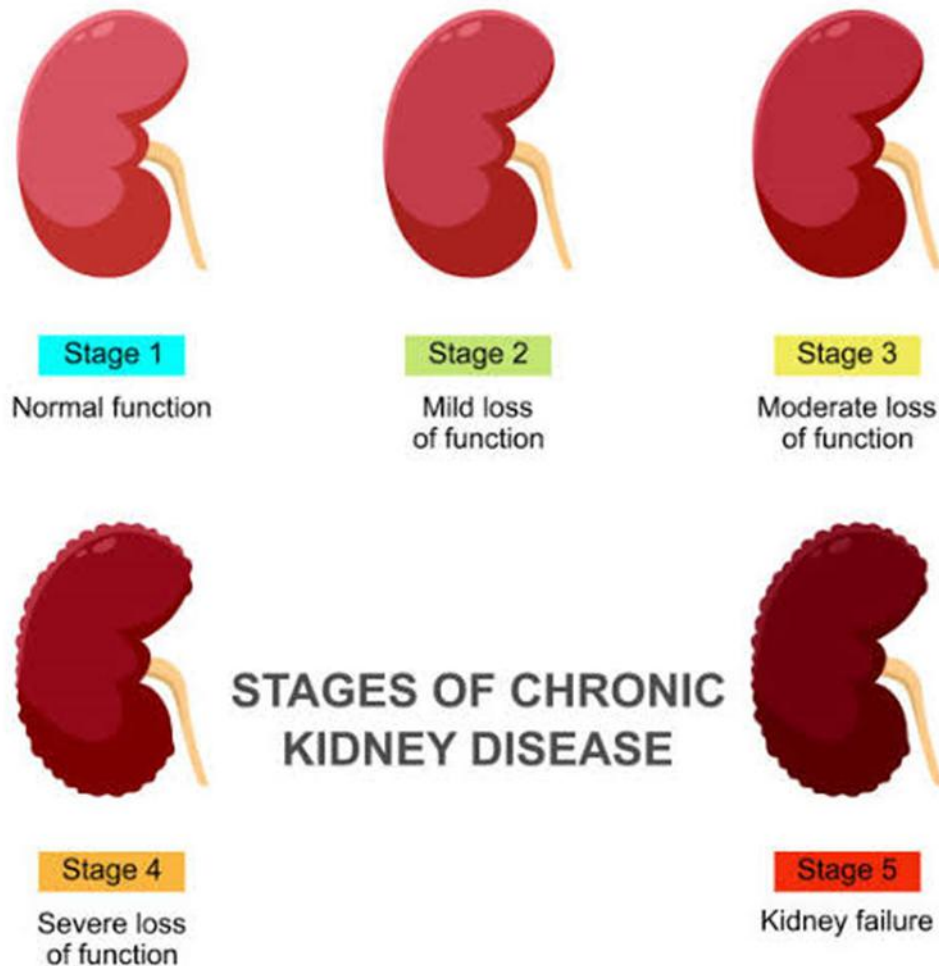


Diagram:- Chronic Kidney Failure

Stage 1:- Normal Function.

The "normal function stage" in kidney failure is actually the absence of kidney failure. This stage is characterized by:

Normal GFR: Your estimated glomerular filtration rate (GFR) is within the normal range (90 or higher).

No kidney damage: There are no signs of kidney damage, such as protein in your urine or abnormal findings on imaging tests.

No symptoms: You typically experience no symptoms related to kidney problems.

This stage is essentially a state of healthy kidney function. However, it's important to note that even if your kidneys are functioning normally, you may still be at risk for developing kidney disease if you have underlying conditions like diabetes or high blood pressure. Regular check-ups and preventive measures can help protect your kidneys.

Stage 2:- Mild Loss Of Function.

Mild loss of function in kidney failure is an early stage of chronic kidney disease (CKD). While the kidneys are still working to some extent, their ability to filter waste products and excess fluids from the blood is beginning to decline.

