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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.

WORLD KIDNEY DAY 2010 WARNS DIABETICS!

The International Society of Nephrology, the International Diabetes Federation, and the International Federation of Kidney Foundations (IFKF) are going to collaborate and provide worldwide programs on the World Kidney Day, to focus on diabetic kidney disease. Diabetes is the first cause of kidney failure in most countries in the world, and both diabetes and kidney failure are increasing in the world. Drs Atkins and Zimmet, who are involved in the World Kidney Day program, have written an editorial about the importance of making the best policies to increase awareness of people and improve healthcare with regard to diabetes and its effect on the kidney. They wrote that "It is time for strategies that prevent diabetes and its sequelae. It is time for programs for healthcare workers to diagnose and treat people with diabetic kidney disease. It is time for governments to pass legislation to enable the diabetes pandemic to be controlled. After all, diabetic kidney disease, like the epidemics of infectious diseases that have long dominated public health agendas, is potentially preventable." The World Kidney Day on March 11, 2010 is an opportunity to take action against diabetes, so that the kidneys will remain safe.

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DIABETES, AMPUTATION, AND KIDNEY DISEASE

Diabetic patients know very well how disrupting

diabetic foot is. Ulcers of the feet can hardly be treated, and sometimes they lead to amputation. This is only one of the complications accompanying diabetes, and usually, the other catastrophic events appear when it is too late. Diabetes gradually affects the kidneys, as well. Dr Akha and her colleagues at Mazandaran University investigated on the relation of the likelihood of amputation and impairment of the kidneys. These two events develop in parallel in patients with diabetes, but we cannot predict their progress volume in each patient. Dr Akha and colleagues, however, showed that the function of the kidneys was worse in those who ended up with amputation. These patients were older, but were not necessarily affected by diabetes for a longer time.

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DO WE ACHIEVE GOALS OF DIALYSIS?

Dialysis is a sophisticated treatment and there are lots of factors that should be considered in the treatment of patients on dialysis. The "amount" of dialysis and its adequacy, the balancing of minerals in blood, and treatment of anemia are the main concerns of physicians who are responsible for care of these patients. International guidelines have been published to guide physicians and to set goals in their treatment. However, there are many obstacles in the way! In many of the dialysis units around the world, these goals cannot be reached in all patients. Dr Malekmakan and her colleagues reviewed their dialysis centers' record in Fars province of Iran, to see if they have reached the goals of the treatment or

not. Unfortunately, on average, many of the goals of dialysis treatment were not achieved in their dialysis units. The authors believed that a main reason was shortage of facilities that restrict the hours of dialysis per week and lower the quality of care. The increasing number of patients with kidney failure is a serious warning and policy makers have to make urgent decisions. Studies like this can be helpful in making the best decisions by the healthcare authorities.

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DAILY LIFE OF A DIALYSIS PATIENT: DOCTORS MAY NEGLECT!

Other than providing the best treatment as possible for patients on dialysis, physicians should take the overall quality of life of their patients seriously. The quality of life depends on many factors other than the direct impact of the disease and the treatment. Researchers in this field have developed questionnaires in order to measure the quality of life of patients. Dr Pakpour and his coworkers used one of these questionnaires and interviewed their patients on

hemodialysis. They found that the patients had a significantly lower quality of life than the general population. To scrutinize better the causes, they investigated many factors and found that patients with longer duration of being on hemodialysis, poor adherence to treatment, higher body mass index, and concurrent diseases suffered from a poorer physical health. Poorer mental health was seen in those with a lower level of education, longer duration of hemodialysis, lower economic status, lower degree of knowledge on disease, and concurrent diseases. The authors compared these results with similar ones in other countries and showed that the quality of life is unfortunately a neglected concept in their Iranian sample of patients on dialysis. Experts have emphasized that a low quality of life, even in the presence of a good health care, shortens the lives of these patients. A team of social workers, psychologists, and physicians is required to fulfill all the needs of patients with chronic conditions.

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