

糖尿病腎臟疾病的治療

Treatment of diabetes kidney disease

田凱仁

奇美醫院內科部內分泌新陳代謝科

Diabetic kidney disease (DKD) is a leading cause of end-stage renal disease in Taiwan and worldwide, and is a risk factor for the development of cardiovascular complications.

Many factors initiate or promote DKD. These include hyperglycemia, hypertension, dyslipidemia, smoking, ethnicity, sex, age, and a long diabetes duration. Nutrition, sodium intake and exercise also occupy an important role in the DKD management. Control of blood glucose level and the use of oral antihyperglycemic agents which can exert pleiotropic renal protection effect should be considered. BP control is generally recommended to prevent stroke, cardiovascular disease, and albuminuria. Angiotensin II receptor blockers (ARBs) or angiotensin-converting enzyme (ACE) inhibitors are recommended to control BP. Many trials have shown that ARBs or ACE inhibitors delay end stage renal disease (ESRD) progression and development. Since DKD is a risk factor for cardiovascular disease. Treatment of dyslipidemia in DKD is also mandatory. Based on the risk classification in DKD, the lipid target is stricter as the DKD risk increase. The dose of anti-dyslipidemia agents also needed to be adjusted based on the renal function.

The protein intake should not be less than 0.8 g/kg/day in DKD patients. Saturated fat should be less than 10% of total calories. The sodium intake should be less than 1.5- 2.3 g/ day. Aerobic exercise training and resistance training should incorporate into the exercise program in DKD patients.