

Research Findings in IJKD, July 2009

IJKD 2009;3:180-1
www.ijkd.org

The *IJKD for People* is a section established for the people as the readers. Herein, some of the studies presented in this issue of the journal are briefly described in order to promote knowledge of the people on the current advances in nephrology. The Persian translation of this article will be available, too, from www.ijkd.org.

Important Note for Readers. The findings in medical papers are usually not directly applicable and patients should consult their physicians before any utilization of the results of medical studies.

WATCH YOUR BABIES' KIDNEYS WHEN JUST BORN!

Although very rarely, some infants may develop acute kidney disease during their first days of life. Their kidneys suddenly become dysfunctional and they would need to be treated at the ICU of neonates. Dr Mortazavi and her colleagues in Tabriz, Iran, reviewed all the admissions of neonates to their hospital in a 3-year period. They found that 2.7% of the neonates had acute kidney failure. Two-thirds of the neonates had reduced urine volume. Some major problems at birth were present in 29.8% of the neonates, severe infection in 28.5%, respiratory disease in 25.2%, dehydration in 24.2%, and heart failure in 21.2%. Of the neonates, 20.5% died, but most patients (76.2%) were discharged with normal kidney function and 3.3% with diminished kidney function. Mothers should be so careful about these problems in the first days, but if happen, there is a good chance that their babies survive and the kidneys remain healthy for the other days of their lives.

To read the article please see page 136

VITAMIN SUPPLEMENTS AND ANTILIPIDS DO A GOOD JOB FOR PATIENTS ON DIALYSIS, BUT NOT PERFECTLY

High lipids and the risk of heart disease is a constant concern of the physicians who take care of patients on hemodialysis. They usually

prescribe vitamin supplements and antilipids for the patients. Vitamin B6, folic acid, and lovastatin are familiar drugs for the patients. Dr Shojaei and his colleagues in Tehran had been giving these to their patients on hemodialysis. They decided to see if these had been helpful or not. They found out that lipids in the patients' blood were low enough, but another factor called homocysteine was still high. Homocysteine shows the risk of heart disease. So, Dr Shojaei and colleagues warned physicians that these medications might not be enough. Patients on dialysis can ask their doctors to check their homocysteine and receive necessary drugs to prevent heart attack.

To read the article please see page 141

KIDNEY FAILURE CAN RUIN A MARRIAGE OR VISA VERSA

Dr Tavallai and his research group have done several studies about the psychological problems of patients on hemodialysis and those who receive transplantation. Their latest study was on the marital condition of patients on hemodialysis. They showed that consensus, expression of affection, satisfaction, and cohesion of these patients and their spouses are poorer than healthy couples. Also, they suffered from anxiety more frequently than healthy people. These problems, according to this research group, can aggravate each other. Finally, they observed that a marital relationship

can be poorer in couples in whom the husband is on dialysis, in younger couples, and surprisingly, in those with higher education. A couple affected by kidney disease needs marital consultation, and the physicians should not only take care of the patients, but also help their spouses to cope with the situation and to take care of themselves too.

To read the article please see page 156

ALL SPECIALISTS SHOULD BE READY FOR SWINE INFLUENZA!

Dr Gupta and his colleagues in India have got this message that all of us should be ready to fight against swine influenza. Here in the *Iranian Journal of Kidney Diseases*, the editors take this seriously

too. That is why they welcomed a letter from Dr Gupta and colleagues who provided some useful information on treatment of swine influenza in patients with kidney disease. Since many drugs should finally be removed from the body by the kidneys, kidney failure can make troubles of toxicity by drugs. So, for all drugs, a doctor should know the proper dose if their patient suffers from kidney disease. The patient should receive lower doses of anti-influenza drugs. Although swine influenza has not reached Iran by the time of this publication, this letter can armor us for any danger in the future.

To read the article please see page 176