Nephrologists help to prevent disease when it's critical

BY ANNA WILSON
BLUE RIDGE HEALTHCARE

MORGANTON - Most Ameri-
cans know that heart disease and cancer can lead to kidney failure. They understand that monitoring blood pressure and cholesterol and having regular mammograms are critical to protecting their health.

Too few realize, however, that chronic kidney disease (CKD) is another common, life-threatening condition that may develop early through simple tests, but often goes undetected until very late.

Burke County's two nephro-
ologists want to stress the im-
portance of kidney health and educate the public about kid-
ney disease, because symptoms of chronic kidney failure are often attributed to other diseases. Heart disease is the number one cause of death in persons with chronic kidney failure.

"If we could get those at-risk people to do a little simple thing, they could detect and fix a lot of problems," said Blane Loud, MD, a nephrologist at Burke Medical Center.

"Some things need a more significant degree of kidney disease, but they develop heart disease quicker and at an earlier age," said Ijaz Ali, MD, of Blue Ridge Nephro-
logy. "Most people don't give the later stages of kidney disease much thought - they don't know they have it.

"Kidney disease is a progressive disease and it will petrify," said fellow nephrologist Inna Malostovker, MD. "The question is how fast it progresses and whether or not you'll die of heart disease first."

When kidney function decreases, there are telltale signs of problems. The kidneys perform a variety of duties that include:

- Regulating the body's fluid levels
- Filtering wastes and toxins
- Releasing a hormone that reg-

ulates red blood cells
- Activating vitamin D to main-
tain healthy bones
- Releasing a hormone that di-

rects production of red blood

cells
- Filtering blood minerals in balance such as sodium, phos-

phorus and potassium

The National Kidney Founda-
tion estimates that more than 26 million Americans adults are at risk for chronic kidney disease and mil-

lions more are at risk. The main risk factors are diabetes, high blood pressure, cardiovascular disease or a family history of kidney disease, diabetes or high blood pressure. Other risk factors include age (60 or older), prolonged use of painkillers such as ibuprofen or naproxen, lupus, obesity, kidney stones and chronic urinary tract infections.

The rate of kidney disease is highest among populations of African-American heritage, Native American heritage and Hispanic, Asian and Pacific Island heritages. The rate of kidney disease is significantly higher in those of African-American heritage, Native American heritage and Hispanic, Asian and Pacific Island heritage.

Heart and kidney

Many problems commonly associated with kidney function can affect the heart. Six of these causes are:

- Anemia
- High blood pressure (hypertension)
- Abnormal cholesterol
- Chronic inflammation
- Bone & mineral disease

Add the above factors together and it becomes easy to see how their cumulative effect can lead to a high in-

cidence of heart disease. Work with your physician to monitor these areas and to develop a treatment plan to prevent or manage problem areas.

"It's a very serious disease," Dr. Malostovker said. "It will show up in blood tests, urine tests and kidney ultrasounds, but it's not necessarily something you'll feel. It doesn't hurt."

Both of these kidney specialists urge high-risk patients, es-

pecially those with diabetes and high blood pressure, to ask their primary care physicians about chronic kidney disease. "They have to ask their doctors, 'How are my kidneys? Are they func-
tioning correctly?' she said.

People with chronic kidney disease have higher than normal incidences of heart disease, heart attacks and strokes. CKD can cause weak bones and anemia. "Your job is to detect it early and take measures to either slow or stop the progression of kidney disease and related complica-
tions," Dr. Ali said.

There are steps patients can take to reduce their chances of developing kidney disease, keep diabe-
tes and high blood pressure under control. Because most people with early kidney disease have no symptoms, early testing is critical. By the time symptoms appear, the disease may be advanced. Pay attention to these possible trouble signs:

- Fatigue, weakness
- Difficulty, painful urination
- Frequent urination
- Pink, dark urine
- Increased need to urinate (espe-
cially at night)
- Puffy eyes
- Swollen face, hands, abdomen, ankles, feet
- Shortness of breath

"We cannot stress enough that kidney disease is significant," Dr. Malostovker said. "You may not rec-
able your kidneys are not functioning or you may feel great. But try to pay attention to your numbers and go to your doctor if it is serious enough to see a spe-
cialist. We may be able to help.

