

Research Findings in IJKD, January 2009

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The *IJKD for People* is a new section established for the people as the readers. Herein, some of the studies presented in this issue of the journal are briefly described in order to promote knowledge of the people on the current advances in nephrology. The Persian translation of this article will be available, too, from www.ijkd.org.

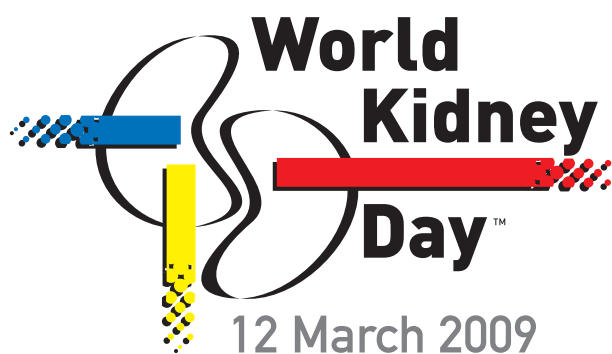
Important Note for Readers. The findings in medical papers are usually not directly applicable and patients should consult their physicians before any utilization of the results of medical studies.

MESSAGE OF DOCTORS IN WORLD KIDNEY DAY

This year's World Kidney Day is in March 12, and all around the world, physicians involved in kidney diseases are preparing to hold effective activities to spotlight the importance of early diagnosis and treatment of kidney diseases. In 2008, a series of programs and meetings were held by nephrologists and organizations responsible for kidney care in concert with the other countries, which drew the attention of international authorities. As a result, the World Kidney Day Steering Committee asked the editor of the *IJKD* to publish a message of this committee prepared by two of the internationally prominent professors in the field of nephrology, Drs Bakris and Ritz.

The message is about high blood pressure as a disease threatening the kidneys. Indeed, this year's focus of the World Kidney Disease is the role of high blood pressure in chronic kidney disease. Drs Bakris and Ritz begin their paper saying "the kidney is both a cause and victim of hypertension," and continue it with a review of the latest scientific information that can help physicians to better care for the kidneys. These are some main points:

- Because of the aging world population and consequent increasing prevalence of hypertension and diabetes mellitus, kidney disease will continue to be more and more



prevalent.

- According to the different guidelines, systolic blood pressure should be less than 130 mm Hg.
- In patients with diabetes mellitus, some recommend that lower blood pressure targets may be beneficial, but this is not confirmed yet.
- The road to improve the function of kidneys is to focus on public awareness and screening programs as well as programs to educate both patients and physicians.

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HOW TO PREDICT A DIABETIC PATIENTS' KIDNEYS ARE IN DANGER

Diabetes mellitus gradually damages the kidneys and make the patients end up with dialysis. That

is why a person with diabetes mellitus should be regularly monitored for any kidney problem. A sign that shows the kidneys are affected is the excretion of protein in urine. In a healthy individual, a trivial amount of proteins are present in urine, but if the kidneys are diseased, they cannot prevent excretion of proteins off blood with urine.

To understand whether protein is excreted, one should collect all his or her urine in during a period of 24 hours, and this is a difficult job to do. As a result, researchers are searching for another indicator of kidney damage. Dr Mojahedi and his colleagues in Mashhad tried measuring a factor called CRP in blood that is an indicator of inflammation in the body. Since they believe that kidney damage begins with inflammation and damage of the kidney vessels, they hypothesized that CRP must be high when the damaging process is started. They found that CRP is high in patients with diabetes whose kidneys excrete proteins. If this finding can be verified by larger research, CRP can become a cheaper and easier test to be done to find out if the kidney of diabetic patients is affected. This will allow physicians act immediately to stop the process of kidney damage.

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KIDNEY TRANSPLANT DONORS IN IRAN

Donation of kidneys for transplantation can be done by donors who are not related to the patient with kidney failure. In the Iranian model of kidney transplant, this can be done under the supervision of organizations responsible for kidney transplantation, and the donor will receive compensation and health insurance from the government as well as a controlled amount of money from the kidney transplant recipients. Dr Heidary Rouchi and his colleagues sent a questionnaire to all transplant centers of Iran to evaluate what the donors' attitudes are before and after transplantation. Six hundred donors respond to their questions. Motivation for donation was stated to be purely financial by 224 respondents (37.3%) and purely altruistic by 11 (1.9%). Their feelings before discharge were complete satisfaction in 519

(86.5%), relative satisfaction in 69 (11.5%), regret in 9 (1.5%), and indifference in 3 (0.5%). Willingness to get informed of the transplant outcome and make connection with the recipient following transplantation was chosen by 457 (76.2%) and 400 (66.7%) donors, respectively. The investigators concluded that satisfaction of donors shortly after donation, on the one hand, and no reportedly serious complications in long-term follow-up of donors, on the other hand, gives the impression that the Iranian model of kidney donation can solve the problem of increasing demand for kidney transplant. Today, Iran is the only country with no waiting list for transplantation, and all patients with kidney failure have the chance to receive a kidney soon after theirs stops functioning.

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ECONOMIC STATUS OF KIDNEY TRANSPLANT RECIPIENTS AFFECTS THEIR HEALTH

Physicians involved in kidney transplantation do a great job for patients in need of a kidney. However, to maintain their transplanted kidneys, they should take care of several factors even after transplantation. Poor quality of life of these patients and problems such as anxiety may affect their kidneys. Although kidney recipients in Iran enjoy acceptable coverage of transplant and drugs expenses, still they might be at risk of losing their kidneys if they have a low income. These facts were confirmed by a research project Dr Tavallai and his coworkers performed in Baqiyatollah Hospital, a major center of transplantation in Iran. They showed that a low income is related to a lower quality of life and psychological problems such as anxiety. Their concern was that as physicians responsible for healthcare of their transplant patients, they might neglect many social and economic problems of the patients that may end up with loss of their new kidneys. Their findings can be helpful for a comprehensive improvement planning of the kidney transplant system.

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