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Conservative management of End Stage Renal disease

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Abstract

Diabetes and hypertension are the two most common causes of end stage renal disease (ESRD). Glycemic control with insulin therapy, and hypertension control with antihypertensive drugs, but excluding angiotensin converting enzymes (ACEI) and/or angiotensin receptor blockers (ARB), is the mainstay of therapy for prevention of ESRD. ESRD may still develop in some, but frequent office visits with full attention to remediable factors are permissive of maintenance of an asymptomatic state of ESRD. Remediable factors include avoidance of use of nephrotoxic drugs such as the ACEI and ARB already mentioned as well as non-steroidal drugs, aminoglycoside antibiotics and intervention with radio-contrast materials. Fluid loss from diarrhea, vomiting, or use of diuretics will be replaced promptly to prevent further reduction of renal function. Sustained maintenance of hypertension control (BP < 140/80 mmHg > 120/70 mmHg) with antihypertensive drugs but excluding ACEI/ARG and control of metabolic acidosis with sodium bicarbonate therapy and use of diuretics sparingly to avoid fluid overload are the mainstay of therapy for comfortable survival of patients with ESRD.

Biography

Anil Mandal is a native of India and a naturalized citizen of the United States. He is board certified in Internal Medicine and Nephrology (kidney disease and hypertension). Dr. Mandal is an author of a dozen books and more than 100 published articles on research in diabetes and kidney disease. He is a two-time Fulbright Scholar and a visiting professor in 23 countries that invited him to lecture on diabetes, high blood pressure, and kidney diseases.