



Doença Renal do Diabetes

Luis Henrique Canani

Professor Titular do Departamento de Medicina Interna

Faculdade de Medicina da UFRGS

Departamento de Doença Renal da Sociedade Brasileira de Diabetes

Potencial Conflito de Interesse

Professor Titular do Departamento de Medicina Interna da UFRGS

Membro da SBD, SBEM, ADA, Endocrine Society, AMRIGS, SIMERS

Financiamento de Pesquisa

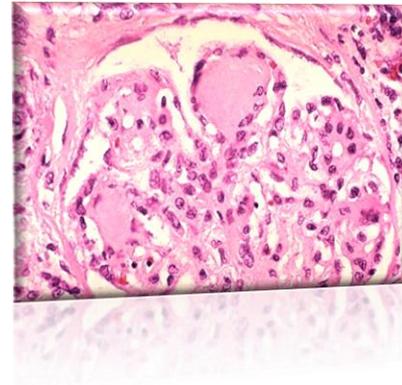
- **Bayer, Merck Sharp & Dohme, Novo Nordisk, Eli Lilly, Glaxo Smith Kline, CNPq, FAPERGS, FIPE-HCPA, UFRGS**

Apoio Eventos

- **NovoNordisk, CNPq, FAPERGS, FIPE-HCPA, UFRGS**

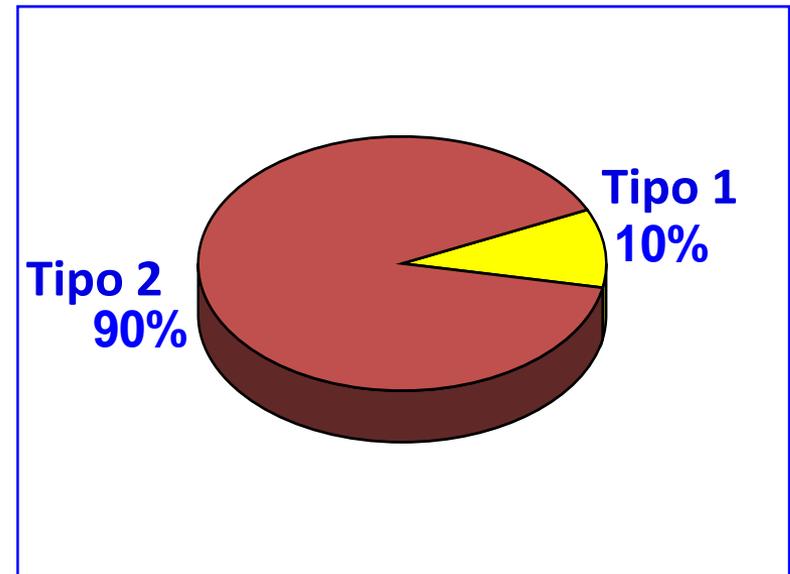
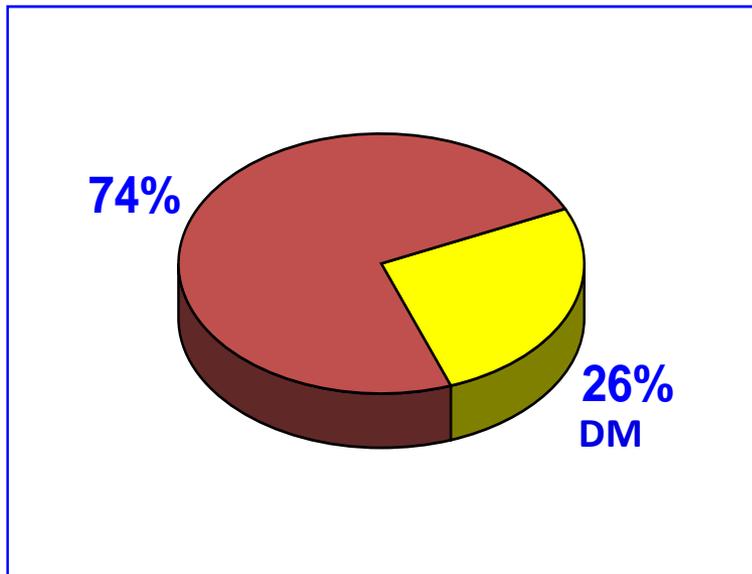
Fatores de risco

