Chronic Kidney Diseases

Healthcare

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Abstract

In the group of chronic kidney diseases (CKD) are included a large number of diseases which occupy an important place in human pathologies in general and in the kidney in particular. CKD are chronic kidney pathologies that on one side they are very causal meaning that they arise from a number of diseases and on the other hand they are multi-systematic which means that they simultaneously affect many systems and organs, greatly aggravating the condition of the patient, making his life very difficult and oftentimes very heavy.

Aims and Objectives

The aim of this study is to help through analysis and discussion of the material the role of various factors such as geographic distribution - city or village, the level of socio-economic and cultural, gender, and the fact that which CKD possess causes of uremia or terminal uremia. At the core of this study lies prophylaxis which means that: "It is easier to prevent the disease rather than treated it."

Therefore, the first thing is recognition of the disease, then it comes its identification, prevention of causes (which may be primary, secondary or tertiary) and the correct treatment of these patients in order to prevent or delay as much as possible the progressive deepening of renal damages towards IRK with its serious consequences and the second thing is to lower in the maximum economic costs that are required for these patients to be treated with replacement therapy Dialysis, peritoneal dialysis and transplantation.

CKD as well as uremic conditions are more causal pathologies on the one hand and on the other hand they are multi-systematic which means that they also affect many organs and systems by severely compromising the patient's condition and by imposing replaced treatment with dialysis or other methods of replacing therapy.

The objectives of the study are:

1. Recognition of the primary causes of CKD.
2. Recognition of secondary causes of CKD: Where we mention sugar Diabetes, HTA as the most frequent.
3. Recognition of tertiary causes of CKD or risk factors. Among these factors we will mention heart disease, increasing age, people with low incomes and low cultural levels.

Methodology

Study type

This study is retrospective

The population studied

In this study are included all cases of CKD presented to UHC during January 2010 - May 2013.

The study cohort is homogeneous and it is ineligible. The population of Tirana district serves as an open cohort. Because the study included all patients with CKD for the aforesaid period, the cohort has not selection bias.

Data Collection

The data of this study are taken from the records of UHC. From the study we will identify and analyze the causes of CKD, their geographical distribution, distribution by gender, socio-economic status and education. Ordinary end of all uremia is the chronic renal disease which in itself represents one of the major issues of public health today.

According to international nomenclature as IRK or CKD cases will be considered by FG <60 mil / min to 1.73 m2 body surface in the presence of Renal Data (albuminuria or proteinuria are evident with biochemical alteration being present and also anatomical and histopathological changes that are of renal characteristics).

Prevention and correct treatment of primary Nephropathies, the prevention and correct treatment of secondary nephropathies as well as cardiovascular complications and correct treatment of cardiovascular complications that are considered as tertiary cause of nephropathies undoubtedly constitutes the attitude of today's medicine because thus it is reduced to the maximum the renal morbidity and mortality.

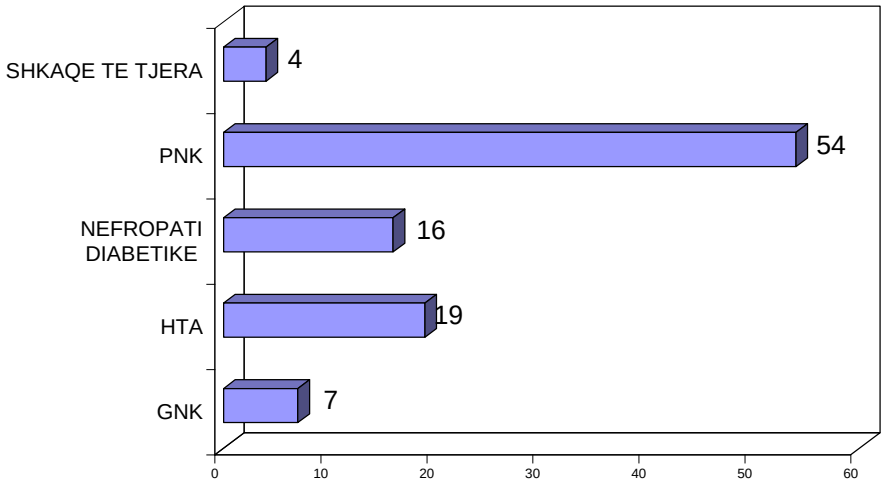
Results

Table 1. Cause of diseases and socio-demographic characteristics of patients with CKD. N = 100.