Symptoms of Mild Kidney Failure

In the early stages, you may not experience any noticeable symptoms. However, as the condition progresses, you might begin to notice:

Fatigue: Feeling tired or weak.

Nausea and vomiting: Digestive issues.

Swelling: Especially in the ankles and feet.

Changes in urination: Urinating more or less frequently than usual.

High blood pressure: Difficult to control.

Causes of Kidney Failure

Several factors can contribute to kidney failure, including:

Diabetes: High blood sugar can damage the kidneys.

High blood pressure: Over time, high blood pressure can strain the kidneys.

Glomerulonephritis: Inflammation of the kidneys' filtering units.

Polycystic kidney disease: A genetic disorder causing cysts to form in the kidneys.

Obstruction of the urinary tract: Blockages that prevent urine from flowing freely.

Treatment and Management

While there's no cure for kidney failure, early diagnosis and treatment can help slow its progression. Treatment plans often involve:

Managing underlying conditions: Controlling diabetes and high blood pressure.

Medications: To address symptoms and slow kidney damage.

Dietary changes: Limiting sodium, potassium, and phosphorus intake.

Fluid restrictions: In some cases.

Stage 3:- Moderate Loss Of Function.

Moderate loss of function in kidney failure, also known as chronic kidney disease (CKD) stage 3, occurs when your kidneys are not working as well as they should. This stage is characterized by a gradual decline in kidney function, which can lead to various health problems if not managed properly.

Symptoms of Moderate Kidney Failure

While early stages of CKD often have few or no symptoms, as the condition progresses, you may experience:

*Fatigue and weakness

*Swelling in your feet and ankles

*High blood pressure

*Shortness of breath

* Loss of appetite

*Nausea and vomiting

*Changes in urination patterns

*Dry, itchy skin

*Muscle cramps

*Decreased mental sharpness

*Causes of Moderate Kidney Failure

Several factors can contribute to moderate kidney failure, including:

*Diabetes

*High blood pressure

*Glomerulonephritis

*Polycystic kidney disease

*Kidney stones

*Certain medications

*Treatment and Management

While there's no cure for CKD, treatment focuses on slowing its progression and managing symptoms. This may involve:

Lifestyle changes: These include a healthy diet, regular exercise, and avoiding smoking and excessive alcohol consumption.

Medications: Medications can help control blood pressure, diabetes, and other underlying conditions.

Dialysis: In severe cases, dialysis may be necessary to filter waste products from the blood.

6] Kidney transplant: A kidney transplant may be considered as a long-term solution.

If you're experiencing symptoms of kidney failure or have risk factors such as diabetes or high blood pressure, it's important to see a healthcare provider for evaluation. Early diagnosis and treatment can help prevent complications and improve your quality of life.

Stage 4:- Severe Loss Of Function.

Severe Loss of Function in Kidney Failure

Kidney failure, also known as renal failure, is a severe condition where the kidneys are no longer able to function properly. This can lead to a variety of serious health problems.

Symptoms of Severe Kidney Failure

When kidney failure is severe, the symptoms can be quite noticeable. These may include:

Urinary changes: Reduced urine output or complete lack of urine, frequent urination, or painful urination

Fluid retention: Swelling in the legs, ankles, feet, or hands

Fatigue: Feeling tired and weak

Shortness of breath: Difficulty breathing

Nausea and vomiting: Feeling sick to your stomach

Loss of appetite: Not wanting to eat

Mental confusion: Difficulty thinking clearly

Muscle cramps: Painful muscle spasms

Itchy skin: Dry, itchy skin

High blood pressure: Elevated blood pressure

Causes of Kidney Failure

There are many factors that can lead to kidney failure, including:

Diabetes: High blood sugar levels can damage the kidneys over time.

High blood pressure: Chronic high blood pressure can strain the kidneys and lead to damage.

Glomerulonephritis: Inflammation of the kidneys' filtering units.

7] Polycystic kidney disease: A genetic condition that causes cysts to form in the kidneys.

