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Factors Affecting the Dialysis Upon Kidney

Chetan Bhagat*

Department of Nephrology, University of karachi, Pakistan

INTRODUCTION

The purpose of this study was to investigate current prevalence, risk factors, and prognosis, diagnosis, and treatment of depression in dialysis patients. Depression affects prognosis, complications, quality of life (QOL), treatment and cost of dialysis patients worldwide with the increasing number of frail dialysis patients, the concept of renal rehabilitation, including exercise interventions and nutritional programs for patients with chronic kidney disease (CKD), has recently become widespread. Renal Rehabilitation is a comprehensive interdisciplinary program for CKD patients led by doctors, rehabilitation therapists, nutritionists, nursing professionals, social workers, pharmacists and therapists.

DESCRIPTION

Malignant tumors are the second leading cause of death in the dialyzed population. However, data on cancer prevalence are very sparse. Kidney transplants improve quality of life, prolong survival, and are inexpensive, but with some serious complications, including malignant tumors. Therefore, active cancer prevention is paramount. The purpose of this study was to assess the prevalence of malignant tumors in dialysis patients in relation to the status of the waiting list and the type of dialysis.

Carnitine metabolism and homeostasis vary significantly in patients undergoing maintenance dialysis. Current literature on the adult and pediatric dialysis population suggests a high prevalence of carnitine deficiency, which can lead to erythropoietin-resistant anemia, cardiomyopathy, and weakness. However, the results of pediatric dialysis studies are limited and do not provide the evidence needed to support strong recommendations and guidelines for carnitine management.

Diabetic nephropathy (DKD) is a major health problem associated with an increased risk of morbidity and mortality. Treatment of DKD is difficult given the changes in glycemic homeostasis, the uncertain accuracy of glucose measurements, and changes in the dynamics of hypoglycemic drugs.

The effectiveness of dialysis is one of the most important issues for patients undergoing hemodialysis. This study aimed to determine the mortality rate of patients undergoing hemodialysis and the adequacy of dialysis with hospitalization.

Secondary hyperparathyroidism affects almost all dialysis patients with renal failure. Medical management of secondary hyperparathyroidism has evolved significantly over the last two decades, and parathyroidectomy is reserved for severe cases. The main purpose of our study was to understand how trends in medical management affect the rate of parathyroidectomy in dialysis patients with secondary hyperparathyroidism.

There is evidence that hypomagnesium has developed in PPI hemodialysis patients. May lead to increased bone fragility Sodium overload is common in end-stage renal disease (ESKD) and is associated with increased cardiovascular mortality, traditionally attributed to increased extracellular volume. Recently, Na23 magnetic resonance imaging has shown that sodium accumulates in stromal and other tissues of the skin. In chronic kidney disease, interstitial sodium storage increases with decreased glomerular filtration rate and is associated with cardiovascular injury independent of fluid excess.

CONCLUSION

Chronic kidney disease affects almost 10% of the world's population and is associated with excessive mortality and morbidity. Decreased glomerular filtration rate and the presence and extent of proteinuria, an important area of chronic kidney disease, have both been shown to be strong and independent risk factors for cardiovascular disease. Patients with renal failure who require dialysis are at greatest risk of developing chronic cardiovascular diseases such as cardiovascular events (such as stroke and myocardial infarction) and heart failure. Peritoneal dialysis (PD) is a viable renal replacement therapy option for acute renal failure (AKI), especially during difficult times during disasters and pandemics with limited resources.

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Corresponding author Chetan bhagat, Department of nephrology, University of karachi, Pakistan; E-mail: chetan764@gmail. com

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