- ✓ **Hiperglicemia crônica – tempo de exposição**
- ✓ **Hipertensão arterial sistêmica**
- ✓ **Fumo**
- ✓ **Dislipidemia**
- ✓ **Fatores dietéticos – proteína e gordura**
- ✓ **Hiperfiltração glomerular**
- ✓ **Proteinúria**
- ✓ **Etnia / genéticos**

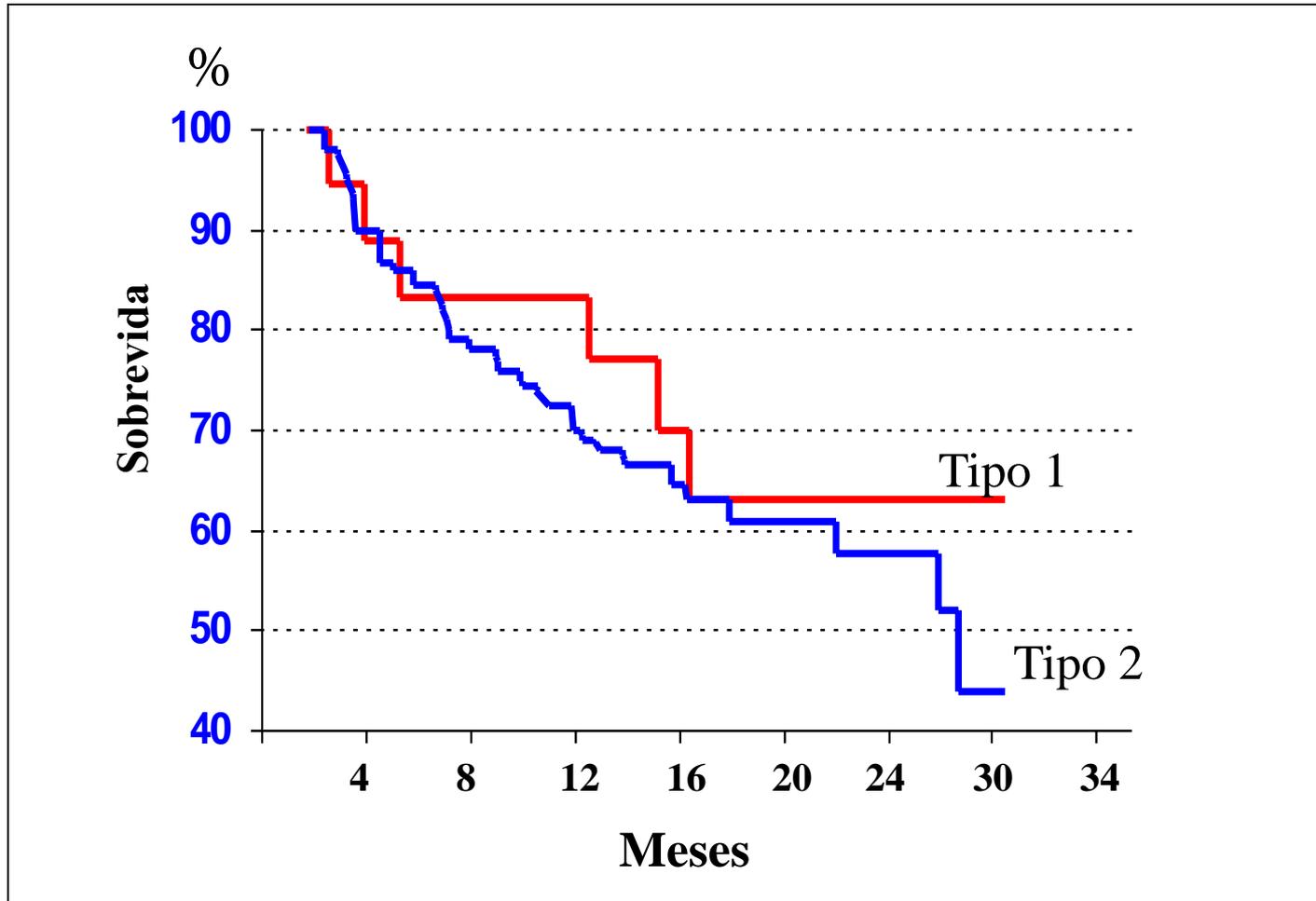


Doença Renal do Diabetes

Proporção Iniciando Diálise no Rio Grande do Sul

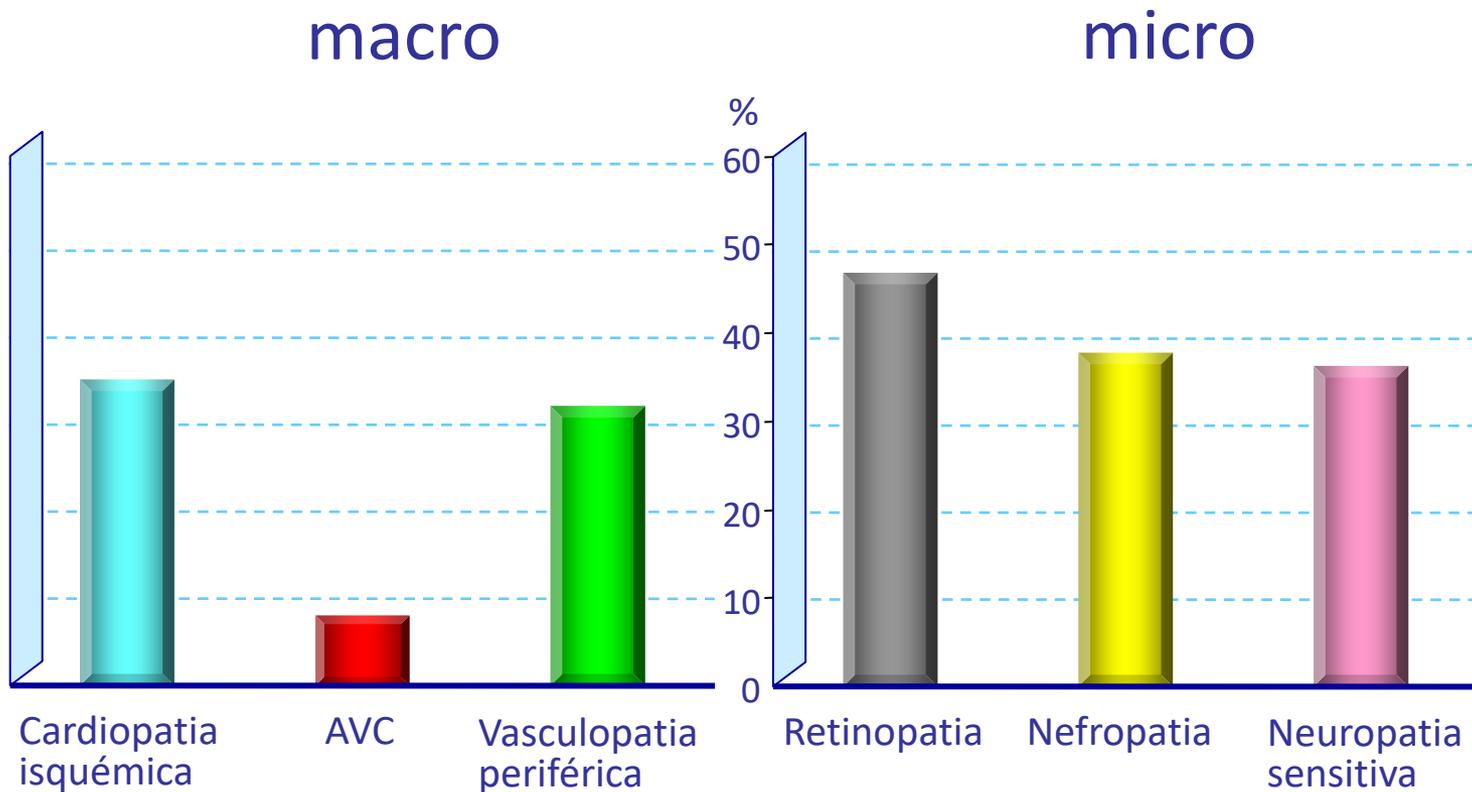


Curva de Sobrevida ao Início de Diálise



Complicações crônicas

927 pacientes ambulatoriais com Diabetes Tipo 2





ELSEVIER

Contents available at ScienceDirect

Diabetes Research
and Clinical Practice

journal homepage: www.elsevier.com/locate/diabres



International
Diabetes
Federation



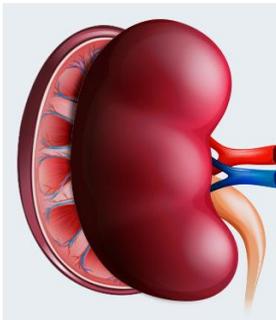
Diabetes-related chronic complications in Brazilian adolescents with type 1 diabetes. A multicenter cross-sectional study



Marilia Brito Gomes^a, Luis Eduardo Calliari^{b,*}, Deborah Conte^a, Caio Lima Correa^a, Karla Rezende Guerra Drummond^c, Felipe Mallmann^d, André Araújo Pinheiro^e, Luiza Harcar Muniz^a, Franz Schubert Lopes Leal^f, Paulo Henrique Morales^c, Carlos Antonio Negrato^g

N = 367