Kidney stones: Hard deposits that can form in the kidneys and block urine flow.

Certain medications: Some medications can damage the kidneys.

Underlying medical conditions: Conditions such as heart failure, liver disease, and lupus can affect kidney function.

Treatment for Kidney Failure

If you have severe kidney failure, you will need treatment to manage your condition. This may include:

Dialysis: A procedure that filters the blood when the kidneys can no longer do so.

Kidney transplant: A surgical procedure to replace a damaged kidney with a healthy one.

Dietary changes: Eating a healthy diet can help manage kidney disease.

Medication: Certain medications can help control symptoms and slow the progression of kidney disease.

If you are experiencing symptoms of kidney failure, it is important to see a doctor for evaluation and treatment. Early diagnosis and treatment can help prevent serious complications.

Stage 5:- Kidney Failure.

Last stage kidney failure

>End-Stage Renal Disease (ESRD)

<End-stage renal disease (ESRD), also known as kidney failure, is the final stage of <chronic kidney disease. At this point, your kidneys have lost most or all of their ability to function.

Symptoms of ESRD

As ESRD progresses, symptoms may include:

*Fatigue and weakness

*Nausea and vomiting

*Loss of appetite

*Shortness of breath

*Swelling in the feet and ankles

*High blood pressure

*Headaches

*Difficulty sleeping

*Decreased mental sharpness

*Muscle twitches and cramps

*Persistent itching

*Metallic taste

*Changes in urination

*Causes of ESRD

Several factors can contribute to ESRD, including:

*Diabetes

*High blood pressure

*Glomerulonephritis

*Polycystic kidney disease

*Kidney stones

*Prolonged use of certain medications

*Treatment Options

If you have ESRD, you will need to receive treatment to replace the functions of your kidneys. The two main treatment options are:

Dialysis: This involves filtering your blood to remove waste products and excess fluid. There are two main types of dialysis: hemodialysis and peritoneal dialysis.

Kidney transplant: This involves receiving a healthy kidney from a donor.

If you are concerned about your kidney health, it's important to see a doctor for regular check-ups. Early diagnosis and treatment can help prevent the progression of kidney disease.

*** Acute Kidney Failure ***

Stages of Acute Kidney Failure:-

Stage I. GFR 90 or higher (up to 100). Your kidneys still work normally but you may have mild damage.

Stage II. GFR 89 to 60. Your kidney function loss is mild and kidneys still work well.

Stage IIIa. GFR 59 to 45. The loss of kidney function may be mild to moderate.

Stage IIIb. GFR 44 to 30. Your kidney function loss is moderate to severe.

Stage IV. GFR 29 to 15. You have severe loss of kidney function.

Stage V. GFR lower than 15. Your kidneys are close to or at complete failure.

Stage I. GFR 90 or higher (up to 100).

A GFR (glomerular filtration rate) of 90 or higher is generally considered normal kidney function. It indicates that the kidneys are effectively filtering waste from the blood. However, it's important to consider other factors, like age and overall health, when interpreting GFR results. If you have concerns about kidney health, it's best to consult a healthcare professional.

Symptoms:-

*Frequent urination

*Painful urination

*Blood in your urine

*Swelling in your legs or ankles

*Fatigue

*Loss of appetite

*Nausea and vomiting

Several factors can contribute to maintaining this level of kidney health, including:

Healthy Lifestyle: A balanced diet, regular exercise, and maintaining a healthy weight.

Hydration: Adequate fluid intake helps the kidneys function effectively.

Control of Blood Pressure: Keeping blood pressure within a normal range protects kidney health.

Blood Sugar Management: For individuals with diabetes, managing blood sugar levels can prevent kidney damage.

Avoiding Toxins: Limiting exposure to harmful substances (like certain medications or toxins) supports kidney function.

Regular Check-ups: Routine health screenings can help catch any potential kidney issues early.

Treatment:-

Recommended practices include:

Healthy Diet: Focus on a balanced diet rich in fruits, vegetables, whole grains, and lean proteins while reducing salt and processed foods.

