

World Kidney Day 2016: Kidney Disease & Children. Act Early to Prevent It!



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- Kidney disease affects millions of people worldwide, including many children who may be at risk at an early age.
- It is crucial that we encourage and facilitate education, early detection and a healthy life style in children, to fight the increase of preventable kidney diseases and to treat children with inborn and acquired disorders of the kidneys worldwide.





Pediatric Kidney Disease -An Update

Edited by the ASPN Clinical Affairs Committee and G. Hidalgo, MD



CKD: Etiologies



 Congenital structural disorders -Mutations in PAX2 and HNF1B genes account for about 10% of hypodysplasia
Glomerular disorders (NS/GN)
Genetic kidney disease (PKD)
Acquired kidney disease
6%
Other
16%
Unknown
3%

NAPRTCS 2008 Annual Report





CKD: Definition and Staging



Current CKD staging (> 2 y/o):

CKD Stage	GFR	Management
1	≥ 90*	Treat 5 year mortality of 11%
2	60 - 89*	Monit ESRD (USRDS 2015 Annual on
3	30 – 59#	Assess Report)
4	15 – 29#	Complications Increase; discuss ESRD
5 (ESRD)	< 15#	Renal replacement therapy

*Plus abnormality \ge 3 months in blood, urine, imaging or biopsy #For \ge 3 months

- GFR = glomerular filtration rate (mL/min/1.73m2)
 - Estimated by revised (2009) Schwartz formula: 0.413 x Ht (cm) ÷ creatinine



CKD: Recent Studies



- Chronic Kidney Disease in Children (CKiD) study
 - NIH-sponsored prospective cohort study
 - Started enrollment in 2005. <u>ECU Peds Neph is a</u> <u>participating center, since 2011</u>.
 - 57 participating centers
 - 891 patients enrolled
 - 63 publications by the end of 2015
 - Top areas of publication:
 - Cardiovascular disease in pediatric CKD
 - GFR measurement
 - CKD progression
 - Neurocognitive function in pediatric CKD





Important Findings on CKD Complications



- Masked HTN is common (38%) in pediatric CKD and is associated with LVH
 - BP is often undertreated



Mitsnefes, et al. JASN 2010

American Society of

Pediatric Nephrology



Important Findings on CKD Complications



- Children with CKD are at increased risk for scoring low (< 1 SD) in neurocognitive measures (IQ, academic achievement, attention and executive function)
 - Lower GFR and longer CKD duration associated with lower scores
- Growth in pediatric CKD remains suboptimal
 - Low birth weight and small for gestational age are independent risk factors
 - Greater use of growth hormone and controlling acidosis may offer highest yield in improvement



CKD Progression and Treatment



- More aggressive goal (<50th/tile, amb MAP) may slow CKD progression
 - ESCAPE trial
 - Large (n = 385) RCT in children with CKD comparing strict (<50th%) vs standard (<90th%) BP goal



Wuhl et al. NEJM 2009

World

Kidney

Day

10 March 2016



CKD Progression and Treatment



 BP treatment with ACE inhibitors may decrease prevalence of LVH





Matteucci et al. CJASN 2013

CKD Progression and Treatment



- Proteinuria
 - Important risk factor in CKD progression
 - For both glomerular and non-glomerular disease
 - Agents to reduce proteinuria
 - ACE inhibitors (ACEI)
 - Angiotensin receptor blockers (ARBs)
 - Avoid combination therapy with ACEI + ARBs
 - Mineralocorticoid antagonists



Warady et al. AJKD 2015



CKD Progression and Treatment

- Other risk factors for CKD progression which may lead to new therapeutic targets
 - Metabolic acidosis
 - Hyperuricemia
 - Low vitamin D level
- Other agents being investigated
 - e.g. pentoxifylline
 - Slowed CKD progression in adults with diabetes and CKD stage 3-4



CKD: Summary



- Congenital structural disorders account for half of CKD in children
- Hypertension is under-recognized and undertreated in children with CKD
- CKD adversely affects growth and neuro-cognitive development



Happy World Kidney Day 2016!



Your pediatric nephrology community continues to work hard to improve clinical care, foster education, and advance the science regarding kidney disease in children! We appreciate your support and all you do for children's health care!

