

## CARDIORENAL AND METABOLIC SYNDROME IN RENAL PATIENTS

Suela Mumajesi dr.1, Matilda Imeraj dr. 1, Arjana Strakosha Phd1, Nevi Pasko Phd 1, Vilma Cadri dr. 1, Nestor Thereska Prof. Dr2, Myftar Barbullushi Prof. Dr 1

*1 Mother Teresa hospital-Tirane Albania*

*2 American Hospital- Tirane, Albania*

The growth of kidney disease has led to increased difficulties for the management of renal patients due to many co-morbidities. Metabolic Syndrome (MetS) and different cardio-vascular events often accompany this group of patients. Cardiorenal syndrome is a very complex disease, in which both kidneys and heart are involved and created a feed-back cycle with worsening the progression and carries a bad prognosis. On the other hand, MetS is an independent risk factor, often associated with cardio-vascular complications and it is often accused, as one of the main factors, of the drastic increase of Cardiorenal syndrome

**METHODS:** A retrospective study was conducted. 83 pts were enrolled, with low to middle socio-economic status. ATP III was used to define MetS. Statistical analysis included Student's t-test, bivariate and multivariate regression.

**RESULTS:** 83 patients were included in the study.

The mean age was  $48.5 \pm 25.5$  yrs. 65 were female. No differences between sexes was found.

Cardiorenal Syndrome was founded in 57.8% (43 pts) of pts. Metabolic syndrome was founded in 73.4 % (61 pts) of pts. Both metabolic and cardiorenal syndrome had a high prevalence. We founded a strong relationship between cardiorenal syndrome and MetS with a  $p=0.015817$ . Anemia had also a high prevalence 72.3 % (60 pts), with a strong association with cardiorenal syndrome  $p=0.024261$ , but we didn't found any correlation between MetS and anemia.

### CONCLUSIONS:

Cardiorenal syndrome and MetS were both presented with a high prevalence in renal patients, even in low to middle socio-economics patients. A close patient monitoring must be done to identify high-risk patients, for primary prevention measures and early interventions. These can be prevented or delayed by a tailored program, a good medical history, patient's behaviours, life style modification and an interdisciplinary collaboration to improve factor identifications and a good controll of Cardiorenal Syndrome and MetS. Regrettably, the availability of effective therapeutic strategies for sustained weigh loss and management of Metabolic Syndrome remains limited. Finally, life-style modification and diet remains, the fundamental factors to improve outcomes in renal patients.