Regular Exercise: Aim for at least 150 minutes of moderate aerobic activity each week.

Stay Hydrated: Drink plenty of fluids to support kidney function.

Manage Blood Pressure: Monitor and control blood pressure through lifestyle changes and medication if necessary.

Control Blood Sugar: For those with diabetes, keeping blood sugar levels stable is crucial.

Avoid Smoking and Excessive Alcohol: Both can negatively impact kidney health.

Regular Check-ups: Routine medical check-ups to monitor kidney function and overall health.

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Stage II. GFR 89 to 60.

A decrease in glomerular filtration rate (GFR) from 89 to 60 indicates a decline in kidney function. This can be due to various factors, including chronic kidney disease, dehydration, or medication effects. It's important to consult a healthcare professional for proper evaluation and management. Regular monitoring and potential lifestyle changes may be necessary to slow further decline.

Symptoms:-

- ***Fatigue:** Feeling more tired than usual.
- ***Swelling:** Particularly in the legs, ankles, or around the eyes due to fluid retention.
- ***Changes in Urination:** Increased frequency, especially at night, or reduced output.
- ***Nausea:** Sometimes accompanied by a loss of appetite.
- ***Itching:** Due to the accumulation of waste products in the blood.
- ***Shortness of Breath:** Possibly due to fluid buildup in the lungs.
- ***High Blood Pressure:** Often becomes more difficult to manage.

A decrease in GFR from 89 to 60 mL/min can be due to several factors, including:

- Chronic Kidney Disease (CKD):** Progressive loss of kidney function over time.
- Acute Kidney Injury (AKI):** Sudden damage from factors like dehydration, infections, or medications.
- Diabetes:** Diabetic nephropathy can lead to gradual decline in kidney function.
- Hypertension:** Uncontrolled high blood pressure can damage kidney blood vessels.
- Glomerulonephritis:** Inflammation of the kidney's filtering units.
- Obstructions:** Kidney stones or enlarged prostate can block urine flow.
- Medications:** Certain drugs can be toxic to the kidneys.

Maintaining kidney health and managing a decline in GFR from 89 to 60 can involve several key factors:

- Blood Pressure Control:** Keeping blood pressure within a healthy range can reduce kidney strain. Medications may be necessary.
- Diabetes Management:** For those with diabetes, controlling blood sugar levels is crucial to prevent further kidney damage.
- Diet:** A balanced diet low in sodium, phosphorus, and protein may help. Foods rich in fruits and vegetables are beneficial.
- Hydration:** Staying adequately hydrated supports kidney function but should be tailored to individual needs, especially in cases of fluid retention.
- Regular Exercise:** Engaging in physical activity can help maintain overall health and manage weight.
- Avoiding Nephrotoxins:** Limiting use of nonsteroidal anti-inflammatory drugs (NSAIDs) and avoiding excessive alcohol can protect kidney function.
- Regular Check-ups:** Routine monitoring of kidney function and overall health with a healthcare provider is essential.
- Lifestyle Changes:** Quitting smoking and managing stress can positively impact kidney health.
- Medications:** Certain medications may be prescribed to protect kidney function, particularly in those with underlying conditions.

Stage IIIa. GFR 59 to 45.

A decrease in glomerular filtration rate (GFR) from 59 to 45 mL/min indicates a decline in kidney function. It's important to monitor this change closely, as it may signal worsening chronic kidney disease or other underlying health issues. Consulting with a healthcare professional is crucial for appropriate evaluation and management.

Symptoms:-

- Fatigue:** Increased tiredness and weakness.
- Swelling:** Edema in legs, ankles, or around the eyes.
- Shortness of Breath:** Due to fluid buildup.
- Changes in Urination:** Including decreased urine output or changes in color.
- Nausea and Vomiting:** Gastrointestinal symptoms.
- Confusion:** Cognitive changes due to toxin buildup.

13] **High Blood Pressure:** Hypertension may worsen.

