

The incidence of chronic kidney and cardiovascular diseases is increasing worldwide. Since kidney disease is the strongest risk factor for cardiovascular morbidity and mortality, strategies which are able to reduce kidney disease progression are expected to translate into a decreased incidence of cardiovascular events.

To this purpose, inhibition of the rennin-angiotensin system, a complex hormonal and humoral system, both by angiotensin-converting enzyme inhibitors (ACE inhibitors) and angiotensin-II receptor blockers (ARB's) represent the best available option. Several large randomized studies have convincingly shown that these treatments are associated with a significant reduction in the risk for renal (kidney) disease progression in diabetic and non-diabetic patients with chronic kidney disease. Importantly, improvement of renal outcomes is paralleled by a reduction of the cardiovascular risk.

Unfortunately, However a significant proportion of patients with chronic nephropathies (kidney diseases) still progress to end-stage renal failure or dies of cardiovascular events.

A more complex strategy including strict control of blood pressure and proteinuria, lowering of blood lipids (cholesterol and triglycerides) tight metabolic control of diabetes and lifestyle changes may improve morbidity and mortality of patients with chronic renal (kidney) disease as compared with single or even dual intervention on the renin-angiotensin system. Moreover prevention strategies are urgently needed to face the burden of chronic kidney diseases and cardiovascular morbidity and mortality.

This is particularly true for developing countries where the incidence of these chronic diseases is growing with the highest rate.

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