

Diagnosis, Preventive Care, Nutritional and Dietary Management of Chronic Kidney Disease

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DESCRIPTION

Chronic Kidney Disease (CKD) is a major public health issue worldwide. Patients with severe CKD and dialysis patients have an extremely high risk of death, primarily from cardiovascular disease, which cannot be explained well by standard or non-traditional uremia-related risk factors. Nutritional problems have been linked to low quality of life and decreased patient survival as under nutrition becomes more common. Optimal nutritional status is still a poorly understood issue, and nutritional treatment of non-dialysis, dialysis, and transplanted patients is a terribly difficult area of daily clinical practice. Other comorbidities such as diabetes and hypertension, as well as CKD consequences such as mineral bone disease, protein-energy wasting, and inflammatory disorders, complicate nutrition treatment in this diverse patient population.

A high-protein diet that includes fish, chicken, pork, or eggs at every meal may be advised. Dialysis patients should consume 8 to 10 ounces (225-280 grams) of high-protein foods each day. Your doctor or dietician may advise you to include egg whites, egg white powder, or protein powder. While dialysis has been the dominant treatment paradigm for patients with advanced Chronic Kidney Disease (CKD), an emphasis on conservative and preventative therapy has evolved, with dietary treatments serving as a fundamental cornerstone. International guidelines support the use of low-protein diets as an intervention to minimize CKD progression and mortality risk, based on high-quality research, above the precise thresholds for dietary protein intake differ across recommendations.

There is also mounting evidence that plant-based low-protein diets minimize the risk of developing incident CKD, CKD development and its associated comorbidities such as cardio metabolic disease, metabolic acidosis, mineral and bone abnormalities, and uremic toxin production. We discuss the rationale for conservative and preservative dietary interventions, the specific dietary approaches used in conservative and preservative care, the potential benefits of a plant-dominant low-protein diet, and the practical implementation of these nutritional strategies without dialysis are seen here.

Some of the dietary and nutritional goals for chronic kidney diseases includes: counting calories, eating the right kinds of fats, watching for symptoms of fluid retention, lowering phosphorus intake, monitoring potassium levels, knowing your recommended daily protein intake, and lowering sodium intake.

The diagnoses are: Blood tests

Kidney function tests examine for waste products in the blood, such as creatinine and urea.

Urine tests

Analyzing a urine sample can reveal anomalies that indicate chronic kidney failure and assist in determining the etiology of chronic kidney disease. Ultrasound may be used by the doctor to check the shape and size of your kidneys. In some circumstances, further imaging tests may be employed. Taking a kidney tissue sample for testing, a kidney biopsy which includes taking a sample of kidney tissue may be recommended by the doctor. Kidney biopsy is frequently performed under local anesthetic using a long, thin needle passed through the skin and into the patient kidney. The biopsy sample is sent to a lab for testing in order to discover the cause of the kidney disease. A preventive measure includes:

Quit smoking

The main thing to avoid in the prevention of CKD is smoking. Smoking can harm the heart and blood arteries, as well as impede blood flow to important organs such as the kidneys. This inadequate blood flow can cause kidney injury over time. Alcohol is one of the hazardous compounds that the kidney filters. However, drinking can dehydrate the body and impair kidney function. Excessive alcohol consumption can impair kidney function by interfering with hormones that regulate renal function. Binge drinking can cause acute renal failure. Limit Sodium, Excessive salt can make it difficult for the kidneys to eliminate fluids, and fluid accumulation can raise blood pressure. High blood pressure puts extra strain on the heart and weakens cardiac muscles over time. Both heart disease and high blood pressure can raise the chance of developing chronic renal disease.

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Received: 27-Jul-2023, Manuscript No. IME-23-26745; **Editor assigned:** 01-Aug-2023, PreQC No IME-23-26745 (PQ); **Reviewed:** 15-Aug-2023, QC No. IME-23-26745; **Revised:** 22-Aug-2023, Manuscript No. IME-23-26745 (R); **Published:** 29-Aug-2023, DOI: 10.35248/2165-8048.23.13.423

Citation: Pie W (2023) Diagnosis, Preventive Care, Nutritional and Dietary Management OF Chronic Kidney Disease. Intern Med. 13:423.

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