A decrease in GFR from 59 to 45 mL/min can be caused by several factors, including:

Chronic Kidney Disease (CKD): Progression of existing kidney damage.

Acute Kidney Injury (AKI): Sudden damage due to dehydration, infection, or toxins.

Diabetes: Diabetic nephropathy can lead to declining kidney function.

Hypertension: Uncontrolled high blood pressure can damage kidneys over time.

Glomerulonephritis: Inflammation of the kidney's filtering units.

Obstruction: Conditions like kidney stones or enlarged prostate can block urine flow.

Medications: Some drugs can be nephrotoxic.

Treatment for a GFR decrease from 59 to 45 mL/min focuses on addressing the underlying cause and preserving kidney function. Key strategies include:

Medications:

*Antihypertensives: To manage high blood pressure.

*Diuretics: To reduce fluid retention.

*Control of diabetes: Medications to manage blood sugar levels.

Dietary Changes:

*Low Protein Diet: Reducing protein intake can help lessen the kidney's workload.

*Low Sodium: Helps manage blood pressure and fluid retention.

*Balanced Diet: Include fruits, vegetables, and whole grains.

Lifestyle Modifications:

*Stay Hydrated: Adequate fluid intake is important.

*Regular Exercise: Helps maintain a healthy weight and improve overall health.

*Avoid Nephrotoxins: Limit use of medications harmful to the kidneys.

Monitoring:

*Regular Check-ups: Routine blood tests to monitor kidney function.

*Urine Tests: To assess kidney health and detect issues early.

Address Underlying Conditions: Treat any conditions contributing to kidney decline, such as controlling diabetes or hypertension.

Stage IIIb. GFR 44 to 30.

A decrease in GFR from 44 to 30 indicates a significant decline in kidney function, suggesting possible chronic kidney disease or acute kidney injury. It's important to monitor kidney health closely, as this can lead to complications such as fluid retention, electrolyte imbalances, and the need for dialysis. Consulting a healthcare professional for further evaluation and management is essential.

Symptoms:-

*Fatigue

*Swelling in the legs and ankles

*Changes in urination (such as frequency or volume)

*Nausea

*Loss of appetite

*Difficulty concentrating

*Some people might also experience high blood pressure or anemia. It's important to consult a healthcare professional for proper assessment and management.

A decrease in GFR from 44 to 30 mL/min can be caused by several factors, including:

Acute Kidney Injury (AKI): Sudden damage due to dehydration, infection, or toxins.

Chronic Kidney Disease (CKD): Progressive loss of kidney function over time.

Diabetes: Poorly controlled diabetes can lead to diabetic nephropathy.

Hypertension: High blood pressure can damage kidney blood vessels.

Obstruction: Conditions like kidney stones or tumors can block urinary flow.

Medications: Certain drugs can adversely affect kidney function.

Treatment:-

Treating a decline in GFR from 44 to 30 mL/min involves addressing the underlying cause and may include:

Management of Underlying Conditions:

*Diabetes: Tight glycemic control with medications and dietary adjustments.

*Hypertension: Use of antihypertensive medications, such as ACE inhibitors.

Lifestyle Modifications:

*Diet: Low-protein, low-sodium, and fluid-restricted diets as advised by a healthcare provider.

*Weight Management: Maintaining a healthy weight.

Medication Review: Adjusting or discontinuing nephrotoxic medications.

Hydration: Ensuring adequate fluid intake, especially in cases of dehydration.

Monitoring and Follow-up: Regular kidney function tests and check-ups to track GFR changes.

Referral to a Specialist: Consulting a nephrologist for further evaluation and management.

Stage IV. GFR 29 to 15.

A decline in GFR (glomerular filtration rate) from 29 to 15 indicates worsening kidney function. This can be associated with conditions such as chronic kidney disease (CKD) and may require medical intervention, including potential dialysis or kidney transplant. It's important to consult a healthcare provider for a comprehensive evaluation and management plan.

Symptoms:-

Fatigue: General tiredness and weakness.