DIAGNOSIS	**N**	**%**
GNK	7	7.0%
HTA	19	19.0%
Diabetic Nephropathy	16	16.0%
PNK	54	54.0%
Other Causes	4	4.0%
GENDER	**N**	**%**
Female	63	63.0%
Male	37	37.0%
EDUCATION	N	%
Without education	4	4.0%
Primary	2	2.0%
Secondary	47	47.0%
High school	35	35.0%
Higher school	12	12.0%
ECONOMIC SITUATION	**N**	**%**
High	7	7.0%
Middle	65	65.0%
Low	28	28.0%
RESIDENCE	**N**	**%**
Village	76	76.0%
City	24	24.0%

In this study were involved 100 patients with CKD which is the total number of CKD in Tirana district during the period 2010-2013.

Fig. 1 CKD causes



It can be observed a pronounced dominance of patients with PNK with 54 (54%) cases. Ranked in the second place the renovascular disease-HTA with 19 (19%) cases followed by diabetic nephropathy with 16 (16%) cases. GNK, it is found in 7 (7%) patients. In 4 (4%) patients causes of CKD are other.

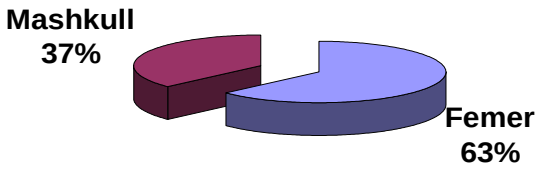


Fig. 2 Distribution of cases by sex

In the study 100 patients participated, 37 (37%) were males and 63 (63%) were females, it is noticed that female patients are prevailing with statistically significant differences between them P <0.0001

Tab. 2 Distribution of cases with CKD by gender

DIAGNOSIS	FEMALE	MALE
GNK	3 (42.9%)	4 (57.1%)
HTA	11 (57.9%)	8 (42.1%)
DIABETIC NEPHROPATHY	10 (62.5%)	6 (37.5%)
PNK	36 (66.7%)	18 (33.3%)
OTHER CAUSES	3 (75%)	1 (25%)
TOTAL	63 (63%)	37 (37%)

It is noted that PNK prevails among women with 36 (66.7%) cases compared with 18 cases (33.3%) among males, with statistically significant difference between them P <0.0001

No significant change is observed by sex for other reasons of CKD. Both sexes are equally affected.
3 (42.9%) of the GNK cases are females and 4 (57.1%) are males.
11 (57.9%) HTA cases were females and 8 (42.1%) cases were male.
10 (62.5%) cases with diabetic nephropathy were females and 6 (37.5%) were males.
3 (75%) of cases with other causes of CKD are females and 1 (25%) of them is a male.

Tabela3. Geographical distribution of cases by nephropathies

DIAGNOSIS	VILLAGE	CITY
GNK	6 (85.7%)	1 (14.3%)
HTA	15 (78.9%)	4 (21.1%)
DIABETIC NEPHROPATHY	12 (75%)	4 (25%)
PNK	39 (72.2%)	15 (27.8%)
OTHER CAUSES	4 (100%)	0 (0)
TOTAL	76 (76%)	24 (24%)

It is noted that PNK prevails in rural areas with 39 cases (72.2%) compared with 15 cases (27.8%) in urban areas, with statistically significant difference between them p <0,01.
6 (85.7%) of the GNK cases have appeared in the rural area and 1 (14.3%) case in urban area with statistically significant difference between them p <0.0001

15 (78.9%) cases with HTA have appeared in rural areas and 4 (21.1%) in the urban area, with statistically significant difference between them p <0.0001

12 (75%) of cases with diabetic nephropathy have emerged in rural areas and 4 (25%) in rural areas, with statistically significant difference between them p <0.001.
4 (100%) cases with other causes of CKD are displayed in the rural area

Conclusions

- In the study are included 100 patients with CKD which is the total number of CKD in Tirana district during the period 2010 to 2013
- Patients are prevalent with MPU with 54 (54%) cases
- In the second place it is ranked the renovascular HTA disease with 19 (19%) cases followed by diabetic nephropathy disease with 16 (16%) cases.
- GNK, is found in 7 (7%) patients. In 4 (4%) patients causes of CKD are other

- In the study, 100 patients participated, 37 (37%) were males and 63 (63%) were females, and it was noticed that female patients are prevailing with statistically significant difference between them
- PNK prevails among females with 36 (66.7%) cases compared with 18 cases (33.3%) among males, with statistically significant difference between them
- No significant change is observed by sex for other causes of CKD. Both sexes are equally affected.
- 3 (42.9%) of the GNK cases are females and 4 (57.1%) were males
- 11 (57.9%) HTA cases were females and 8 (42.1%) were males
- 10 (62.5%) with diabetic nephropathy cases were females and 6 (37.5%) were males
- 3 (75%) of cases with other causes of CKD are females and 1 (25%) of them is a male
- Most patients 76 or (76%) of them live in rural areas while 24 (24%) of them live in rural areas, with statistically significant difference between them
- PNK is prevalent in rural areas, with 39 (72.2%) cases compared with 15 cases (27.8%) in urban areas, with statistically significant difference between them

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