

# Kidney Disease in Older Adults



**W**orld Kidney Day 2014 focuses on chronic kidney disease and aging. The American Society of Nephrology (ASN) has provided responses to four key questions on this topic.

## **What is chronic kidney disease?**

Chronic kidney disease is usually diagnosed based on the results of blood and urine tests. The blood test is called an estimated glomerular filtration rate (eGFR) and measures how well your kidneys are filtering your blood. The urine test shows whether you have protein in your urine which is a sign of kidney damage. If you have an eGFR < 60 ml/min/1.73 m<sup>2</sup> for at least 3 months, or if you have protein in your urine, then you meet the definition of chronic kidney disease.

## **How will kidney disease impact my life?**

A lot depends on the severity of these abnormalities. Almost half of US adults aged 70 years and older meet the definition of chronic kidney disease. However, a large percentage of these people have levels of eGFR that are only slightly below normal (e.g., 45-59 ml/min/1.73 m<sup>2</sup>). Kidney specialists do not uniformly agree on whether older adults with very slight reductions in eGFR in this range, who do not have protein in their urine, and who have stable kidney function should even be considered as having chronic kidney disease. Most of these people have very similar life expectancy to older adults

without chronic kidney disease and will not experience symptoms of kidney disease or its progression to more advanced stages.

On the other hand, patients with protein in the urine, those whose kidney function is getting worse over time, and those with very low levels of eGFR tend to have a shorter life expectancy than those with normal kidney function, and are more likely to experience complications and symptoms from their kidney disease.

## **What can I do to help my kidneys and maintain my health?**

Treatment decisions related to kidney disease should ideally be “shared” between you and your medical team. Your healthcare provider and other members of your medical team can help you understand treatment choices and the benefits and harms of available treatments. You can help your healthcare provider understand what treatments might be the best fit for you.

For patients with protein in the urine, medicines called ACE inhibitors and ARBs can slow loss of kidney function. Side effects of these medicines include cough, high potassium levels and sometimes

more rapid loss of kidney function. It is recommended that you have a blood test within a few weeks of starting or increasing the dose of these medications.

Medicines called statins have been shown to lower the risk of some kinds of stroke and heart problems in older adults with chronic kidney disease. Muscle aches are the most common side effects of these medicines.

People with chronic kidney disease can help to maintain their kidney function by avoiding medicines that are potentially harmful to the kidneys. Non-steroidal anti-inflammatory agents are an especially common cause of kidney problems. If you are taking (or thinking about taking) one of these medications, you may wish to discuss the benefits, harms and alternatives with your healthcare provider.

Many medicines need to be adjusted according to your level of kidney function, so you may wish to check with your healthcare provider to make sure they are aware of all of the medicines (prescription and over-the-counter) that you are taking.

Sometimes people with chronic kidney disease are advised to change what they eat to reduce the amount of potassium, phosphorus, protein and salt in the diet. Such changes are not recommended in all patients with kidney disease, so you should discuss with your with your medical team whether they think such changes might be helpful for you.

Many older adults who have kidney disease also have other health problems such as diabetes, high blood pressure and heart disease.

Treatments and lifestyle changes that allow you to stay healthy overall will often be helpful in maintaining kidney function. But sometimes treatments recommended for kidney disease can conflict with what is recommended for your other health conditions. In some situations you may not be able to follow all of the recommendations you are given, and you may need to work with your healthcare provider to decide what treatments to prioritize.

### **What are my options if my kidneys stop working completely?**

Should your kidney disease become very advanced, you may experience symptoms like fatigue, loss of appetite, nausea, upset stomach, leg swelling, shortness-of-breath, chest pain, difficulty sleeping and concentrating and confusion. Not everyone with advanced kidney disease develops these symptoms and not all symptoms occur together. If you develop symptoms from your kidney disease several different treatment choices may be offered. These include: 1) dialysis -- both center-based hemodialysis and home peritoneal dialysis or hemodialysis therapies; 2) kidney transplantation from a living or deceased donor; and/or 3) supportive care, which can include medical management and/or palliative care and hospice. No one treatment strategy will be right for everyone.

You and your family and medical team can work together to select the best treatment for you based on your goals and situation. Also, preferred treatments can change over time, as your circumstances and priorities evolve so it is important to view decisions about treating your advanced kidney disease as an ongoing conversation between you and your medical team.

**More information on kidney disease is available online:  
<http://www.asn-online.org/kidneydisease/>**