Swelling: Fluid retention, especially in the legs, ankles, and face.

Nausea and Vomiting: Digestive issues due to toxin buildup.

Loss of Appetite: Decreased desire to eat.

Shortness of Breath: Fluid in the lungs can cause respiratory issues.

Changes in Urination: Decreased urine output or changes in frequency.

Itching: Skin irritation due to waste accumulation.

Confusion or Difficulty Concentrating: Resulting from electrolyte imbalances.

A decline in GFR from 29 to 15 can be caused by various factors, including:

Chronic Kidney Disease (CKD): Often due to diabetes, hypertension, or glomerulonephritis.

Acute Kidney Injury (AKI): Sudden damage from infections, dehydration, or medications.

Obstructive Uropathy: Blockages in the urinary tract (e.g., kidney stones).

Vascular Issues: Conditions affecting blood flow to the kidneys, such as atherosclerosis.

Autoimmune Disorders: Conditions like lupus affecting kidney function.

Polycystic Kidney Disease: Genetic conditions leading to cyst formation in the kidneys.

Treatment for a GFR decline from 29 to 15 focuses on managing the underlying causes and preventing further deterioration. Options may include:

Medication Management:

*Antihypertensives: To control blood pressure.

*Diuretics: To manage fluid retention.

*Phosphate Binders: To manage phosphorus levels.

Dietary Changes:

* Low-protein Diet: To reduce kidney workload.

*Sodium and Potassium Restriction: To prevent fluid retention and balance electrolytes.

Monitoring: Regular blood tests to monitor kidney function, electrolytes, and other related parameters.

Managing Underlying Conditions: Treating diabetes or hypertension effectively.

Dialysis: If kidney function continues to decline or if there are severe symptoms, dialysis may be necessary.

Kidney Transplant: Considered for eligible patients with end-stage renal disease.

Stage V. GFR lower than 15.

A GFR (glomerular filtration rate) lower than 15 indicates severe kidney impairment or failure. This level suggests that the kidneys are not effectively filtering waste products from the blood, which can lead to serious health complications. Treatment options may

include dialysis or kidney transplantation, depending on the underlying cause and overall health. It's crucial to work closely with a healthcare provider for management and care options.

Symptoms:-

Fatigue: Extreme tiredness and weakness.

Swelling: Edema in legs, ankles, or around the eyes.

Shortness of Breath: Difficulty breathing, especially when lying down.

Nausea and Vomiting: Gastrointestinal issues can occur.

Loss of Appetite: Decreased desire to eat.

Changes in Urination: Decreased urine output or changes in urine color.

Confusion: Mental fog or difficulty concentrating.

Itchy Skin: Pruritus due to waste buildup in the blood.

A GFR lower than 15 can be caused by several factors, including:

Chronic Kidney Disease (CKD): Long-term conditions such as diabetes and hypertension can damage the kidneys over time.

Acute Kidney Injury: Sudden damage due to factors like dehydration, infections, or certain medications.

Glomerulonephritis: Inflammation of the kidney's filtering units.

Polycystic Kidney Disease: Genetic disorder leading to kidney cyst formation and dysfunction.

Obstructive Uropathy: Blockages in the urinary tract affecting kidney function.

Severe Infections: Such as sepsis that can impair kidney function.

Autoimmune Diseases: Conditions like lupus that can affect the kidneys.

Treatment for a GFR lower than 15 focuses on managing kidney failure and its complications. Options include:

Dialysis:

*Hemodialysis: Blood is filtered through a machine.

*Peritoneal Dialysis: The lining of the abdomen is used to filter waste.

Kidney Transplant: If suitable, a transplant can restore kidney function.

Medications:

*To control blood pressure (e.g., ACE inhibitors).

*To manage diabetes.

*To treat anemia and bone disease associated with kidney failure.

Dietary Changes: A renal diet may be recommended, focusing on limiting protein, potassium, phosphorus, and sodium intake.

Fluid Management: Monitoring and managing fluid intake to prevent overload.

