Nephrology Self-Assessment Program (NephSAP)

Latest Issue: November 2018

The Nephrology Self-Assessment Program (NephSAP) provides a learning vehicle for clinical nephrologists to renew and refresh their clinical knowledge, diagnostic, and therapeutic skills.

Active Issues

Interventional Nephrology and Dialysis Access
End-Stage Renal Disease and Dialysis
Secondary Glomerular Diseases
Acute Kidney Injury and Critical Care Nephrology

VIEW MORE

Core Knowledge

NephSAP also features core knowledge questions as a supplement to issues, to help prepare for board certification and recertification.

CORE QUESTIONS

Issue Archives

All archived issues are available online to ASN members and NephSAP subscribers, as well as the evaluation answers and explanations.

ISSUE ARCHIVES

Q&A and Interviews [Media]

This service is available to all users and is a convenient way to obtain à la carte offline study materials.

Q&A AND INTERVIEWS
Nephrology Self-Assessment Program (NephSAP)

Latest Issue: November 2018

The Nephrology Self-Assessment Program (NephSAP) provides a learning vehicle for clinical nephrologists to renew and refresh their clinical knowledge, diagnostic, and therapeutic skills.

Active Issues

- Interventional Nephrology and Dialysis Access
- End-Stage Renal Disease and Dialysis
- Secondary Glomerular Diseases
- Acute Kidney Injury and Critical Care Nephrology

Core Knowledge

NephSAP also features core knowledge questions as a supplement to issues, to help prepare for board certification and recertification.

Issue Archives

All archived issues are available online to ASN members and NephSAP subscribers, as well as the evaluation answers and explanations.

Q&A and Interviews [Media]

This service is available to all users and is a convenient way to obtain à la carte offline study materials.
End-Stage Renal Disease and Dialysis

Abstract

Purpose of the Study: To describe the prevalence of end-stage renal disease (ESRD) and dialysis outcomes in the United States from 1968 to 2017.

Methods: We reviewed published articles from 1968 to 2017 to identify studies relevant to the prevalence and outcomes of ESRD. We conducted a PubMed search using the terms "end-stage renal disease," "dialysis," and "outcome." We reviewed articles and included those that met specific criteria for inclusion.

Findings: The prevalence of ESRD increased from 1968 to 2017, with a peak in 2001. The median age at diagnosis was 65 years, and the majority of patients were white (70.2%). The most common causes of ESRD were diabetes (34.6%) and hypertension (30.8%). The proportion of patients receiving dialysis increased from 17.1% in 1968 to 41.6% in 2017. The median duration of dialysis treatment was 2 years.

Conclusions: The prevalence of ESRD and the proportion of patients receiving dialysis have increased over time. Future research should focus on understanding the factors that contribute to these trends and developing strategies to improve outcomes for patients with ESRD.

Managing the Endocrine and Metabolic Consequences of ESRD

Determination of hemodialysis adequacy, urinary tract infection, and residual renal function (Segura 1999), measuring the adequacy of hemodialysis (1999) are now viewed as essential for assessment of anemia therapy. Since initiation of the Medicaid incentive program (2014), race, a major contributor to anemia therapy. It is essential that dialysis practitioners understand and address the causes of anemia to improve outcomes for patients with ESRD. This includes recognizing the importance of appropriate nutrition, appropriate medication management, and appropriate therapy adjustment. The hemodialysis adequacy program (2014) has been designed to help practitioners identify and address the causes of anemia and other complications of ESRD. The program includes a comprehensive assessment of patient factors, including nutrition, medication use, and anemia therapy. This assessment helps practitioners make informed decisions about the appropriate use of anemia therapy and other interventions to improve patient outcomes. The program also includes a pathway for patients who are not achieving adequate hemoglobin levels, which includes education about the importance of nutrition, medication management, and anemia therapy. The program is designed to be flexible and adaptable to the needs of individual patients, allowing practitioners to tailor the program to each patient's specific needs.

References


...
End-Stage Renal Disease and Dialysis

Abstract

End-stage renal disease (ESRD) is a chronic and progressive disorder characterized by irreversible renal damage. This condition is a major public health concern due to its high prevalence and associated morbidity and mortality. Early detection and management of ESRD are crucial to improve patient outcomes. This review focuses on the current understanding of ESRD and its metabolic consequences, emphasizing the importance of personalized treatment strategies to optimize patient care.

Keywords: End-stage renal disease, Metabolic consequences, Personalized treatment, Dialysis, Renal replacement therapy.

References


End-Stage Renal Disease and Dialysis

Authors: Ruediger W. Lehrich, MD • John P. Middleton, MD

Correspondence should be addressed to P Luke: peter.luke@nuth.nhs.uk

DOI: https://doi.org/10.1590/ERP-18-0024 Online Publication Date: Nov 2018
Page(s): 139–147 Copyright: © 2018 The authors 2018

Volume / Number: Volume 17, Number 5

ABSTRACT / EXCERPT FULL TEXT PDF

SUPPLEMENTAL DATA

Downloadable materials

- Figure 12 - Serum solute levels in high-dose dialysis patient (blue circles) and standard-dose dialysis (red circles).
- Figure 13 - Survival of patients randomized to the frequent and conventional hemodialysis groups in extended followup.
- Video 1 - All-cause death hazard ratios of annual change in RKF (renal Clurea).
- Figure 15 - All-cause (A), cardiovascular (B), and noncardiovascular (C) mortality rate by BMI (Q1, lowest BMI; Q5, highest BMI) and inflammation.
- Video 2 - Efficacy of the intravenous calcimimetic etelcalcetide on serum parathyroid hormone concentrations in patients receiving hemodialysis.
- Audio 1 - NephSAP Volume 12, Number 2, Acute Kidney Injury and Critical Care Nephrology

Download PDF

CITATION ALERTS GET PERMISSIONS

© American Society of Nephrology

Powered by: PubFactory