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Diabetic Kidney Disease

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Signs and Symptoms

The diagnosis of kidney disease is made by measuring albumin levels in the urine (albuminuria). However, this is detected long before the patient shows any overt signs of kidney disease. DKD is a complex interplay of the patient at risk for DKD.

Nursing Implications

Investigating the pathophysiology underlying DKD has allowed advanced nurse practitioners to adequately screen patients with diabetes for albuminuria prior to overt clinical symptoms.

Glucose control is paramount to the prevention of the diabetic patient in order to slow the progression of kidney disease.

The National Kidney Foundation (2015) recommends annual screening for patients with diabetes to include HbA1c, blood pressure, BUN, creatinine, and urine albumin levels. Treatment for high blood pressure with ACE inhibitors or ARBs to interrupt the renin-angiotensin-aldosterone system (RAAS) is also recommended.

Prevention regarding the need for glycemic and blood pressure control is also needed. Advanced practitioners must address diet as a means of not only glycemic control, but also as a major influence on blood pressure levels, and obesity.

References


Significance of Pathophysiology

Understanding the complex interconnection of the pathophysiology of DKD will allow the advance nurse practitioner to properly educate and treat patients at risk for DKD.

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The advanced nurse practitioner must fully understand the mechanism at play in DKD and the resulting insult to the renal tissue. This understanding allows the advanced nurse practitioner to properly educate and treat patients at risk for DKD.

Conclusion

It is well documented that DKD not only creates a large financial burden on the United States, but greatly adds to the morbidity and mortality of the patient with diabetes. DKD is a complex interplay of various pathophysiological mechanisms that contribute to diabetic kidney disease.

The advanced nurse practitioner must fully understand the mechanism at play in DKD and the resulting insult to the renal tissue. This understanding allows the advanced nurse practitioner to properly educate and treat patients at risk for DKD.

Additional Sources