Regular Monitoring: Frequent check-ups to monitor kidney function and adjust treatment as necessary.

Conclusion:-

Kidney failure, whether acute or chronic, significantly impacts overall health and quality of life. Effective management involves early diagnosis, lifestyle modifications, and appropriate medical interventions, including dialysis or transplantation when necessary. Ongoing research and advancements in treatment options offer hope for improved outcomes. Awareness and education about kidney health are crucial for prevention and management, emphasizing the importance of regular check-ups and a healthy lifestyle.

Kidney failure is a serious condition that requires comprehensive management to maintain health and quality of life. Early detection and intervention are critical in slowing disease progression. Patients benefit from a multidisciplinary approach, including medical treatment, dietary modifications, and lifestyle changes. As research advances, new therapies and technologies continue to improve outcomes. Raising awareness about kidney health and the importance of regular screenings can help prevent the disease and mitigate its impact on individuals and communities.

Reference:-

- I. "Kidney Failure". (2017). National Institute of Diabetes and Digestive and Kidney Diseases. Retrieved 11 November 2017.
- II. "What is renal failure?". Johns Hopkins Medicine. (2017). Archived from the original on 18 June 2017. Retrieved 18 December 2017.
- III. Blakeley, Sara (2010). *Renal Failure and Replacement Therapies*. Springer Science & Business Media. p. 19. ISBN 9781846289378.
- IV. KDIGO AKI Work Group. (2012). KDIGO clinical practice guideline for acute kidney injury. *Kidney Int. Suppl.* 2, 1–138 (2012).
- V. Bhatraju, P. K. et al. (2020). Association between early recovery of kidney function after acute kidney injury and long-term clinical outcomes. *JAMA Netw. Open* 3, e202682 (2020).
- VI. Chu, R. et al. (2014) Assessment of KDIGO definitions in patients with histopathologic evidence of acute renal disease. *Clin. J. Am. Soc. Nephrol.* 9, 1175–1182 (2014).
- VII. Mehta, R. L. et al. (2016) Recognition and management of acute kidney injury in the International Society of Nephrology 0by25 Global Snapshot: a multinational cross-sectional study. *Lancet* 387, 2017–2025 (2016).
- VIII. Liao, Min-Tser; Sung, Chih-Chien; Hung, Kuo-Chin; Wu, Chia-Chao; Lo, Lan; Lu, Kuo-Cheng (2012). "Insulin Resistance in Patients with Chronic Kidney Disease". *Journal of Biomedicine and Biotechnology*. 2012: 1–5. doi:10.1155/2012/691369. PMC 3420350. PMID 22919275.
- IX. Cheung, Alfred K. (2005). *Primer on Kidney Diseases*. Elsevier Health Sciences. p. 457. ISBN 1416023127.
- X. Clatworthy, Menna (2010). *Nephrology: Clinical Cases Uncovered*. John Wiley & Sons. p. 28. ISBN 9781405189903.
- XI. Ferri, Fred F. (2017). *Ferri's Clinical Advisor 2018 E-Book: 5 Books in 1*. Elsevier Health Sciences. p. 37. ISBN 9780323529570.
- XII. National Kidney and Urologic Diseases Information Clearinghouse (2012). "The Kidneys and How They Work". National Institute of Diabetes and Digestive and Kidney Diseases. Archived from the original on 2 May 2015. Retrieved 1 January 2013.
- XIII. Kes, Petar; Basić-Jukić, Nikolina; Ljutić, Dragan; Brunetta-Gavranić, Bruna (2011). "Uloga arterijske hipertenzije u nastanku kroničnog zatajenja bubrega" [The role of arterial hypertension in the development of chronic renal failure] (PDF). *Acta Medica Croatica (in Croatian)*. 65 (Suppl 3): 78–84. PMID 23120821. Archived from the original (PDF) on 2013-07-19.

