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Prescription of physical exercise in a patient with kidney failure

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Introduction: Kidney problems have become one of the alterations of non-transmissible origin with the greatest impact on society, affecting anyone regardless of ethnicity, gender, age or socioeconomic level. Like diabetes, high blood pressure and obesity, kidney problems are silent, progressive and fatal, mostly associated with unhealthy behaviors. At present, this phenomenon increases vertically in terms of morbidity and mortality, with an increasing impact in 10% of the world population. For 2015, according to projections by the World Health Organization (WHO) and the Latin American Society of Nephrology and Hypertension (SLANH), there is a growing trend due to the exacerbation of lifestyles with few healthy ones. 10% of the population suffers from some stage of kidney disease, being 21.4% people over 60 years, and 3.3% under 40.

Method: A systematic search was carried out on the Pubmed, Embase, Pedro and Scielo platforms. Randomized controlled clinical trials on physical exercise in renal patients were selected.

Results: It was found as an approach framework based on exercise three for the evaluation of physical physics: (1) Health perception test (IpaQ test, fantastic test, quality of life of kidney disease-36 (KDQOL-36) P=0.025). (2) Physical condition measurements in renal patients (6MWT P = 0.001, stress resistance test P=0.001, load resistance test P=0.05, adhesion test P=0.05), 3 months of prescription of the fiscal year. (1) Moderate intensity aerobic capacity (SMD -0.56, 95% CI -0.70 to -0.42, P<0.00001, I^2=12%), (2) High intensity training (SMD-0, 61, 95% CI: -0.77 to -0.45, P>0.00001). (3) Cardiovascular training of mixed characteristics (glycolytic-oxidative) significantly improved aerobic capacity SMD -0.53, 95% CI %: -0.71 to -0.35, P<0.00001; I^2=25%, P = 0.17).

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