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ANALYSIS OF CHRONIC KIDNEY DISEASE

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Abstract: Chronic Kidney Disease (CKD) is a condition that affects the functioning and health of the kidneys. It is characterized by the gradual loss of kidney function over time, leading to the accumulation of waste products and fluid in the body. Analyzing this disease is crucial in order to understand its causes, symptoms, and potential treatments. This article aims to provide a comprehensive analysis of CKD, focusing on various aspects such as risk factors, diagnosis, and management.

Keywords:SBK, symptoms, prevetions, operations, diabetes, medical conditions

Introduction: Chronic kidney disease (SBK) is a kidney injury that lasts three months or more under the influence of various etiological factors, characterized by its dysfunction as a result of its replacement of normal anatomical structures with fibrosis.

Thus, in clinical practice, the diagnosis of SBK should be made when any markers indicating kidney damage are detected during a clinical examination and persist for three months or more. The prevalence of SBK is comparable to those of socially significant diseases such as hypertension and diabetes, as well as obesity and metabolic syndrome.

Symptoms of kidney damage and/or decreased CFT are observed at least in every tenth representative of the general population comparable indicators obtained both in industrial countries with a high standard of living and in developing countries with medium and low incomes. Based on the results of large cohort studies, the global prevalence in the total population was on average 13.4%.

According to official statistics, the causes of kidney death (complications of kidney dysfunction) are relatively low. This is due to the development of OBT methods (dialysis and kidney transplantation), as well as the fact that the most common direct cause of death of patients with impaired renal function (pre-dialysis and dialysis stages of treatment) is cardiovascular complications.

Therefore, in official statistics, the death of patients with impaired renal function is considered due to cardiovascular causes. A decrease in the functioning of the kidneys, according to modern concepts, is an independent and important cause of the rapid development of pathological changes in the cardiovascular system.

Etiology and pathogenesis of SBK SBK is a supranosological concept, but an etiological approach to the diagnosis and treatment of a particular kidney disease does not deny.

The reason for the introduction of this concept lies in the unity of the main pathogenetic mechanisms of the development of the pathological process in kidney tissue, in the totality of risk factors for the development and exacerbation of the disease, and in the unity of the resulting treatment, primary and secondary preventive methods. At the same time, special attention is paid to the "non-immune" factors of pathogenesis (functional-adaptive, metabolic, etc.).

The diagnosis of SBK is made at the time of the necessary clinical examination when any signs are detected that indicate kidney damage and last at least three months. It should be borne in mind that the early stages of SBK (C1-C3A) are without clinical signs.

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In clinical practice, unless there is other evidence of chronic kidney damage, an increase in albuminuria and/ or a decrease in KFT are indications of the subclinical course of SBY and are the earliest symptoms of SBK. This is especially true for slowly developing kidney processes, such as hypertension, diabetes, blood of the kidneys as a result of obesity vascular damage.

SBK diagnostic criteria:

the presence of any clinical signs indicating kidney damage and lasting at least three months, and; a decrease in KFT <60 ml/min/1.73 m2, which lasts three or more months, regardless of other signs and presence of kidney damage; the presence of irreversible signs of structural changes in the organ, which were detected once during intravital Morphological Study of the organ or There were likely signs of kidney damage.

To determine the diagnosis and treatment tactics of SBK in humans, doctors of all specialties are advised to carry out clinical diagnostics aimed at identifying signs of kidney damage, taking into account complaints, Anamnesis data and physical examination, laboratory tests, and instrumental studies (and based on the following criteria:

1) the presence of any clinical signs that indicate kidney damage and; 2) the decrease in KFT <60 ml/min/1.73 m2, which lasts three or more months, regardless of other signs and presence of damage; 3) the presence of irreversible signs of structural changes in the organ, which are detected once during intravital Morphological Study of the organ or during its visualization.

In medical documents, the diagnosis of SBK should be indicated after the description of the nosological form and syndromic manifestations of the underlying kidney disease.

Examples of diagnosis:

Diabetes Mellitus, Type 2. Diabetic glomerulosclerosis. SBK C3a A3.

Hypertension disease stage III, risk 4. Hypertensive

nephrosclerosis. SBK C3a A1.

SBK general treatments

To slow down the development of kidney function disorders in patients with C1-C5 SBK and improve prognosis, we recommend therapy aimed at eliminating or correcting etiological factors and elements of pathogenesis, taking into account the causes of SBK and indications for such therapy.

SBK is recommended to direct the treatment of patients with G1-G5D at the same time to slow down the development of renal dysfunction (renoprotection) (G1-G5 for SBK), correct its complications and prevent the development and acquisition of cardiovascular pathology cardioprotection

In patients with C1-c5d SBK, we recommend diagnosis and treatment based on the severity of the decline in KFT (SBK stages) to optimize management tactics and improve prognosis.

For the purpose of renoprotection and secondary prevention of SBK complications, we recommend treating patients with SBK c1-CSD, which aims to eliminate or reduce the main modifiable risk factors associated with the development of renal dysfunction.

Conclusion: Analyzing Chronic Kidney Disease is crucial in order to understand its causes, symptoms, and management strategies. By identifying and addressing the risk factors associated with CKD, healthcare professionals can take preventive measures. Timely diagnosis and effective

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management can significantly improve the quality of life for individuals living with this condition. Further research and advancements are needed to develop more targeted and efficient treatments for CKD, ultimately aiming for better outcomes and prognosis.

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