- XIV. Pernerger, Thomas V.; Whelton, Paul K.; Klag, Michael J. (1994). "Risk of Kidney Failure Associated with the Use of Acetaminophen, Aspirin, and Nonsteroidal Antiinflammatory Drugs". *New England Journal of Medicine*. 331 (25): 1675–79. doi:10.1056/NEJM199412223312502. PMID 7969358.
- XV. Appel, Gerald B; Mustonen, Jukka (2012). "Renal involvement with hantavirus infection (hemorrhagic fever with renal syndrome)". UpToDate. Retrieved 1 January 2013.
- XVI. Bostrom, M. A.; Freedman, B. I. (2010). "The Spectrum of MYH9-Associated Nephropathy". *Clinical Journal of the American Society of Nephrology*. 5 (6): 1107–13. doi:10.2215/CJN.08721209. PMC 4890964. PMID 20299374.
- XVII. Genovese, Giulio; Friedman, David J.; Ross, Michael D.; Lecordier, Laurence; Uzureau, Pierrick; Freedman, Barry I.; Bowden, Donald W.; Langefeld, Carl D.; et al. (2010). "Association of Trypanolytic ApoL1 Variants with Kidney Disease in African Americans". *Science*. 329 (5993): 841–45. Bibcode:2010Sci...329..841G. doi:10.1126/science.1193032. PMC 2980843. PMID 20647424.
- XVIII. Tzur, Shay; Rosset, Saharon; Shemer, Revital; Yudkovsky, Guennady; Selig, Sara; Tarekegn, Ayele; Bekele, Endashaw; Bradman, Neil; et al. (2010). "Missense mutations in the APOL1 gene are highly associated with end stage kidney disease risk previously attributed to the MYH9 gene". *Human Genetics*. 128 (3): 345–50. doi:10.1007/s00439-010-0861-0. PMC 2921485. PMID 20635188.
- XIX. Brenner, Schlondorff DO.(2008). Overview of factors contributing to the pathophysiology of progressive renal disease. *Kidney Int* 2008;74:860-6.
- XX. Lindner A, Sherrard DJ. (1996).Acute renal failure. *N. Engl. J. Med.* 1996 Oct 24;335(17):1320-1; author reply 1321-2.[PubMed: 8992330]
- XXI. Almirall J.(2016). Sodium Excretion, Cardiovascular Disease, and Chronic Kidney Disease. *JAMA*. 2016 Sep13;316(10):1112. [PubMed: 27623468]
- XXII. -Correa A, Patel A, Chauhan K, Shah H, Saha A, Dave M, Poojary P, Mishra A, Annapureddy N, Dalal S,Konstantinidis I, Nimma R, Agarwal SK, Chan L, Nadkarni G, Pinney S.(2018). National Trends and Outcomes in Dialysis-Requiring Acute Kidney Injury in Heart Failure: 2002-2013. *J. Card. Fail.* 2018 Jul;24(7):442-450[PubMed: 29730235]
- XXIII. Garg AX, Kiberd BA, Clark WF, Haynes RB, Clase CM.(2002). Albuminuria and renal insufficiency prevalence guides population screening: results from the NHANES III. *Kidney Int.* 2002 Jun;61(6):2165-75. [PubMed: 12028457]
- XXIV. McDonald SP.(2015). Australia and New Zealand dialysis and transplant registry *Kidney Int Suppl.* 2015;5(1):39–44.
- XXV. National Institutes of Health. *Kidney disease statistics for the United States*. Washington, DC. 2016.
- XXVI. National Institutes of Health. *Kidney Disease Statistics for the United States*. Washington, DC. 2012.
- XXVII. Stanifer JW, Jing B, Tolan S, et al.(2014). The epidemiology of chronic kidneydisease in sub-Saharan Africa: a systematic review and meta-analysis.*Lancet Glob Health.* 2014;2(3):e174–e181.
- XXVIII. Ruggenenti P, Schieppati A, Remuzzi G: (2001).Progression, remission, regressionof chronic renal diseases. *Lancet* 2001, 357(9268):1601–8.