Média de Idade 16,4 anos



14%

Exames



Creatinina → Cálculo da TFG

Albuminúria em amostra



GFR CALCULATOR

Glomerular filtration rate (GFR) is the best overall index of kidney function. Normal GFR varies according to age, sex, and body size, and declines with age. The National Kidney Foundation recommends using the CKD-EPI Creatinine Equation (2009) to estimate GFR.

Serum Creatinine: mg/dL µmol/L

Serum Cystatin C: mg/L

Age: Years

Gender: Male Female

Race: Black Other

Standardized Assays: Yes No Not Sure

Remove body surface adjustment: Yes No Not Sure

CALCULATE

Results

CKD-EPI creatinine equation (2009)	<input type="text" value="51"/>	mL/min/1.73m ²
CKD-EPI creatinine-cystatin equation (2012)	<input type="text" value="N/A"/>	mL/min/1.73m ²
CKD-EPI cystatin C equation (2012)	<input type="text" value="N/A"/>	mL/min/1.73m ²
MDRD study equation	<input type="text" value="47"/>	mL/min/1.73m ²

What is the patient's ACR?†

<30 mg/g <3 mg/mmol

30-300 mg/g 3-30 mg/mmol

>300 mg/g >30 mg/mmol

Based on the information supplied:

GFR category is: ‡

ACR category is: **

CKD classification is:

Risk of progression is:

Frequency of monitoring should be:

