Analiza stanja vrijednosti kreatinina i procjene glomerularne filtracije u bolesnika koji su liječeni u Ambulanti za zatajivanje srca Sveučilišnog kliničkog centra Maribor

Analysis of the status of creatinine value and estimates of glomerular filtration rate in patients treated in the Outpatient Clinic for Heart Failure in University Clinical Centre Maribor

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Procjenjuje se da u razvijenim zemljama oko 10% odrasle populacije ima početni stupanj kronične bolesti bubrega (CKD). U bolesnika sa zatajivanjem srca oštećenje bubrega je vrlo često (30-63%). Istraživanja pokazuju da pacijenti s kroničnim zatajivanjem srca (CHF) također imaju zatajenje bubrega. Bolesnici s CHF-om imaju više komplikacija tijekom liječenja, što znači više hospitalizacija i veću smrtnost. Pravovremeno otkrivanje smanjene bubrežne funkcije, određivanje stupnja CKD-a i primjena odgovarajućih nefarmakoloških i farmakoloških mjera može pridonijeti povoljnijem tijeku bolesti. Cilj je smanjiti smrtnost i poboljšati kavitetu života pacijenta sa CHF.

U kliničkoj praksi za otkrivanje CKD-a najčešće se koristi određivanje kreatinina u serumu. Istraživanja su pokazala da je određivanje kreatinina u serumu manje precizan parametar. Najbolji kriterij za procjenu bubrežne funkcije je procjena stupnja glomerularne filtracije (eGFR). Za procjenu eGFR-a se upotrebljavaju preciznije jednačbe, i to: MDRD (*Modification of Diet in Renal Disease*), C&G (*Cockcroft-Gault jednačbe*) i C cistatinske jednačbe.

U radu ćemo prikazati broj bolesnika sa smanjenom bubrežnom funkcijom u odnosu na kreatinin u serumu i broj pacijenata prema procjeni glomerularne filtracije izračunate prema MDRD jednačbi.

It is estimated that about 10% of the adult population has an early form of chronic kidney disease (CKD) in developed countries. In patients with heart failure, renal impairment is very common (30-63%). The trials show that patients with chronic heart failure (CHF) usually suffer from renal failure. Patients with CHF have more complications during the treatment, which implies more hospitalizations and increased mortality. Timely diagnosis of impaired renal function, determining the degree of CKD and the use of appropriate non-pharmacological and pharmacological measures may contribute to a more favorable course of the disease. The goal is to reduce mortality and improve the quality of life of a patient with CHF.

Determination of serum creatinine is commonly used in clinical practice for diagnosing CKD. The trials have shown that determination of serum creatinine is less precise parameter. The best criterion for the estimation of renal function is the estimated glomerular filtration rate (eGFR).

To estimate the GFR, we use the most accurate equation, namely: the MDRD (*Modification of Diet in Renal Disease*), C & G (*Cockcroft-Gault equation*) and C cystatin equation. In this paper we shall present the number of patients with impaired renal function in relation to serum creatinine and the number of patients according to the estimated glomerular filtration rate calculated by means of MDRD equation.

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