

# Recognize, manage chronic kidney disease

**CFA Kidney and Hypertension Center, LLC**  
Olufunmilola O. Daramola-Ogunwuyi, MD

“Chronic kidney disease [CKD] is a disturbingly under-recognized health threat,” informs Olufunmilola O. Daramola-Ogunwuyi, MD, of CFA Kidney and Hypertension Center in Longwood.

“The National Kidney Foundation estimates that 1 in 9 adult Americans — approximately 20 million people

— suffer from this condition. Many are unaware of it. Another 20 million Americans are at risk.

“Unfortunately,” says Dr. Daramola, “many patients remain undiagnosed until they have developed kidney failure.”

CKD claimed the lives of more than 63,000 people with end-stage renal disease in 1998, according to the 2000 Annual Data Report of the U.S. Renal Data System, with a mortality rate of 20% that year for patients treated with dialysis.

The good news, says Dr. Daramola, is that with early diagnosis and treatment, strategies can be implemented to help retard the progression of CKD. Some of these strategies include ensuring optimal control of blood pressure, diabetes, and cholesterol; employing the use of special blood pressure medications, such as angiotensin converting enzyme inhibitors or angiotensin receptor blockers; treating complications of CKD such as anemia, bone, and mineral abnormalities; and preventing any cause of acute injury to the kidney.

“Patients and health-care providers need to be aware of some of the symptoms of CKD, which can be seen with a variety of other medical conditions and may even be dismissed as inconsequential,” the doctor points out.

“Patients may experience fatigue and difficulty sleeping or develop dry, itchy skin. They may demonstrate poor appetite or experience unexpected fluctuations in their weight. The feet and ankles may swell, and there may be noticeable puffiness around the eyes, especially in the morning. Night-time muscle cramps and a noted increase in urinary frequency, particularly at night, are also symptoms that warrant evaluation.”

In some cases, symptoms may be related to reversible causes like an obstruction in the kidneys that can be removed. Dr. Daramola cautions that CKD, if left untreated, places patients at increased risk for cardiovascular disease, which is the leading cause of death among patients with CKD. They are more susceptible to heart attack and stroke, high blood pressure, weak bones, neuropathy (nerve damage), anemia, kidney failure, and death.

## Test for CKD

“Part of the challenge in identifying chronic kidney disease lies in educating physicians as well as patients about the rising incidence of the condition,” Dr. Daramola points out. “In the past, physicians relied on serum creatinine levels to determine kidney function, but this lab test can be misleading.”

The levels of serum creatinine in the blood can be affected by body mass, dietary changes, and certain medications, among other factors, and may appear normal despite the presence of early CKD. So the serum creatinine level alone is not an accurate indicator of kidney health.

“The serum creatinine level, along with a patient’s age, gender, race, and other factors, is inserted into validated formulas to estimate a patient’s glomerular filtration rate, or GFR,” explains Dr. Daramola. “The GFR tells how much kidney function a patient

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Dr. Daramola emphasizes the importance of education for early recognition of chronic kidney disease.

has, and it is a more accurate assessment of kidney function.”

Based on the estimated GFR, five different stages of CKD can be assigned (see special box). “It’s important to note,

Stage of CKD	MDRD GFR levels
Stage 1	>90 ml/min/1.73m <sup>2</sup>
Stage 2	60–89 ml/min/1.73m <sup>2</sup>
Stage 3	30–59 ml/min/1.73m <sup>2</sup>
Stage 4	15–29 ml/min/1.73m <sup>2</sup>
Stage 5	<15 ml/min/1.73m <sup>2</sup>

also, that even with a normal GFR the presence of persistent protein in the urine or structural abnormalities of the kidney still fall under CKD and require evaluation and management by a kidney specialist. The development of CKD multiplies the risk for death from cardiovascular disease exponentially, and this becomes more apparent in stages 4 and 5 of CKD,” explains the doctor.

“It is essential that patients and doctors take a proactive approach to identifying and managing chronic kidney disease as early as possible to prevent these dire consequences.”

## Reason for hope

The good news, reminds Dr. Daramola, is that through education and screening particularly of high-risk patients kidney disease can be recognized early, and timely referral to a kidney specialist promotes better outcomes and reduces the overall cost of care.

Other reasons to consult with a kidney specialist include abnormalities in urine testing, uncontrolled blood pressure, and abnormalities in fluid and electrolyte balance in the body such as high or low levels of sodium, potassium, and calcium.

“I am able to step in at this point and help patients,” says Dr. Daramola.

“If they are diagnosed early, I can design lifestyle modifications and a medical regimen to slow or halt the progress of chronic kidney disease.

“The important message people need to receive is that chronic kidney disease is now considered a worldwide public health problem and that optimal management is possible with early disease recognition and collaborative care involving the patient, primary care physician, and kidney specialist.”

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## Help is nearby

Dr. Daramola welcomes the opportunity to help your reduce your risk of chronic kidney disease and to control hypertension. Call **(321) 214-4133** for a consultation. The office is located at **581 E. S.R. 434, Suite 01**, in Longwood. The doctor may also be contacted by email at [cfakidney@yahoo.com](mailto:cfakidney@yahoo.com).



**Olufunmilola O. Daramola-Ogunwuyi, MD**, is certified by the American Board of Internal Medicine in nephrology and internal medicine. She completed her residency in internal medicine at Wayne State University School of Medicine and the Detroit Medical Center/Sinai Hospital, MI, and received her fellowship training at Henry Ford Hospital, Department of Nephrology and Hypertension, also in Detroit. She is a member of the American Society of Nephrology and National Kidney Foundation. Dr. Daramola has active staff privileges with several of Orlando’s major hospital systems, including Florida Hospital, Orlando Regional Hospitals, and Health Central Hospital.

## For your information

Visit these websites for additional information about CKD:

**National Kidney Foundation**  
[www.kidney.org](http://www.kidney.org)

**U.S. Renal Data System**  
[www.usrds.org](http://www.usrds.org)

**National Library of Medicine/  
National Institutes of Health**  
[www.nlm.nih.gov/medlineplus/kidneydiseases.html](http://www.nlm.nih.gov/medlineplus/kidneydiseases.html)