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Modern multiple therapies directed at prevention of progression of chronic kidney disease

A variety of therapeutic modalities are available to alter the abnormalities seen in patients with chronic kidney disease (CKD). A comprehensive plan can now be developed to slow the progression of CKD. Two clinical cases of delay in the need for renal replacement therapy are described. This delay was achieved by using recognized recommendations for optimal diabetes therapy (HgA1C target 7%), goals for blood pressure levels, the reduction of proteinueia and proper use of ACEI/ARB therapies. Recent recommendations include BP <140/90 mmHg for patients <60 years old and <150/90 for older patients unless they have CKD or diabetes. Also ACEI and ARB drugs probably should not be used together. Limits on dietary protein intake and body weight reduction will also decrease proteinuria. Proper treatment for elevated serum phosphate and parathyroid hormone levels are now appreciated as well as the benefits of therapy of dyslipidemias and anemia. Concerns regarding unfavorable outcomes with excess ESA therapy have lead to hemoglobin goals in the 10-12 g/dL range. New therapeutic goals for the treatment of acidosis and hyperuricemia are presented with data now available which suggest that increasing serum bicarbonate to >22 mEq/L and normalization of serum uric acid will decrease renal function loss. Finally, two as yet insufficiently understood approaches to altering the course of CKD (FGF 23 level reduction and balancing gut microbiota) are considered.

Biography

Michael F Michelis is Director of Nephrology at Lenox Hill Hospital in New York and Clinical Professor of Medicine at New York University School of Medicine. He received his training in renal disease at the University of Pittsburgh and was a member of the faculty there before moving to New York. He is a Fellow of the American College of Physicians, a Specialist in Clinical Hypertension and a Fellow of the American Society of Nephrology. He has been principal investigator on many clinical trials and has authored numerous publications. He directed clinical studies which characterized an unrecognized genetic kidney disease now referred to as Michelis-Castrillo Syndrome.

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