Even if patients ask treatment for kidney disease, they may not be able to tell a difference in how they feel. "Mostly what we do is make you live healthier and lon-
erg," Dr. Malostovker added. "You may not feel anything when you change your treatment, but your kidneys will be healthier."

For more information, call Blue Ridge Nephrology at 828-580-2206.

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Ask your doctor

If you belong to a high-risk group, ask your primary care physi-

ician about the following tests:

Blood Pressure: High blood pressure can damage small blood vessels in the kidneys. Below 140/90 is good for most people. Below 130/80 is better if you have chronic kidney disease. Below 120/80 is best.

Protein in Urine: Traces of a type of protein, albumin in urine, is an early sign of chronic kidney disease. Persistent amounts of albumin and other proteins in the urine indicate kidney damage. A good rule of thumb is less than 30 mg of albumin per gram of primary creatinine, a normal waste product

Creatinine in Blood (Serum Creatinine): Healthy kidneys filter creatinine, a waste product from muscle activity, out of the blood. When kidney function is reduced, creatinine levels rise. A good rule of thumb is 0.6 to 1.2 mg per deciliter of blood, depending on other variables.

Glomerular Filtration Rate (GFR): This is the most sensitive and ac-
gurate gauge of kidney function. Doctors measure creatinine-

ine levels and perform a calculation based on age, race and gen-
der. Over 90 is good. 60-89 should be monitored, and less than 60 for three months indicates chronic kidney disease.

Source: National Kidney Foundation

CampaigNS focus on tobacco-free movement in N.C.

The Burke County TRU teen advocacy groups help prevent teen tobacco use

This month, the NC Health and Wellness Trust Fund (HWTF) kicks off a new TV campaign highlighting the efforts of TRU groups comprised of teen advocates across the state who are helping prevent teen to-

bacco use. The campaign launches statewide and is designed to encourage even more NC youth to join the grassroots movement.

Teen Responsible Choice (TRC) is HWTF's statewide initia-
tive to prevent tobacco use among teens; HWTF grant-
s across the state have funded more than 150 TRU groups, including the Burke County TRU Clubs at Freedom, Patton, and Freedom Ridge high schools.

"We are proud of our HWTF grantee and TRU groups like those in Burke County," said Vanessa Shales, HWTF's vice president and executive director. "These teens are helping to build North Carolina's first tobacco-free genera-
tion. We want to see this campaign - pushing their peers to make a commitment to tobacco-free living - be a model to millions of countless events to spread the TRU mes-

sage and getting their peers to join the movement."

The 2009 campaign’s first television spot features a Vance County TRU group educat-
ing local elementary school students about the dangers of tobacco use. In Burke Coun-
ty, some TRU club activities include talking to younger students at their schools, meeting with restaurant owners about smoke-free policies, and setting up local merchants under tobacco sales laws.

"These teen advocates are proud to be leading efforts to keep youth away from tobacco products," said Camille Welch, tobacco prevention coordinator at Blue Ridge Healthcare. "Together, we are mak-

ing a difference in our communities and in our schools.

Since the September 2007 launch of the TRU Recruitment Campaign, nearly 10,000 NC towns have become tobacco-free at the TRU Web site (www.realityunfiltered.com). The University of North Carolina at Chapel Hill identified that HWTF's teen to-
bacco prevention program has contributed to major successes in North Carolina’s ef-

fort to combat tobacco use.

Since 2003, 34,000 fewer teens are smoking since 2003. To learn more about the TV ad, please visit realityunfiltered.com/TRUtv. The next spot, set to air in the fall, will feature a NC group in Orange County as they pick up cig-

arette butts on the grounds of Chapel Hill High School on Earth Day.

CAMILLE WELCH is the Tobacco Prevention Coordi-
nator at Blue Ridge Healthcare. For more informa-
tion about HWTF's Tobacco Prevention Activit,
call 843-6728.

TOBACCO. REALITY. UNFILTERED., commonly known as TRU, is the state's teen tobacco prevention campaign in North Carolina, as well as a part of the nation's top-ten tobacco prevention campaigns. The NC Health and Wellness Trust Fund, HWTF, the state’s tobacco settlement fund, is the driving force behind TRU. This campaign launched in 2000 to allocate a sizeable portion of North Carolina’s shares of the national tobacco settlement. HWTF’s focus is to educate North Carolinians about tobacco use and tobacco-free legislation, and funds prescription drug assistance programs. For more information, please visit www.realityunfiltered.com.