Referral to a nephrologist is:

Tratamento

Primário

Prevenção da doença renal – albuminúria

Controle da glicemia

Controle da hipertensão arterial
(IECA, BRA)

Secundário

Prevenção da progressão da albuminúria ou queda da TFG

Controle da glicemia

Controle Hipertensão

iSGLT2, Finerenona

Cardiovascular and Renal Events in EMPA-REG Outcome



↓ 3P-
MACE



↓ CV death



↓ All-cause
mortality



↓ Hospitalizations
for heart failure

Cardiovascular and Renal Events in EMPA-REG Outcome



↓ 3P-MACE



↓ CV death



↓ All-cause mortality



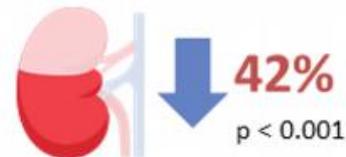
↓ Hospitalizations for heart failure



New or worsening nephropathy



Progression to macro-albuminuria



Doubling of serum creatinine



Initiation of renal replacement therapy

Doença Renal do Diabetes

Frequente (>50% dos pacientes ambulatoriais)

Alta morbi-mortalidade

Diagnóstico

Simples – amostra de urina e sangue
(creatinina e albumiúria)

Tratamento

Simples, efetivo

IECA, BRA, iSGLT2



OBRIGADO

Icanani@hcpa.edu.br



Posicionamento Oficial Tripartite

nº 01/2016

SBD / SBEM / SBN

PREVENÇÃO, DIAGNÓSTICO E CONDUTA TERAPÊUTICA NA DOENÇA RENAL DO DIABETES



