

3rd ANNUAL KIDNEY CONGRESS & 16th International Conference on **NEPHROLOGY & THERAPEUTICS** October 19-20, 2018 | New York, USA

Renal problems in elderly

Muthu Jayaraman

Bharathi Rajah Super Specialty Hospital, India

Aging is a programmed biological process associated with a small transcriptional difference in many genes. It is also called 'senescence' which means 'irreversible growth arrest'. Cellular or replicative senescence is the key element of aging. Aging plays an active role in fibrogenesis and atrophy of renal tissue. The discussing topics includes:

Common renal disorders in the elderly: CKD: Over 60% of the elderly have a GFR less than 60ml/min. However, the serum creatinine is not altered and is stable around 1mg%. In differentiating aging vs CKD, the context is more important. Regardless of age, if the GFR is less than 45ml/mt, with albuminuria of 50-500 mg per day for more than 3 months, it is labeled as CKD.

Hypertension: The optimum BP in the elderly remains uncertain. Studies have shown that aggressive control of BP may lead to hypotension, syncope, acute kidney injury, hypokalemia, and hyponatremia. The consensus is to keep systolic BP, less than 140mmHg and never less than 120mmHg.

Acute Kidney Injury: Acute Kidney Injury (AKI) is a common clinical problem in the elderly. Numerous factors like age-related low GFR, associated comorbid conditions, the risk of dehydration due to lack of thirst, inadequate handling of sodium and water by the aging kidneys, urinary tract obstruction, bladder dysfunction, retention of urine, and poly-pharmacy predispose to AKI.

(RRT) for Elderly: Age is not a limitation for dialysis and the number of patients getting dialysis beyond the age of 75 is increasing. Vascular access like AVE, Vascular graft, and Central venous catheterization can be used in these patients. The risks are an infection, the maturity of AV fistula, early closure, hypotension, and hypoglycemia.

Transplantation for elderly: Number of candidates above the age of 65 years listed for Transplant is very low. Although the survival of elderly after transplantation is favorable, non-availability of donor kidneys, priority given to a younger individual and co-morbidities in the elderly restrict their selection from the pool of potential recipients. Although rejection is less common in the elderly, coronary artery disease and infection account for the higher mortality.

Biography

Muthu Jayaraman completed MBBS, MD (Int. Medicine), DM (Nephrology). She is a Gold Medalist in Anatomy and Surgery. Presently, she is a Senior Consultant Nephrologist, Bharathi Rajah Super Specialty Hospital, Chennai. She published Twenty five Papers in Journals and Textbooks, Forty-Two papers presented at National and Inter National Conferences and Twenty Seven Guest Lectures Given in state and national conferences. She is a member of API, Indian Society of Nephrology, ISN Executive Committee and Member Advisory Board of Editorial Board of Journal of ISN.

muthu1941@gmail.com

Notes: