

How to Reverse Vascular Damage in CKD?

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2011년도 순환기관련학회 춘계통합학술대회
2011.4.16, Bexco, 부산



신장내과 최대 이슈

만성신장질환:

Chronic Kidney Disease (CKD)





세계 콩팥의 날
3월 8일

당신의 콩팥은 ?
안녕하십니까

고혈압 당뇨는
만성콩팥병의 주요 원인입니다



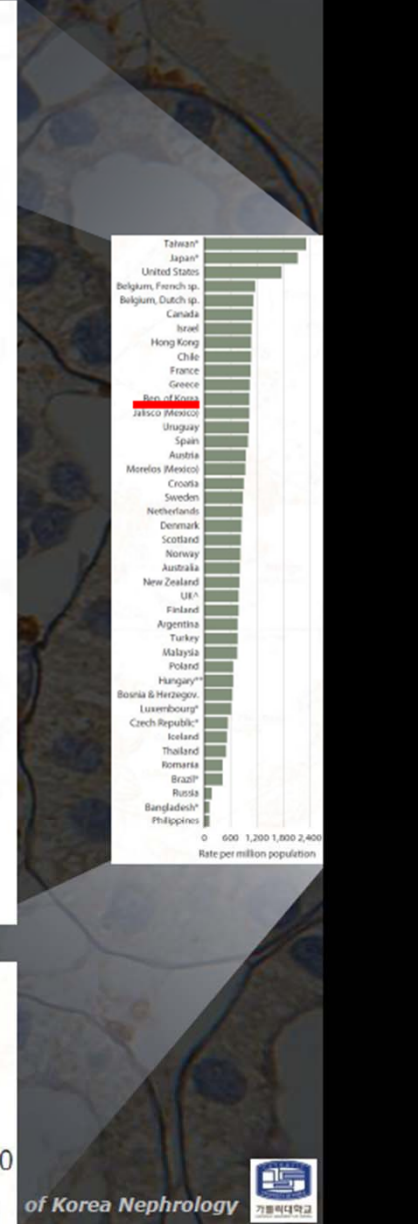
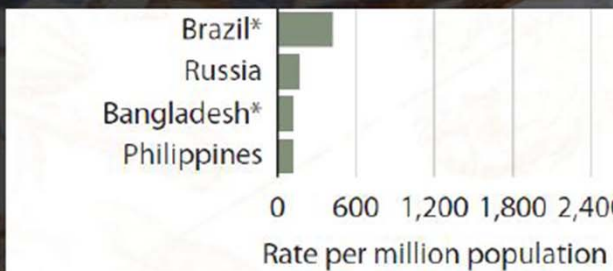
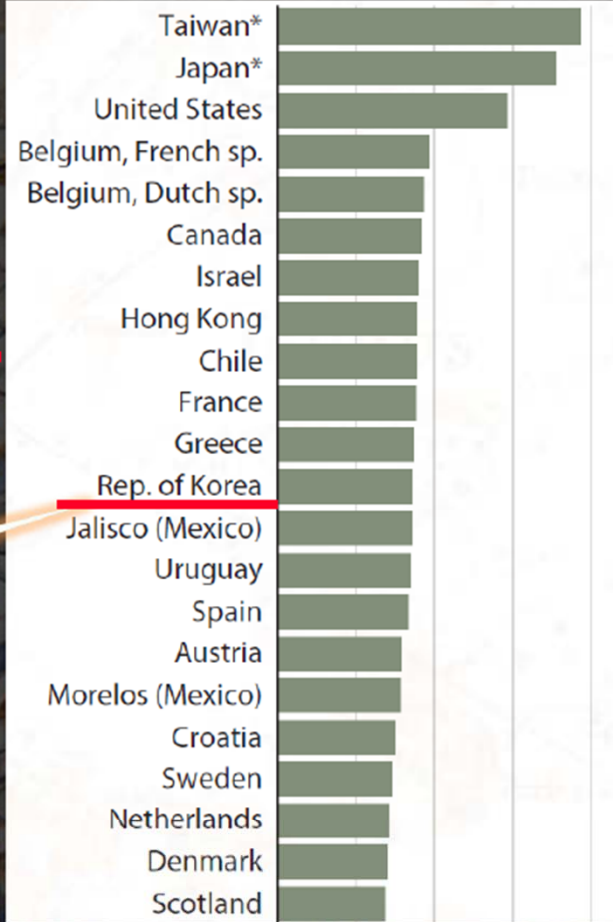
Prevalence of ESRD

**1031.6 PMP
End of 2008**

UNITED STATES RENAL DATA SYSTEM
2010 Annual Data Report

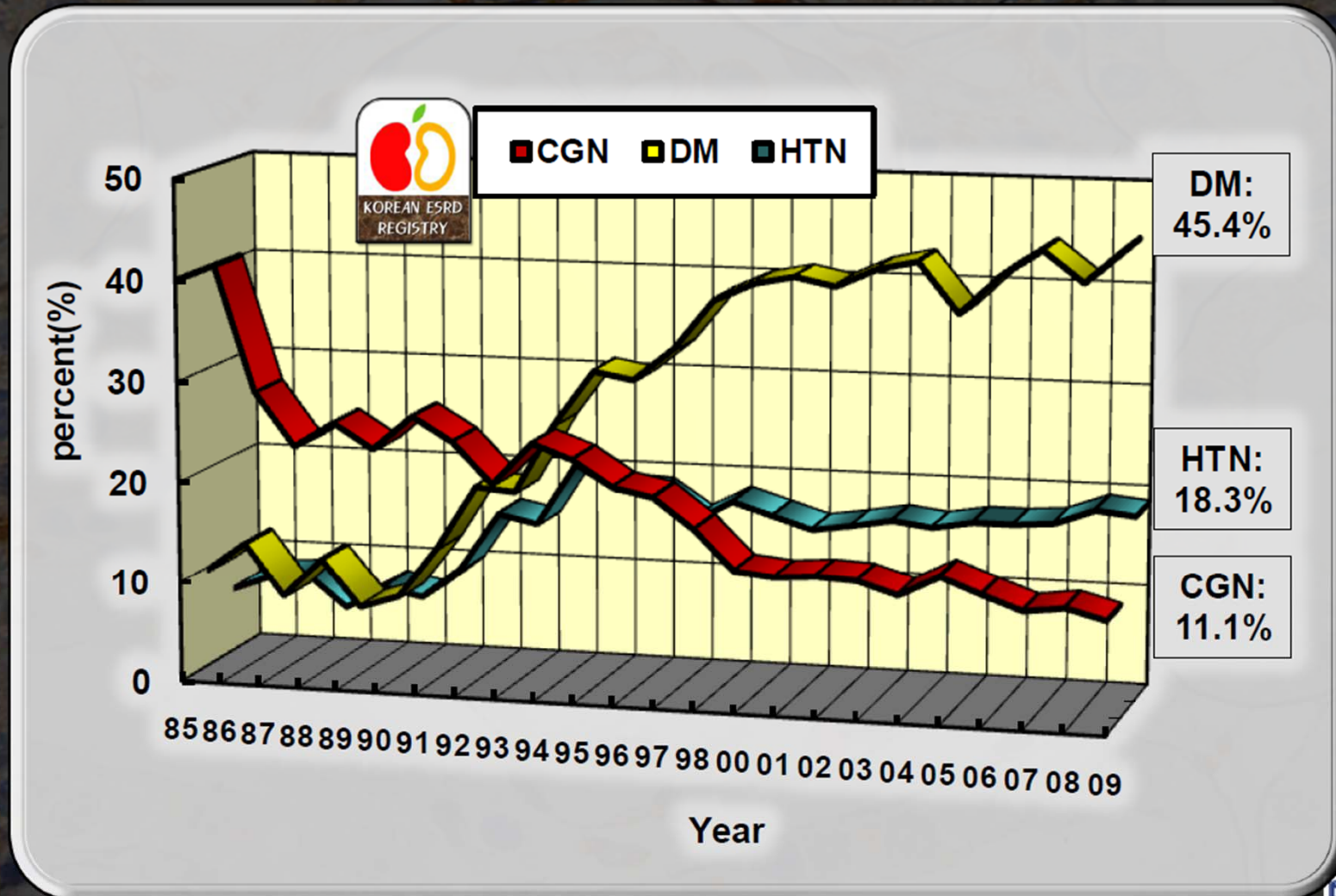
U.S. Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010.

Oct. 2010



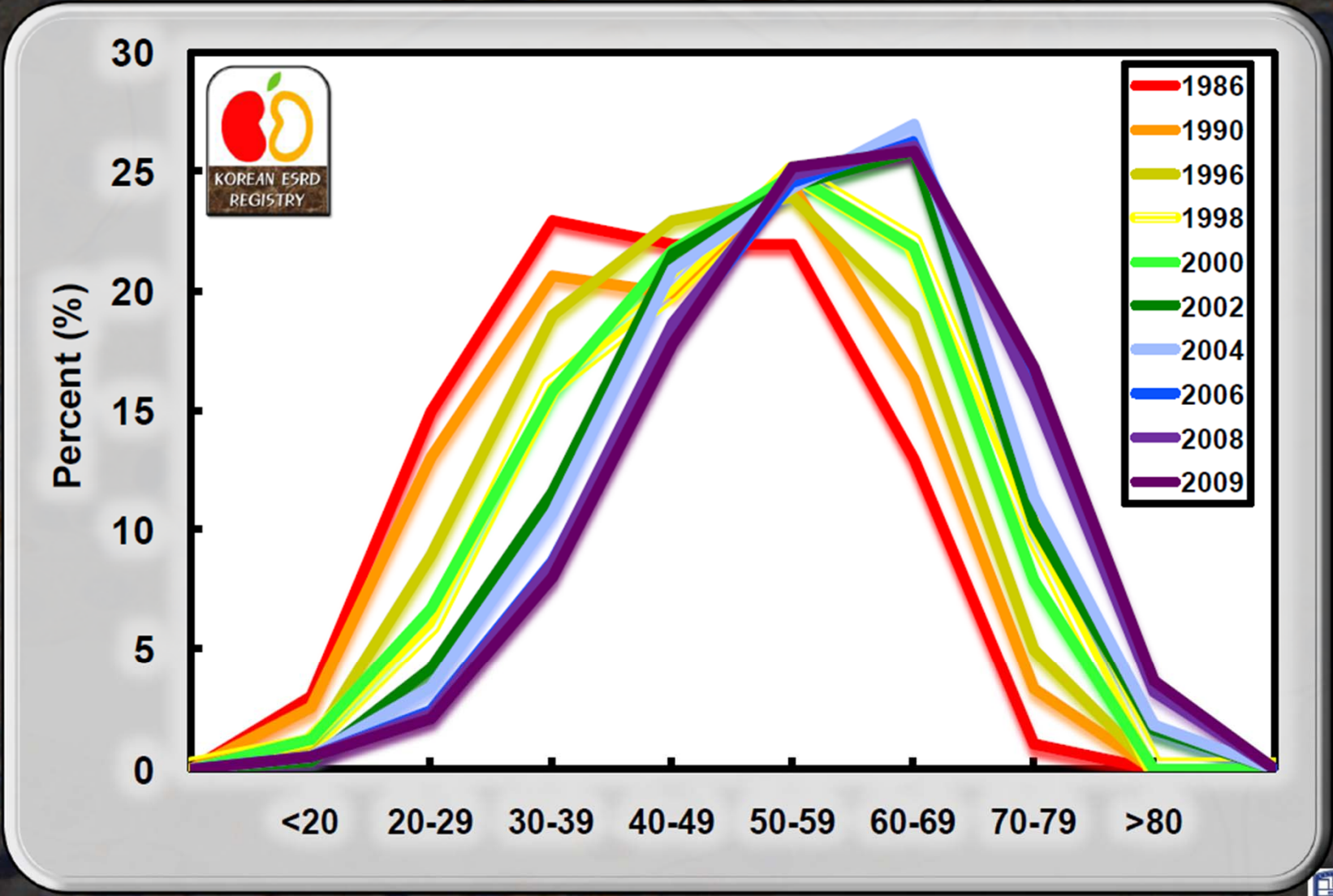
of Korea Nephrology

Three Major Causes of ESRD





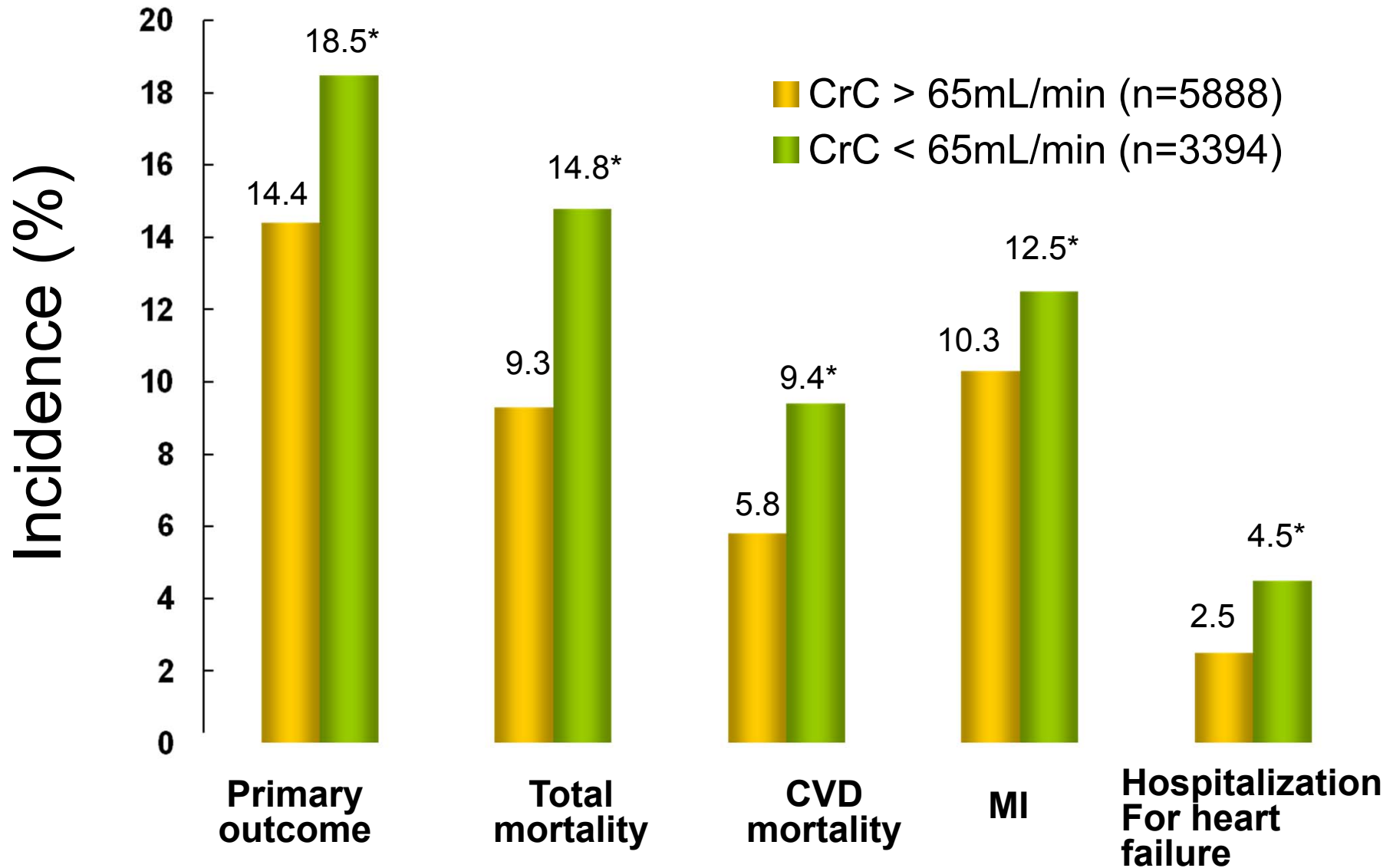
Age Distribution of HD Pts according to Year



Contributing factors to CKD?

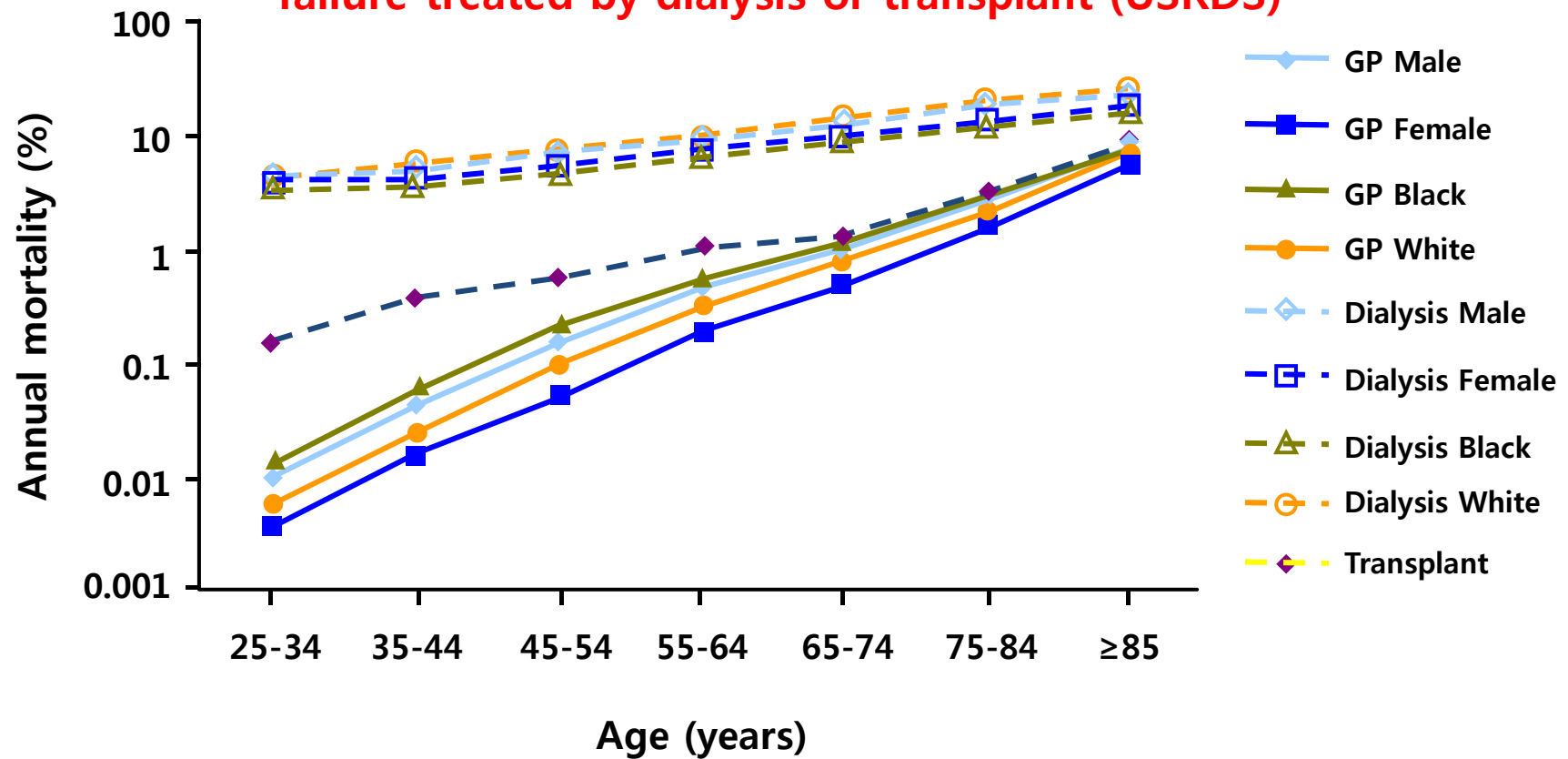
- ↑ Economic status
- ↑ Old-aged patients
- ↑ Diabetes

만성콩팥질환과 심혈관계 합병증



Cardiovascular Mortality Is Higher in Patients With ESRD

Cardiovascular mortality in the general population (NCHS) and in kidney failure treated by dialysis or transplant (USRDS)



Causes of Death (%), 1994-2009

	1994-96	1998	2001	2002	2003	2004	2005	2006	2007	2008	2009
Cardiac	27.4	27.4	26.9	27.9	31.7	35.5	30.7	33.7	31.7	35.1	29.5
Myocardial infarction	6.4	6.4	7.7	5.5	7.4	8.3	8	9.1	7.5	9.7	8.0
Cardiac arrest, uremia associated	13.7	13.7	11.2	10.6	11.7	13.6	10.4	11.1	10.8	11	8.5
Cardiac arrest, other cause	7.2	7.2	8.1	11.8	12.5	13.6	12.4	13.5	13.3	14.4	13
Vascular	17.2	17.2	22.7	15.7	19.5	17.5	17	16.5	17.8	16	15.9
Cerebrovascular accident	14.3	14.3	15.1	11.6	14.5	12.8	12.3	11.5	13	12.2	11
Pulmonary embolus	0.2	0.2	0.5	0.4	0.1	0.2	0.6	0.7	0.5	0.1	0.2
Gastrointestinal hemorrhage	1.7	1.7	2.7	1.8	2.2	2	1.7	1.8	2.7	1.8	2.2
Infectious											
Pneumonia											
Septicemia											
Pulmonary tuberculosis											
Other											
Liver											
Liver failure											
Social											
Falls											
Suicide											
Trauma											
Miscellaneous	32	32	23.7	27.4	21.3	21	24	24.2	24.8	24.3	27.1
Cachexia	2.9	2.9	8.1	6.8	6.6	6.1	4	3.9	4.4	3.8	3.3
Malignant disease	2.1	2.1	4.4	4.8	3.5	3.6	6.4	5.4	5.7	4.6	5.7
Accident	1.2	1.2	0.9	0.5	1.1	0.9	1.4	1.6	1.2	1	1.3
Uncertain	25.8	25.8	10.3	15.3	10.1	10.3	12.3	13.2	13.4	14.9	16.8

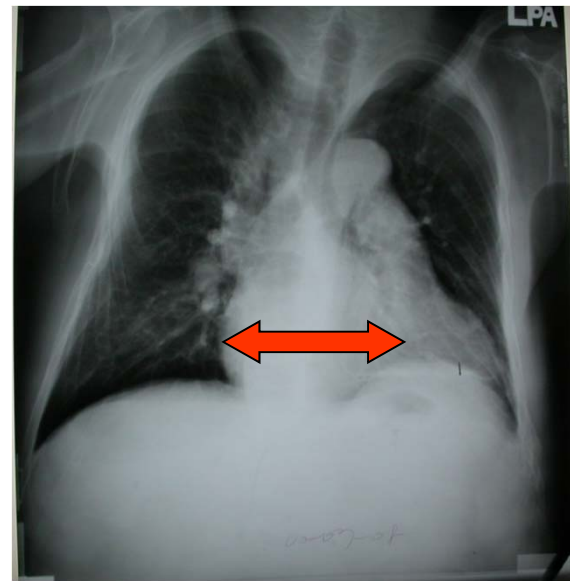
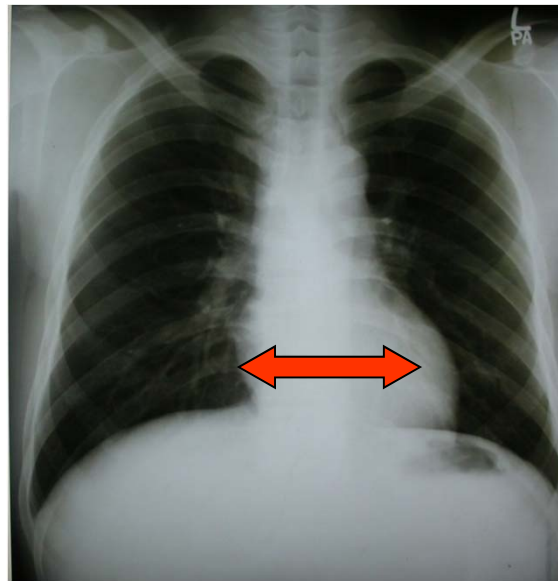
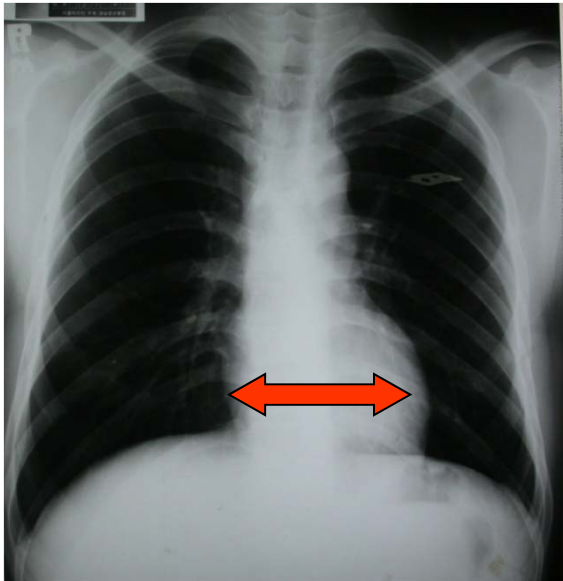
심혈관계 합병증으로 사망하는 환자: 45.4%

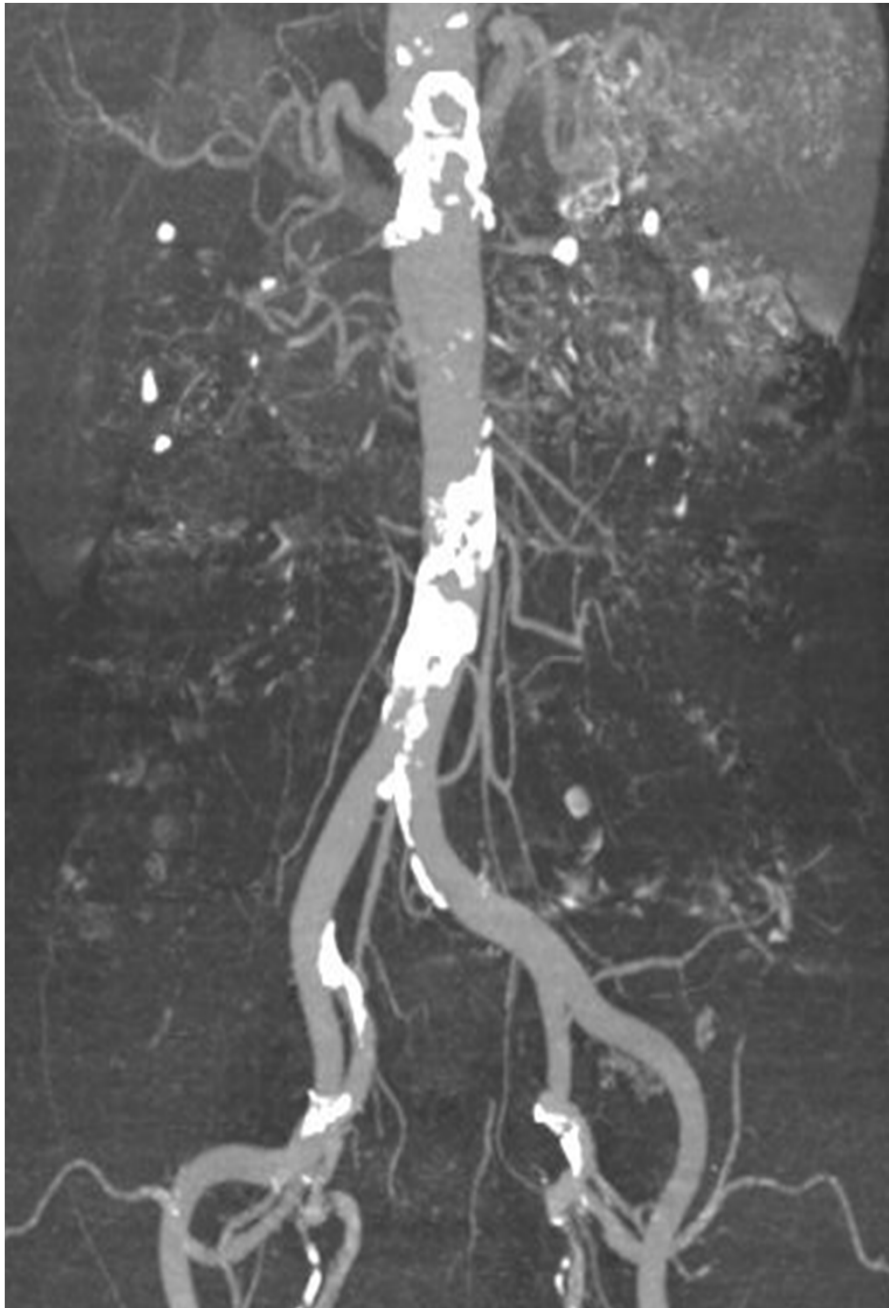
*Number of patients : 1994-1996=981, 1998=911, 2001=761, 2002=1,256, 2003=894, 2004=1,162, 2005=1,256, 2006=1,248, 2007=1,531, 2008=1,563, 2009=1,727

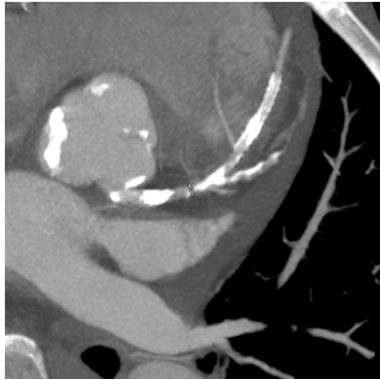
혈액투석시작

7년후

14년후

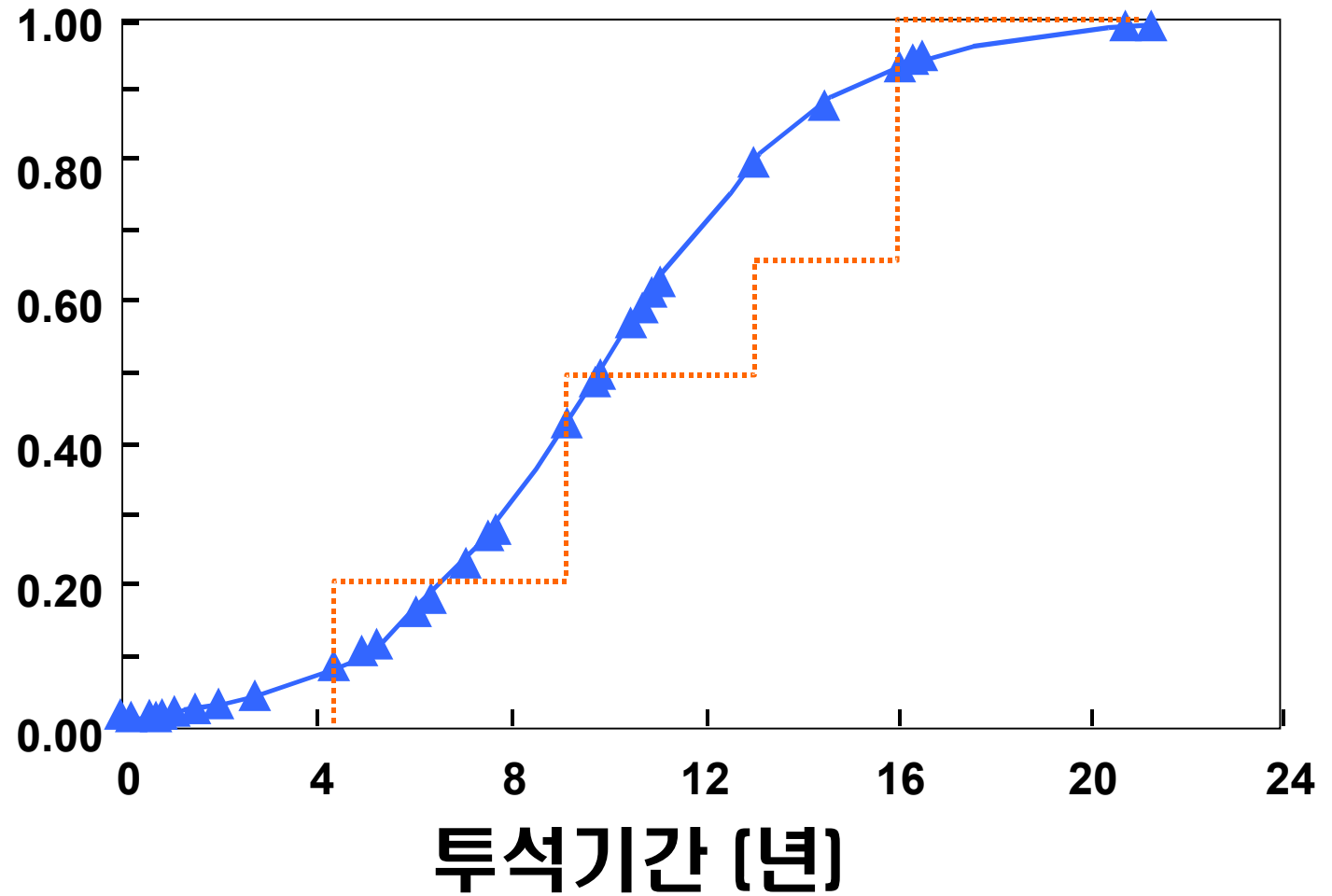






투석기간과 관상동맥 석회화정도

관상동맥 석회화정도



Cardiovascular disease in CKD

The most common cause of death

CKD



➤ Hypertension

➤ Hyperlipidemia

➤ Diabetes

Accelerated atherogenesis

腎臟



心臟



World
Kidney
Day™
10 March 2011

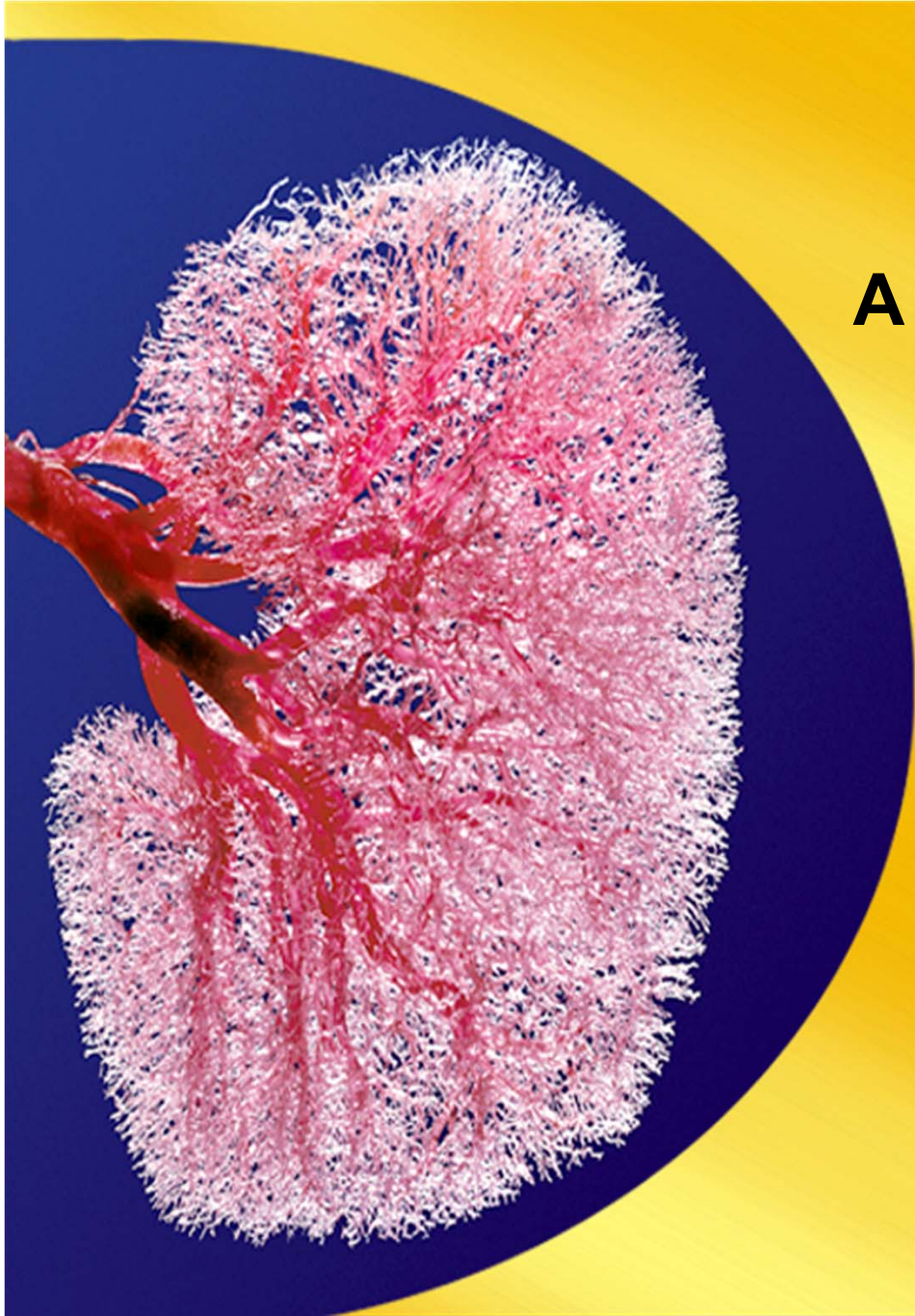


*Protect your **kidneys**, Save your **heart***

*Protect your **kidneys**, Save your **heart**.*



World
Kidney
Day™
10 March 2011



Proteinuria

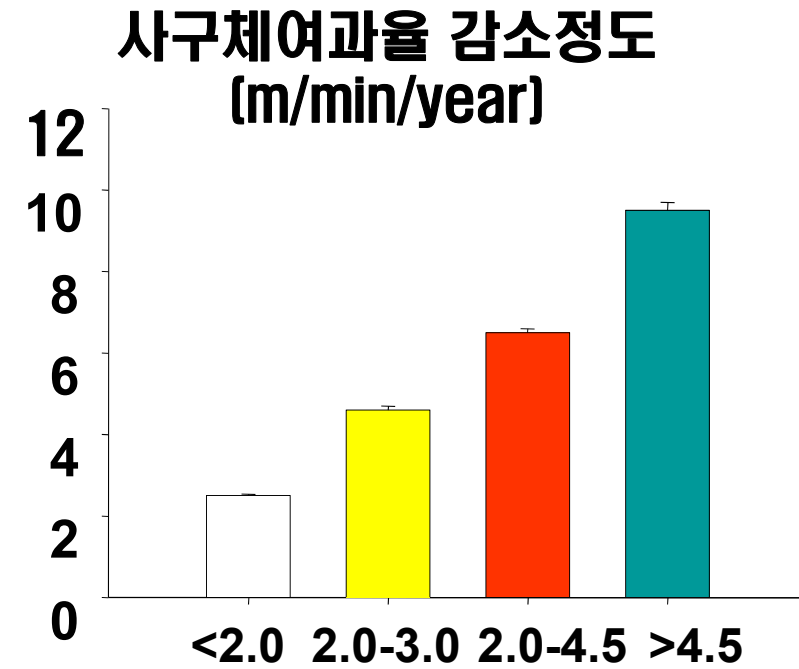
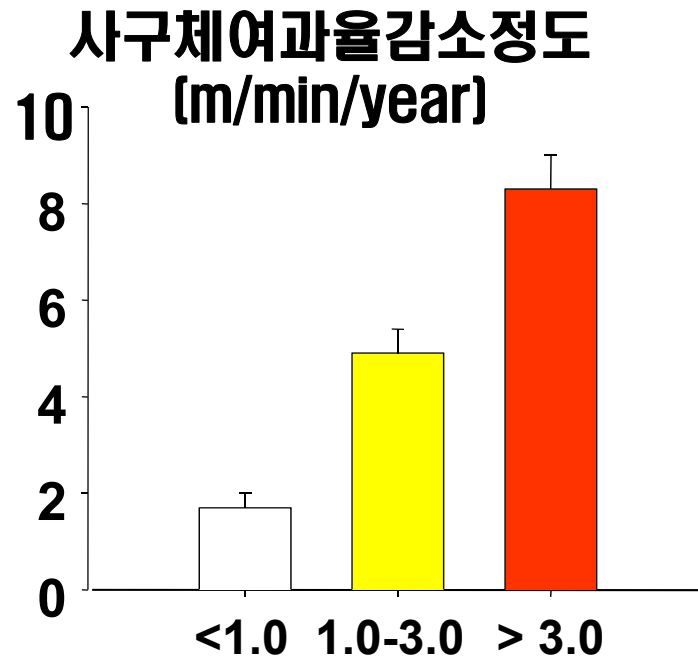
A marker of kidney damage



A marker of vascular damage



요단백량에 따른 신장기능의 저하정도



요단백(g/day)

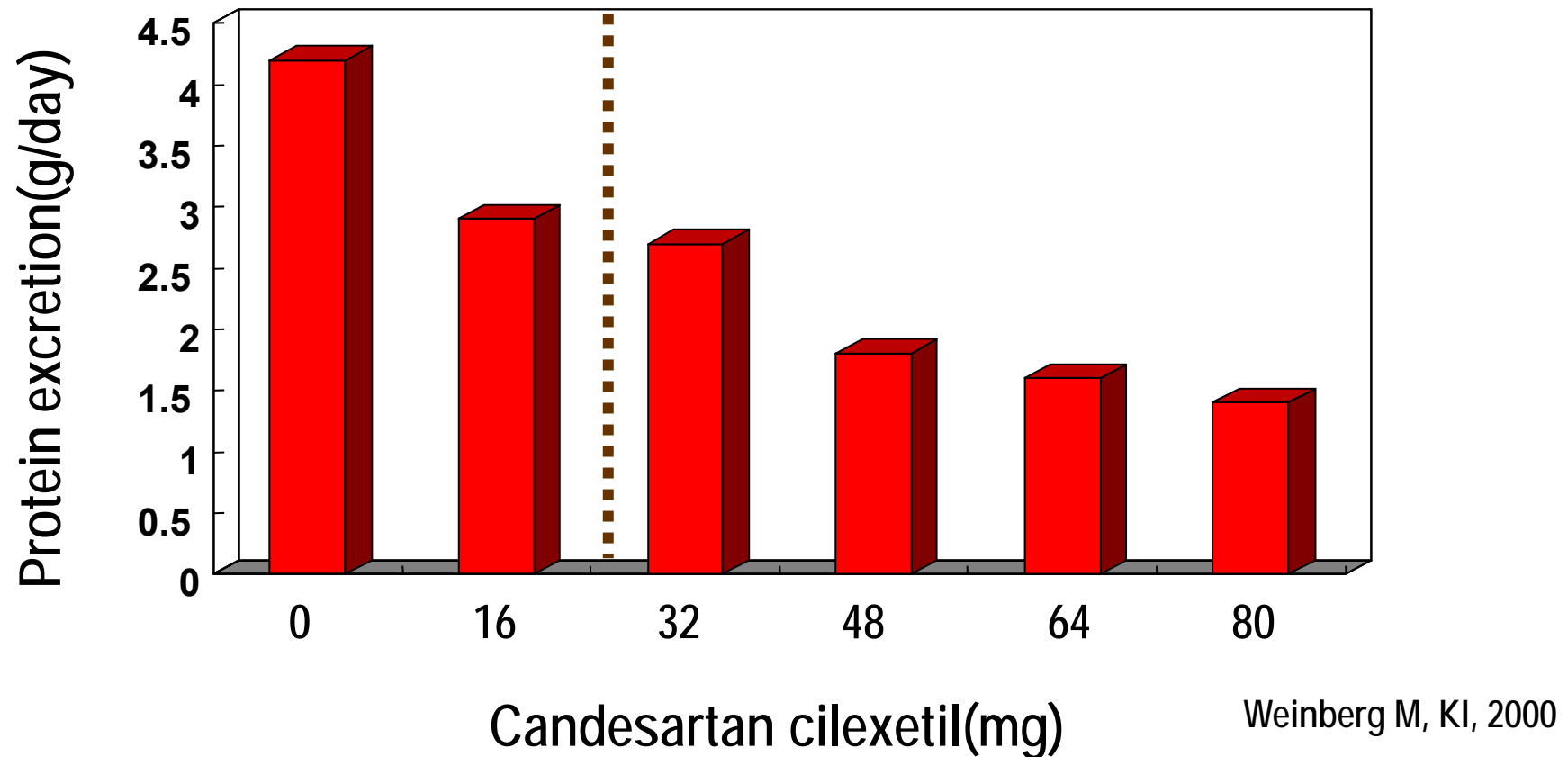
MDRD study (n=585)

REIN study (n=585)

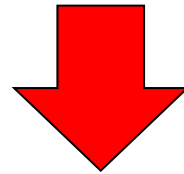


Effect of ARB on proteinuria

ARB 용량에 따른 요단백의 감소정도



Optimal RAS inhibition?



- Effective BP control
- Target organ damage*

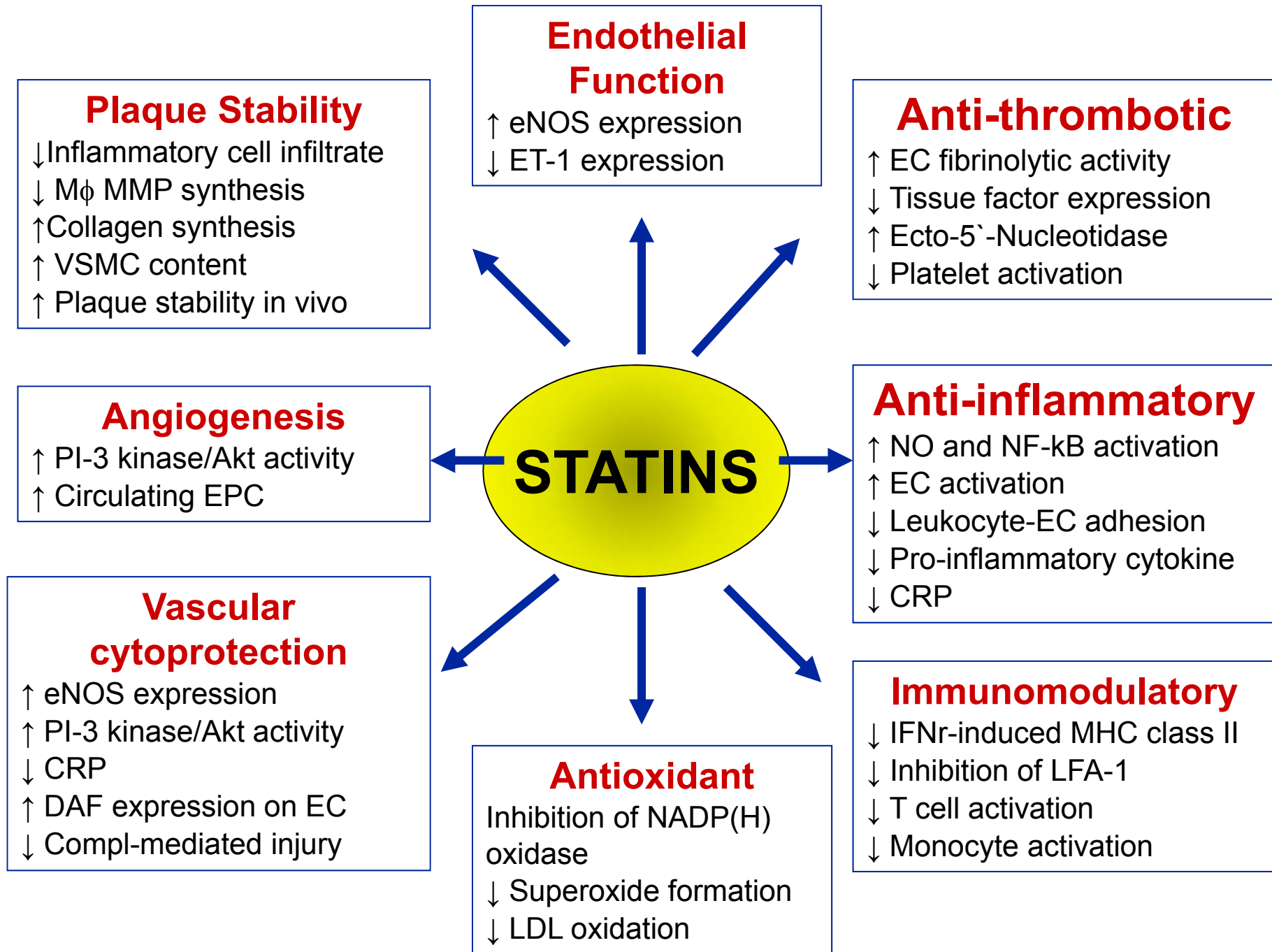
* Reducing proteinuria and optimal nephroprotection
(retardation of the loss of glomerular filtration)



Maximize RAS inhibition
to decrease proteinuria less than 1.0 g/day

- Low dose ARB + diuretics
- High dose ARB
- ARB+ACEI
- ARB with T-type CCB



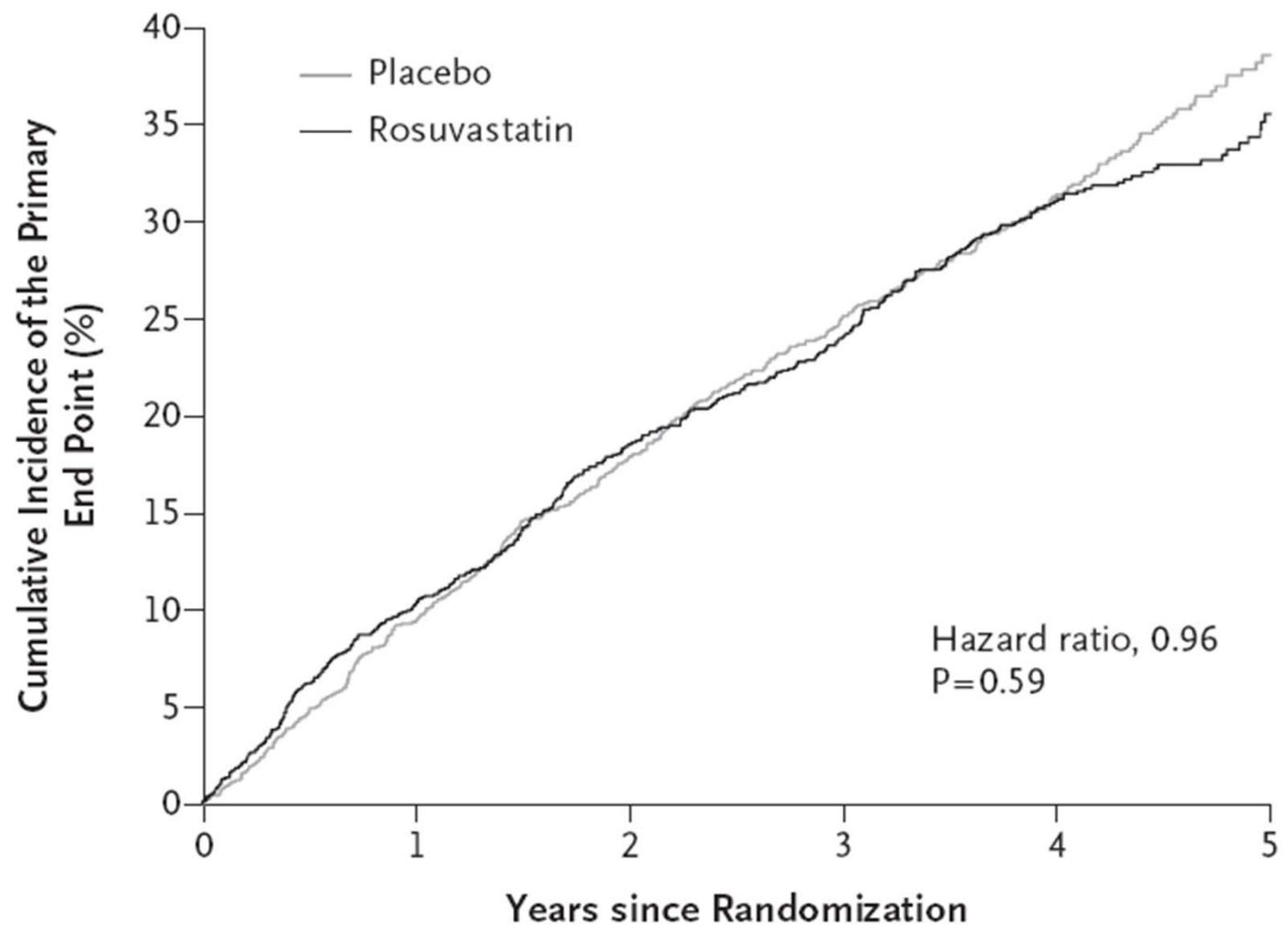


Effect of Statin on CVA in CKD patients.

ORIGINAL ARTICLE

Rosuvastatin and Cardiovascular Events in Patients Undergoing Hemodialysis

Bengt C. Fellström, M.D., Ph.D., Alan G. Jardine, M.D., Roland E. Schmieder, M.D.,
Hallvard Holdaas, M.D., Ph.D., Kym Bannister, M.D., Jaap Beutler, M.D., Ph.D.,
Dong-Wan Chae, M.D., Ph.D., Alejandro Chevaile, M.D., Stuart M. Cobbe, M.D.,
Carola Grönhagen-Riska, M.D., Ph.D., José J. De Lima, M.D., Ph.D.,
Robert Lins, M.D., Ph.D., Gert Mayer, M.D., Alan W. McMahon, M.D.,
Hans-Henrik Parving, M.D., D.M.Sc., Giuseppe Remuzzi, M.D.,
Ola Samuelsson, M.D., Ph.D., Sandor Sonkodi, M.D., Ph.D., D. Sci.,
Gultekin Süleymanlar, M.D., Dimitrios Tsakiris, M.D., Ph.D.,
Vladimir Tesar, M.D., Ph.D., Vasil Todorov, M.D., Ph.D., Andrzej Wiecek, M.D., Ph.D.,
Rudolf P. Wüthrich, M.D., Mattis Gottlow, M.Sc., Eva Johnsson, M.D., Ph.D.,
and Faiez Zannad, M.D., Ph.D., for the AURORA Study Group*



No. at Risk							
Placebo	1384	1163	952	809	534	153	
Rosuvastatin	1390	1152	962	826	551	148	

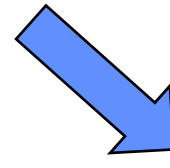
ORIGINAL ARTICLE

Atorvastatin in Patients with Type 2 Diabetes Mellitus Undergoing Hemodialysis

Christoph Wanner, M.D., Vera Krane, M.D., Winfried März, M.D.,
Manfred Olschewski, M.Sc., Johannes F.E. Mann, M.D., Günther Ruf, M.D.,
and Eberhard Ritz, M.D., for the German Diabetes and Dialysis Study Investigators*

Statin for CV events

Effective

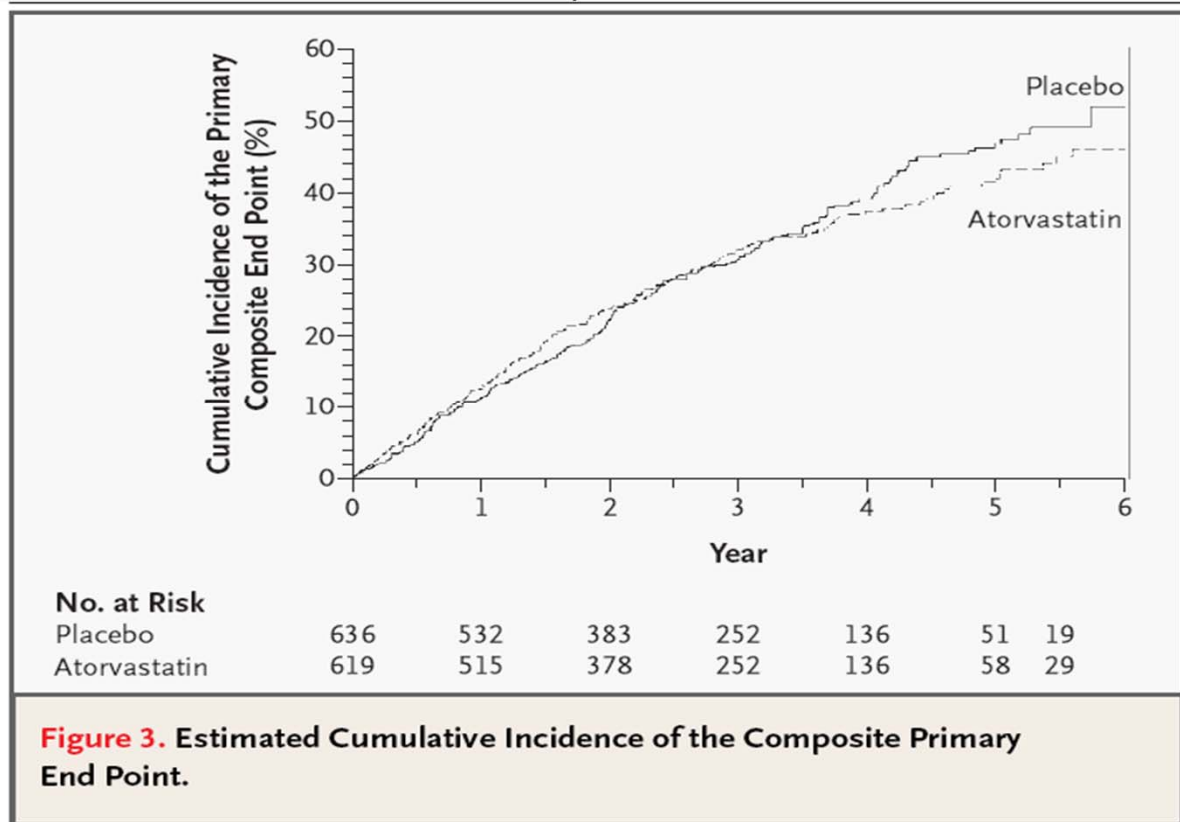
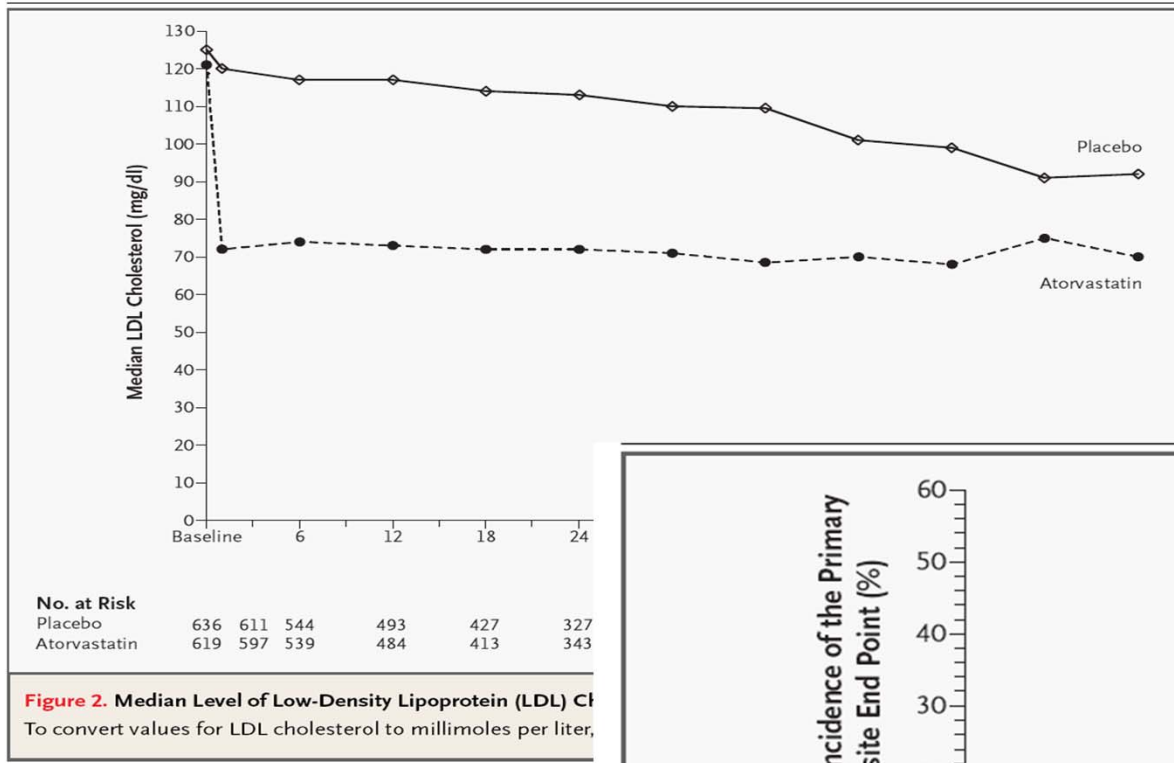


?

**type 2 DM
Without dialysis**

**type 2 DM Receiving
hemodialysis**

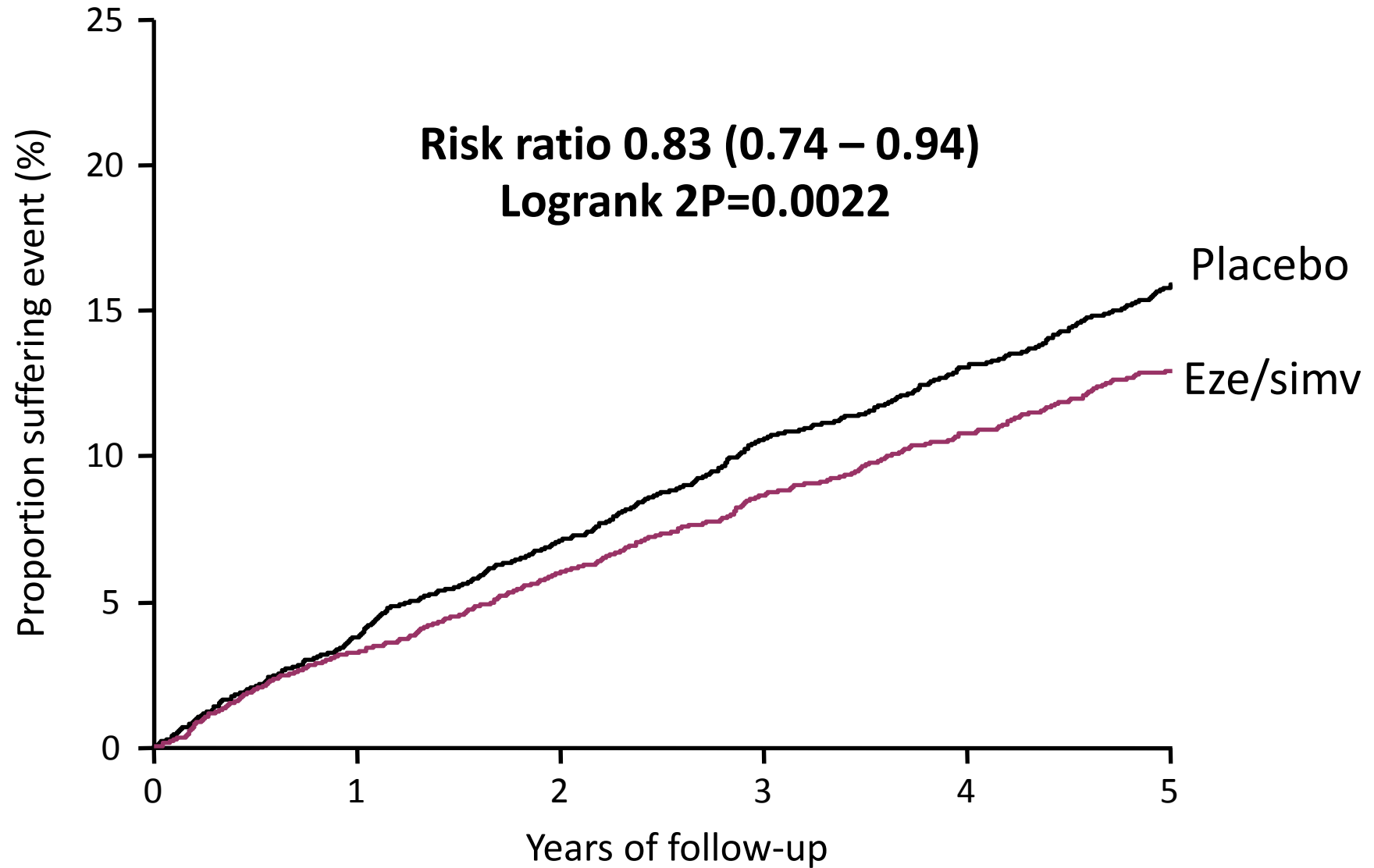
4D study



Heart and Renal Protection Study (SHARP)

- Included patients: History of CKD
 - not on dialysis: elevated Cr on 2 occasions
 - Men: ≥ 1.7 mg/dL (150 $\mu\text{mol/L}$)
 - Women: ≥ 1.5 mg/dL (130 $\mu\text{mol/L}$)
 - on dialysis: HD or PD
- Age ≥ 40 years
- No history of MI or coronary revascularization

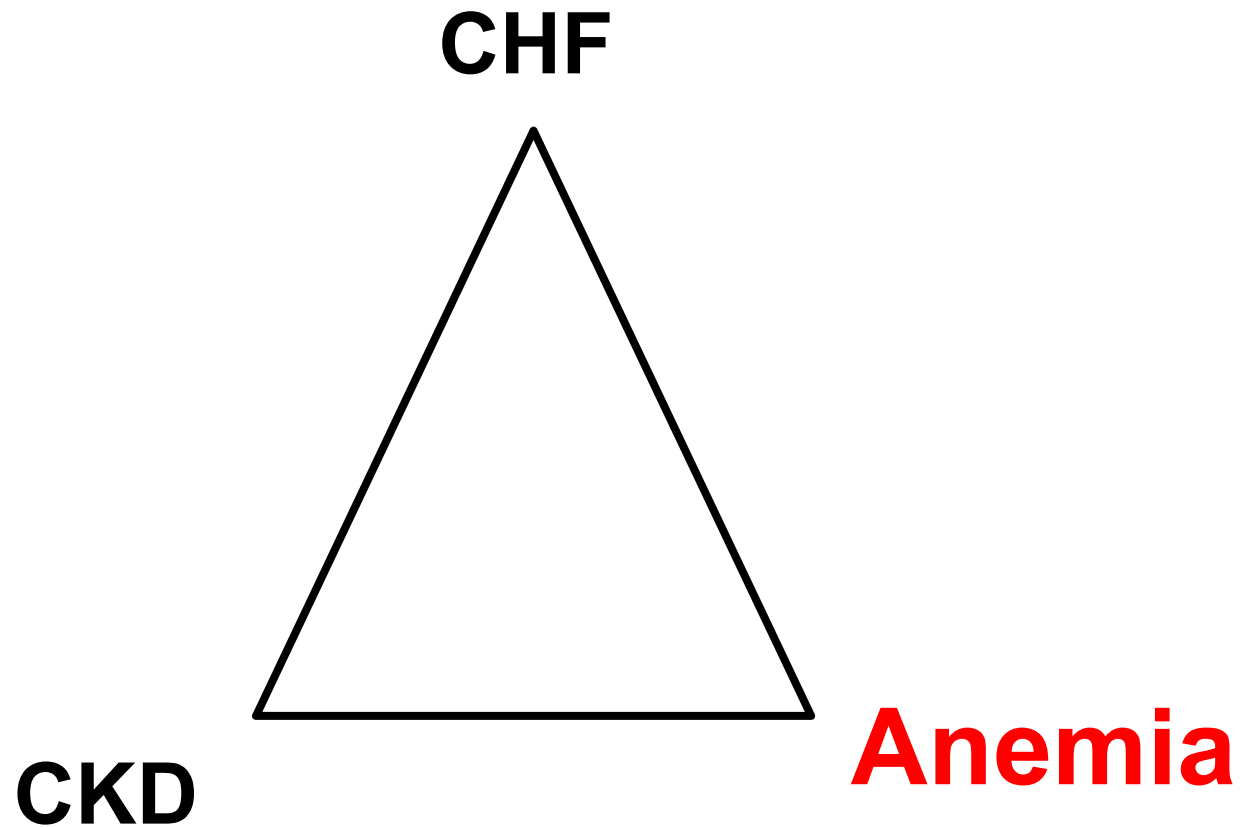
SHARP: Major Atherosclerotic Events



Results of statin trial in CKD patients

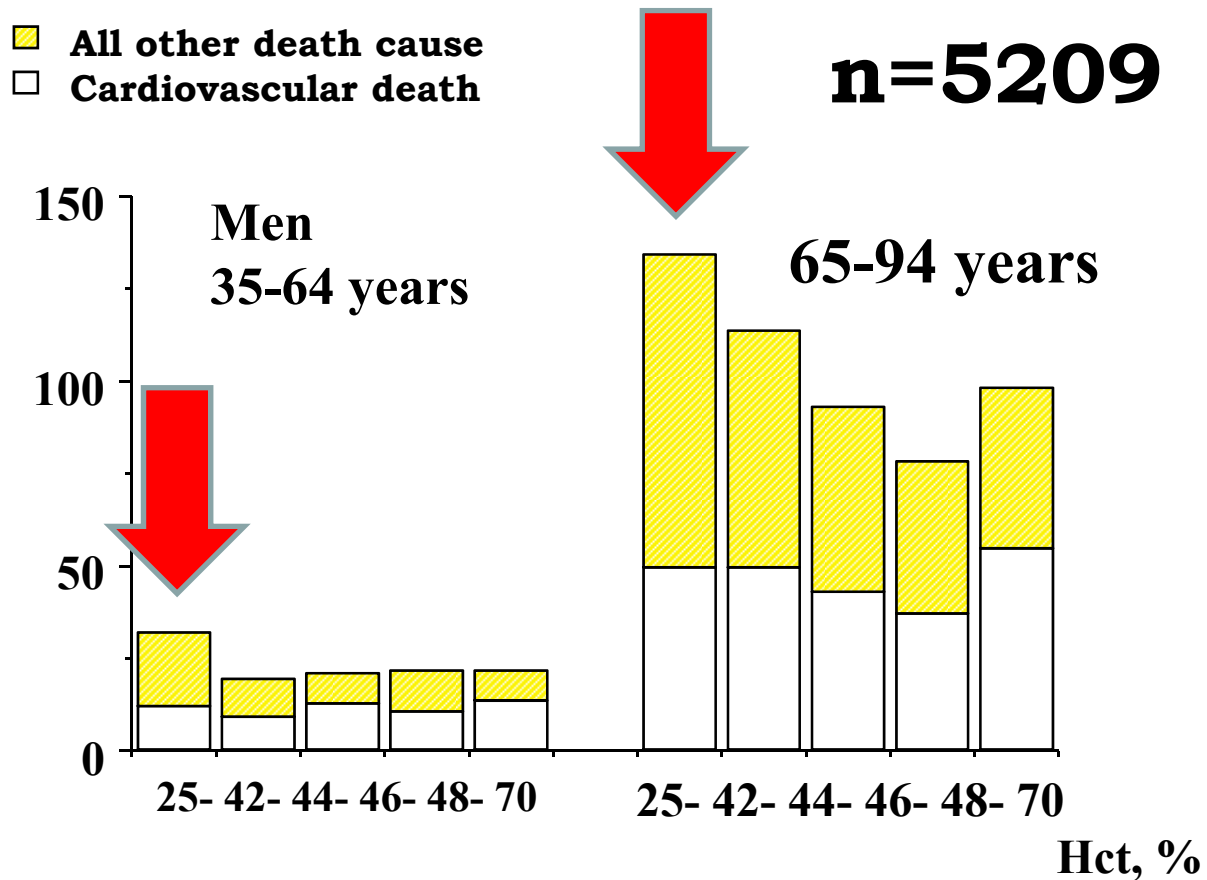
- Use of statin in patients with dialysis is not effective to prevent CVA.
- Early control of dyslipidemia is essential to prevent cardiac damage in CKD patients

Cardio Renal Anemia Syndrome



Hematocrit and the risk of cardiovascular disease-- the Framingham study: a 34-year follow

Age-adjusted death rate/1000 2-year exam periods



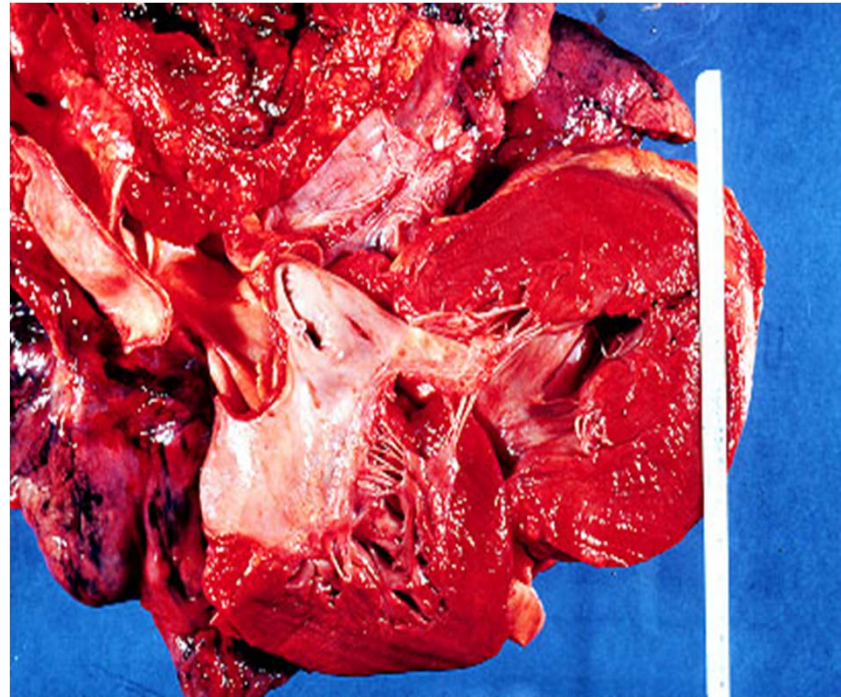
As the CHF worsens, the mean Hb conc. decreases because...

- **Combined CKD-↓EPO level**
- **Plasma cytokine:↑ TNF alpha & IL-6**
- **Malabsorption**
- **ACEI or ARB**
- **hyperglycemia-↓EPO-producing cells**
- **Antiplatelet drugs**

Khan NA, et al. Kidney function and mortality among patients with left ventricular systolic dysfunction. *J Am Soc Nephrol* 2006;17:244 –253.

좌심실비대 억제 약물

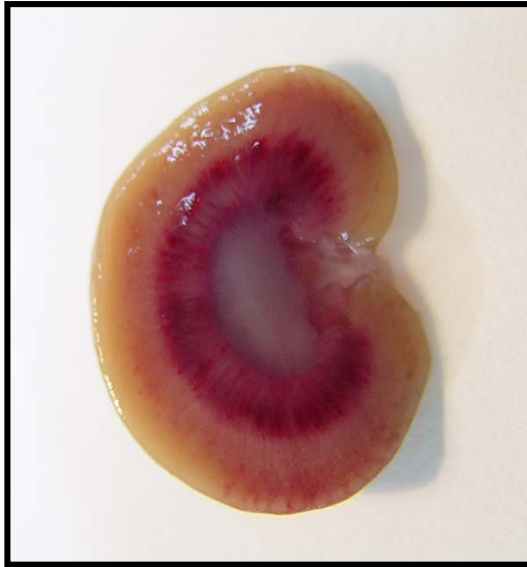
- ACE inhibitor
- ARB
- Beta-blocker
- Spirolactone
- rHuEPO



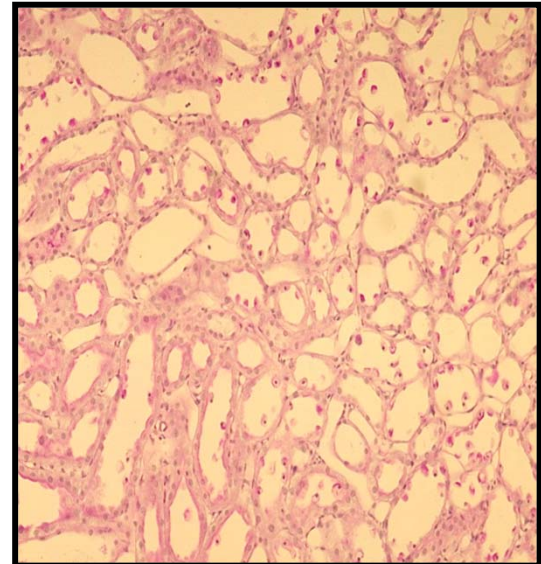
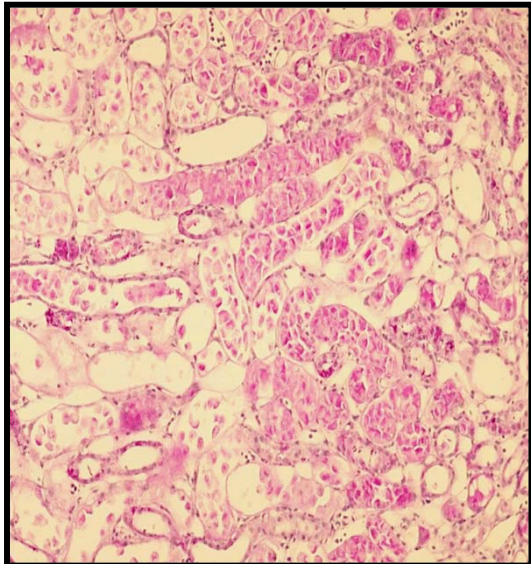
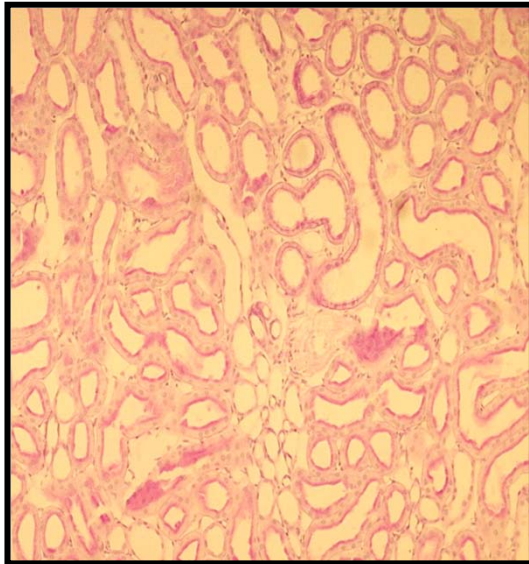
대조군



급성신부전



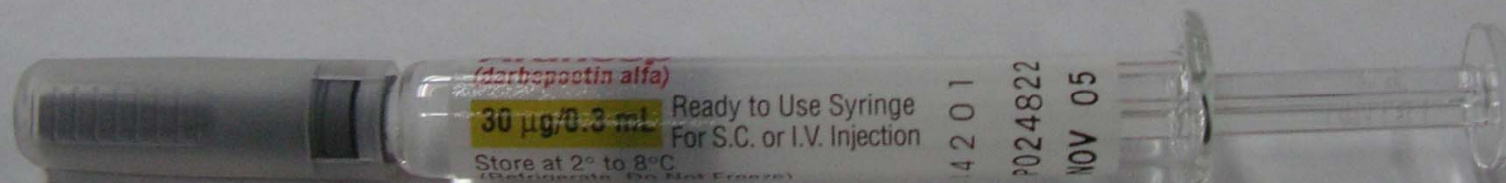
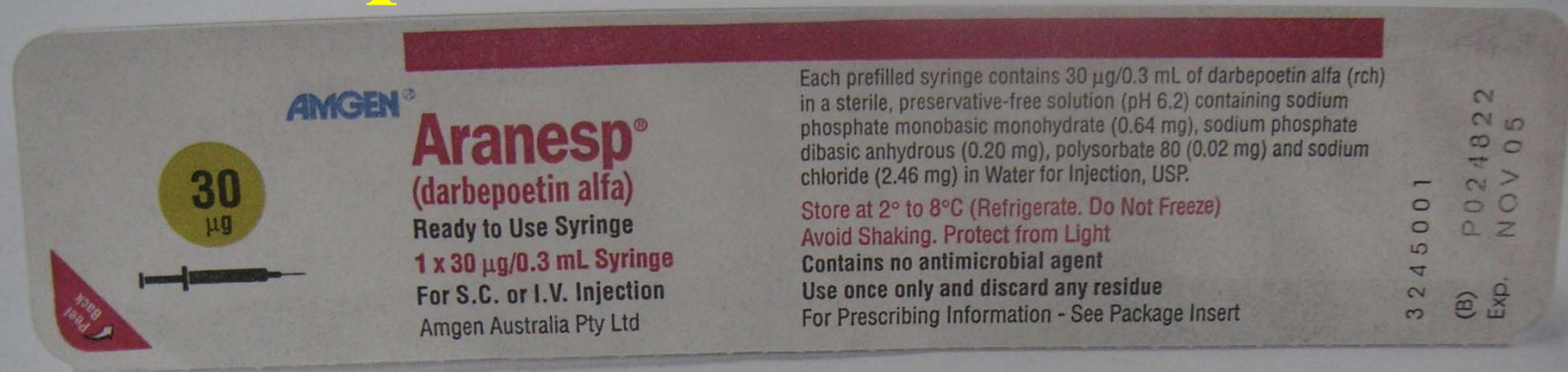
EPO전처치



허혈성 손상 24시간후

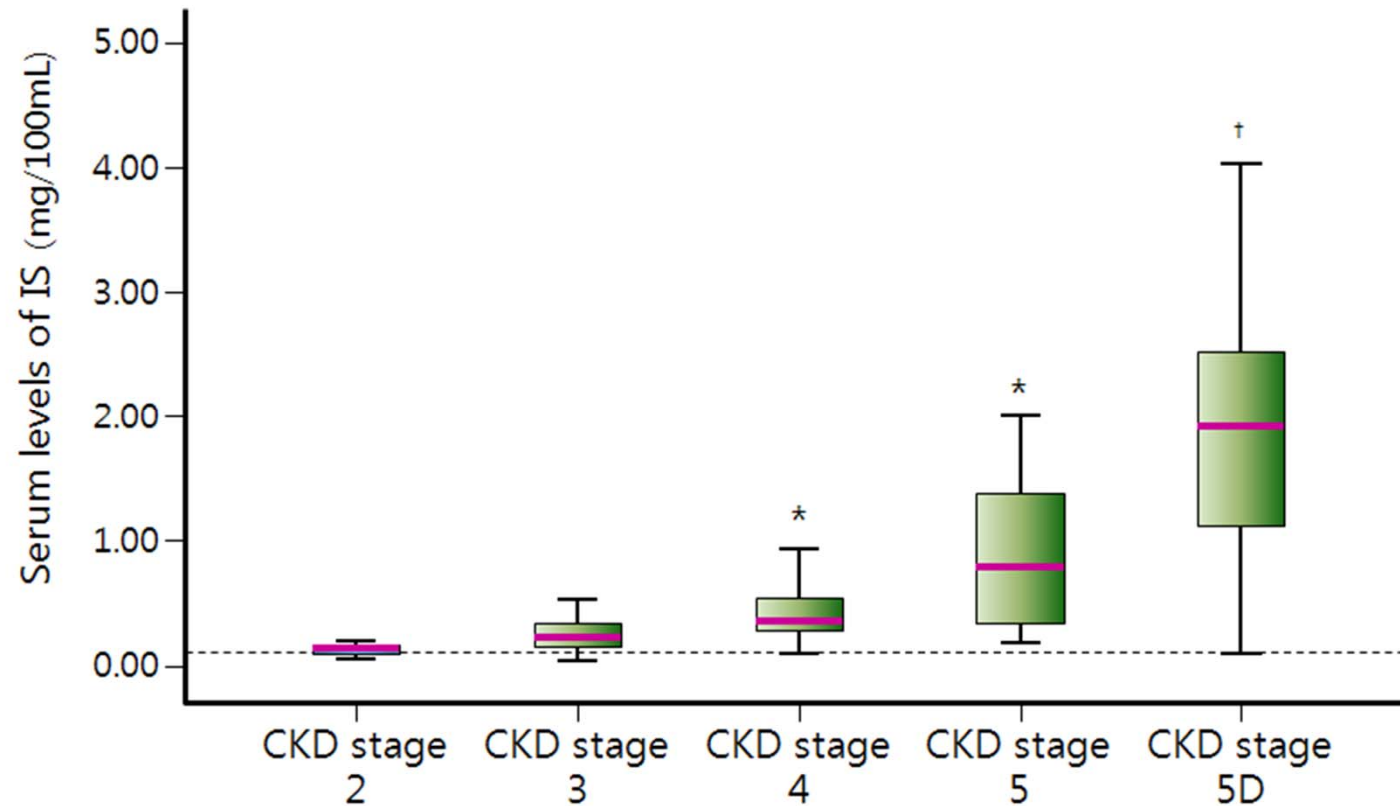
Yang cw. FASEB J

EPO has renal and cardiac protective effect



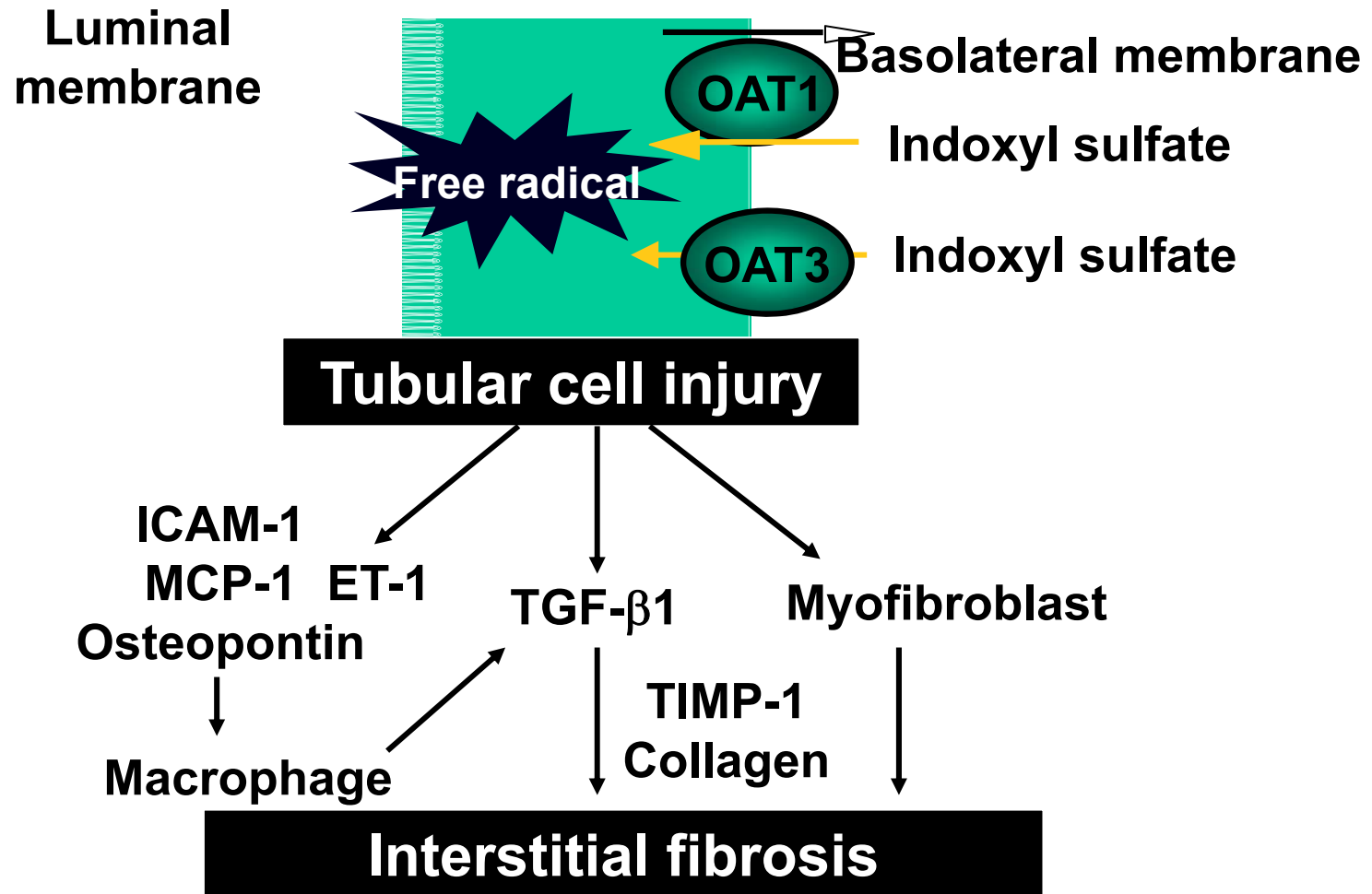
UREMIC TOXIN

Uremic toxin according to CKD stage



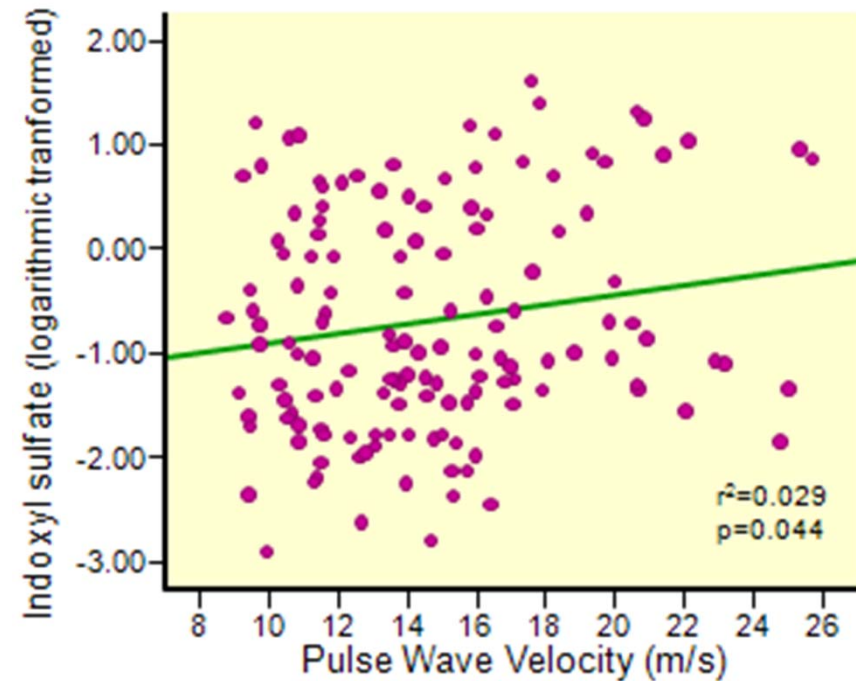
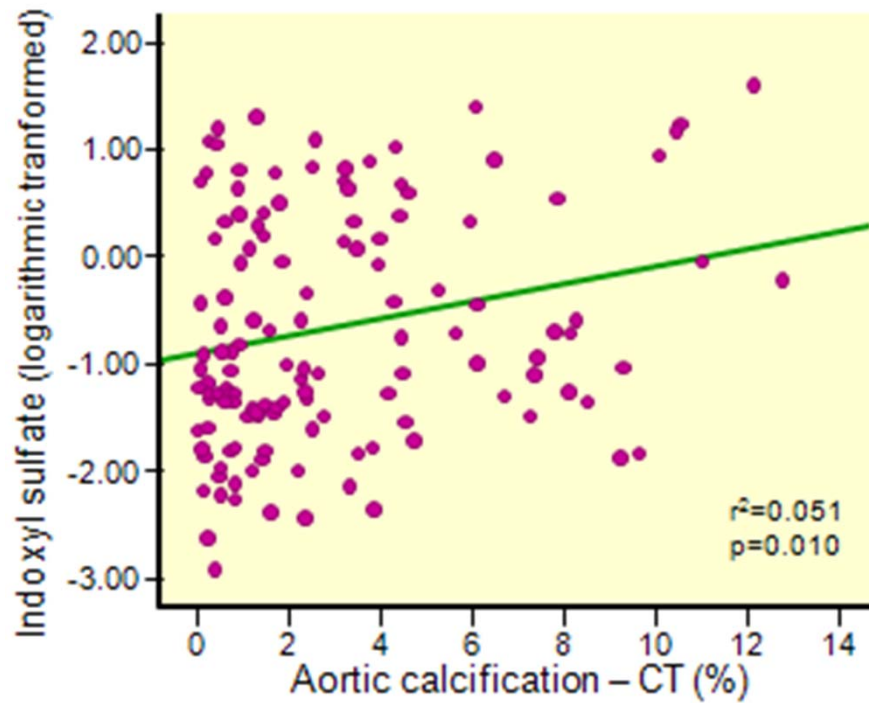
Clin J Am Soc Nephrol 4: 1551–1558, 2009

Uremic toxin and kidney injury



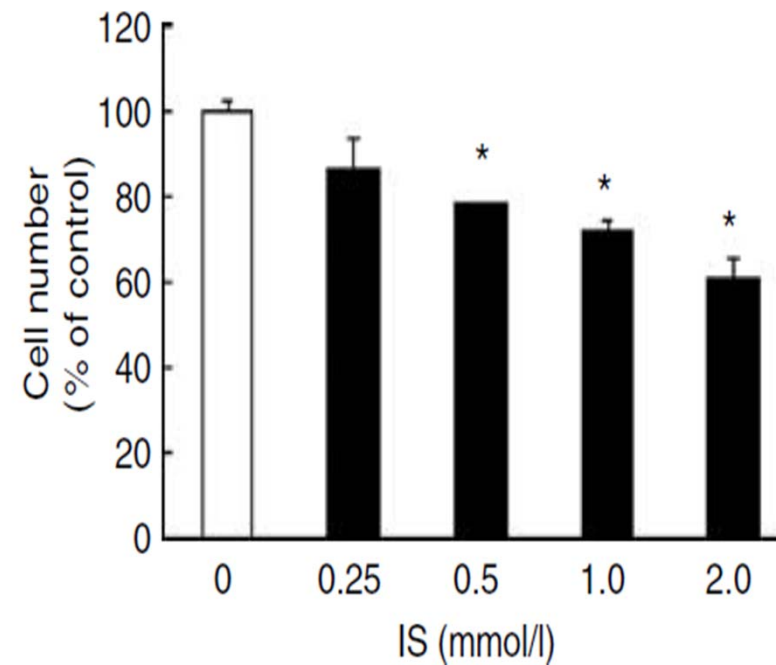
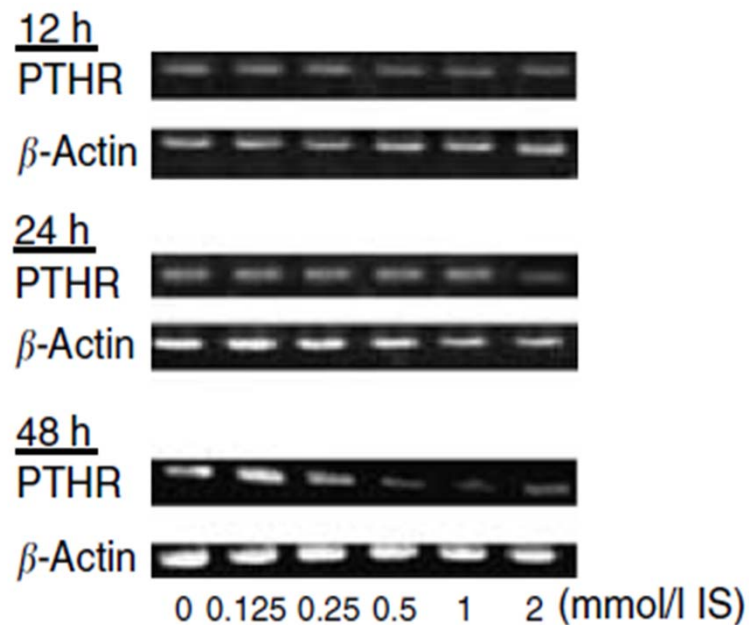
Role of Indoxyl Sulfate and OAT in Renal Tubular Cell Injury

uremic toxins and vascular stiffness

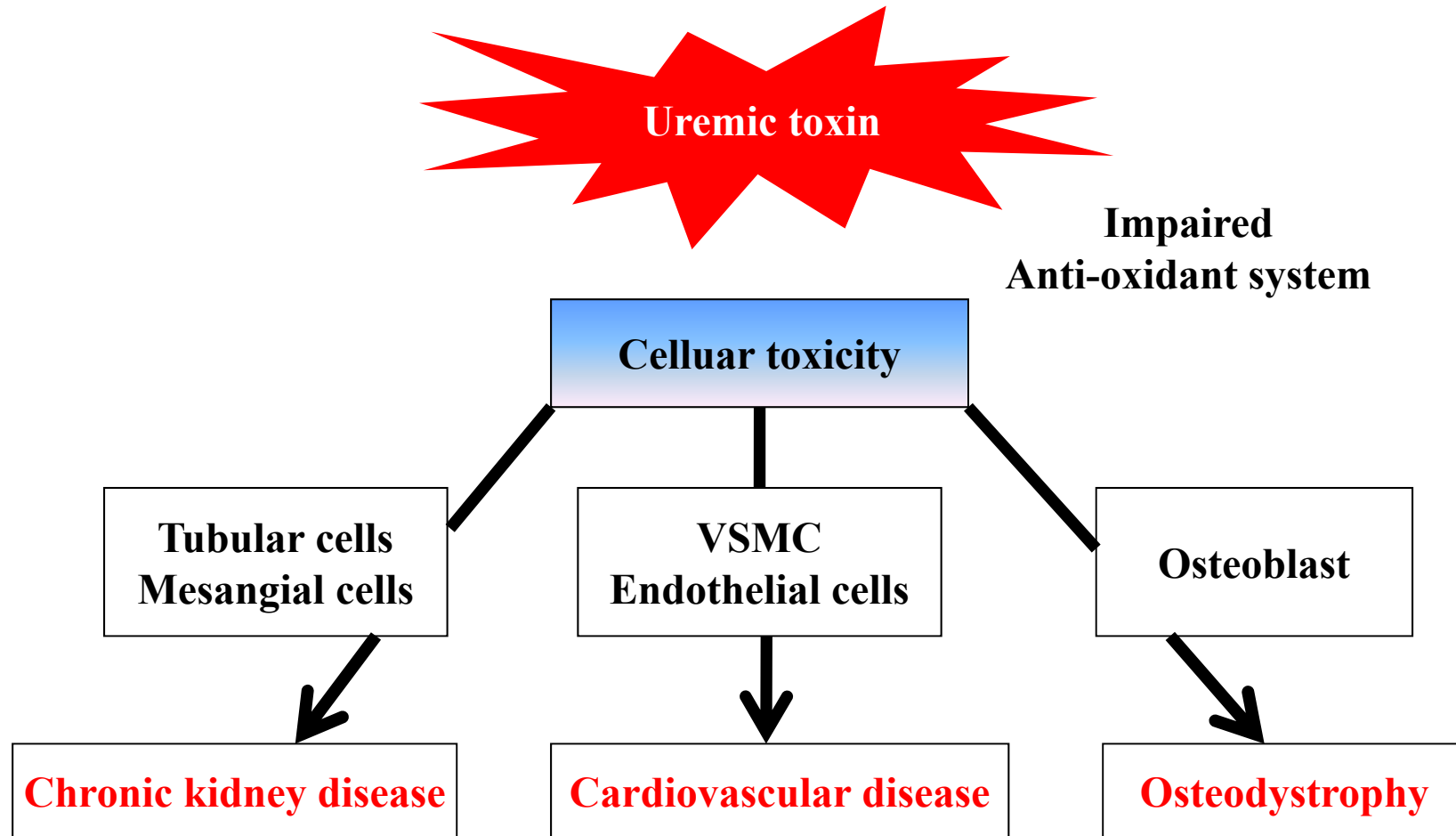


Uremic toxin and bone disease

- **Indoxyl sulfate → PTH receptor ↓ → Impair osteoblastic function**



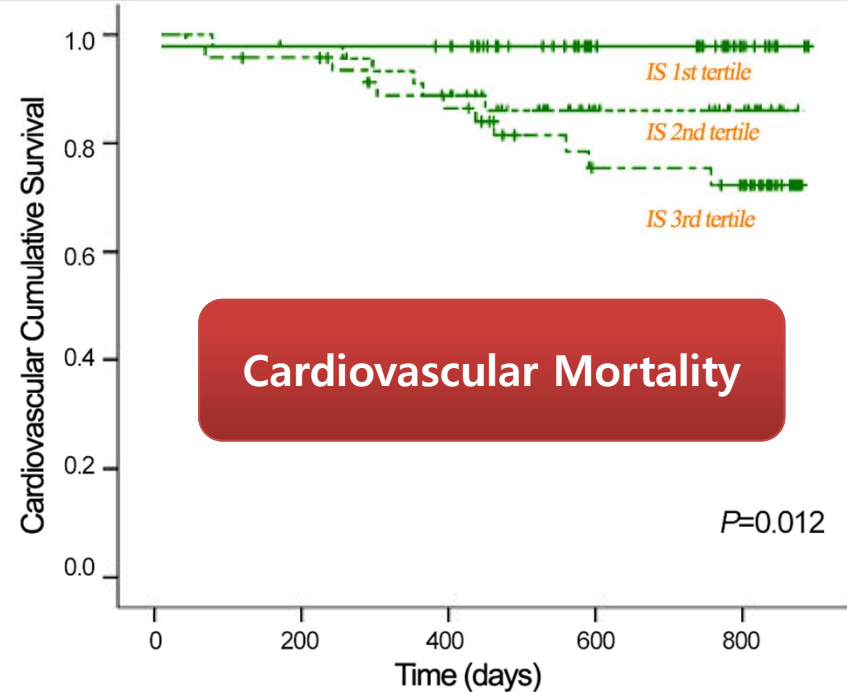
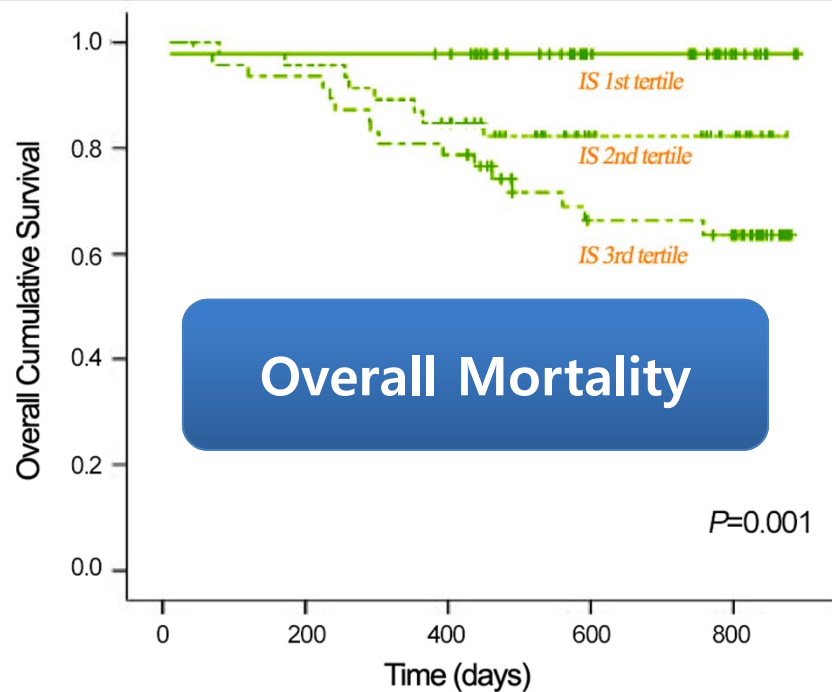
Spectrum of Uremic toxicity

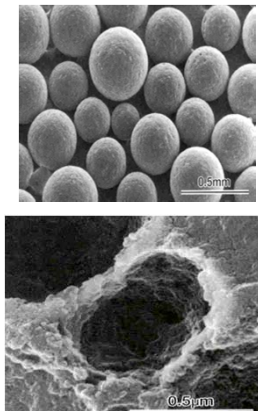


Serum Indoxyl Sulfate Is Associated with Vascular Disease and Mortality in Chronic Kidney Disease Patients

Fellype C. Barreto,^{*†} Daniela V. Barreto,^{*†} Sophie Liabeuf,^{*†} Natalie Meert,[‡] Griet Glorieux,[‡] Mohammed Temmar,[†] Gabriel Choukroun,^{*§} Raymond Vanholder,[‡] and Ziad A. Massy^{*†§} on behalf of the European Uremic Toxin Work Group (EUTox)

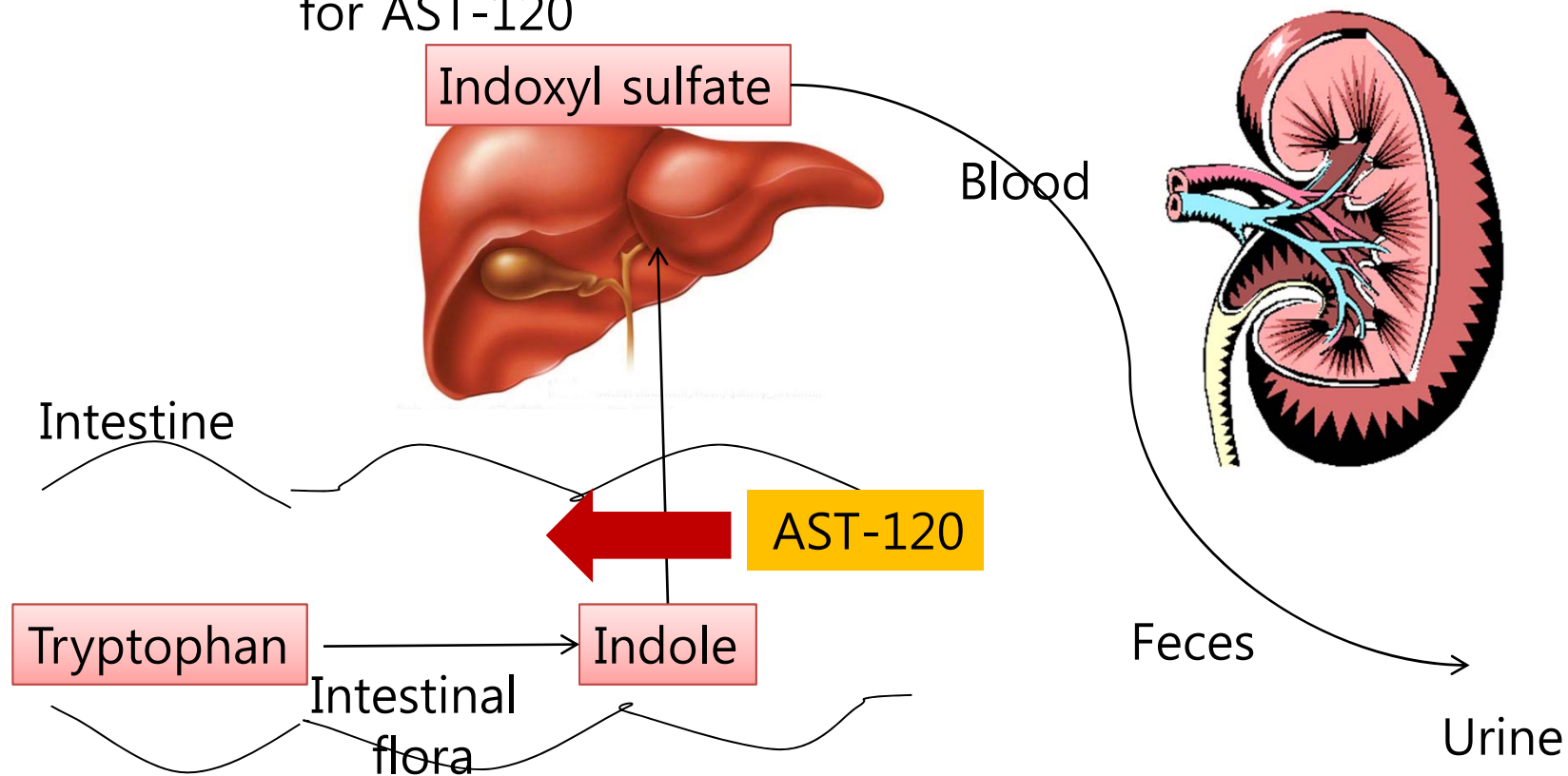
^{*}INSERM ERI-12 (EA 4292), Amiens, France; [†]Clinical Research Centre, Division of Clinical Pharmacology, Amiens University Hospital, and the Jules Verne University of Picardy, Amiens, France; [‡]Nephrology Section, Department of Internal Medicine, University Hospital, Gent, Belgium; and [§]Division of Nephrology, Amiens University Hospital, Amiens, France





Uremic toxin absorber: AST-120 (Kremezin®)

- ❖ Indoxyl sulfate is considered to be key target uremic toxin for AST-120

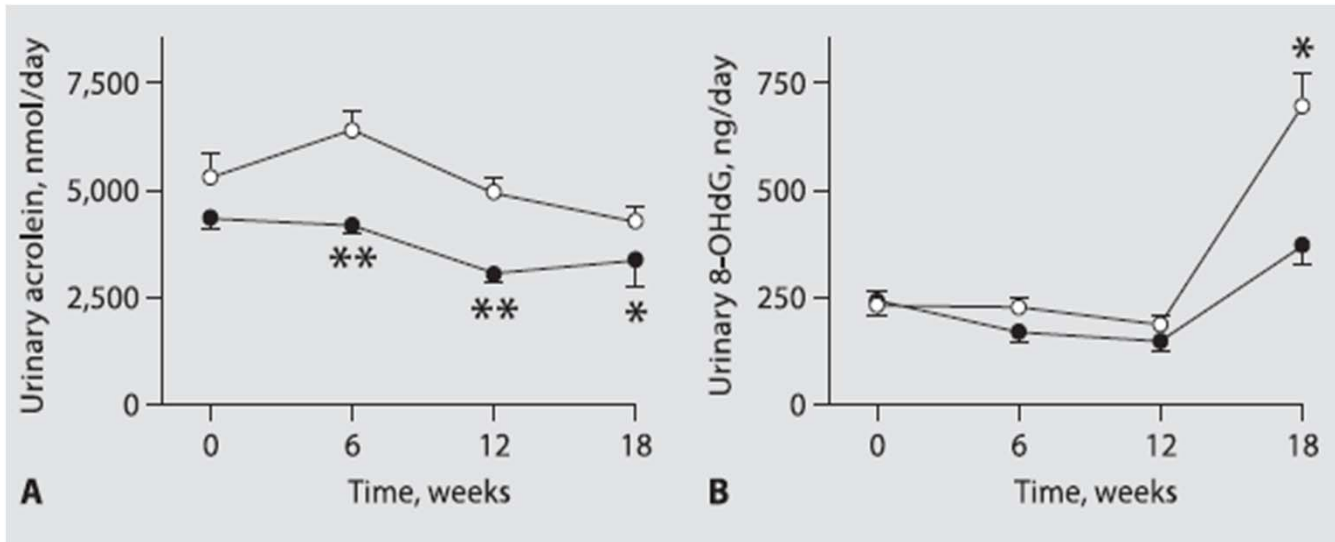
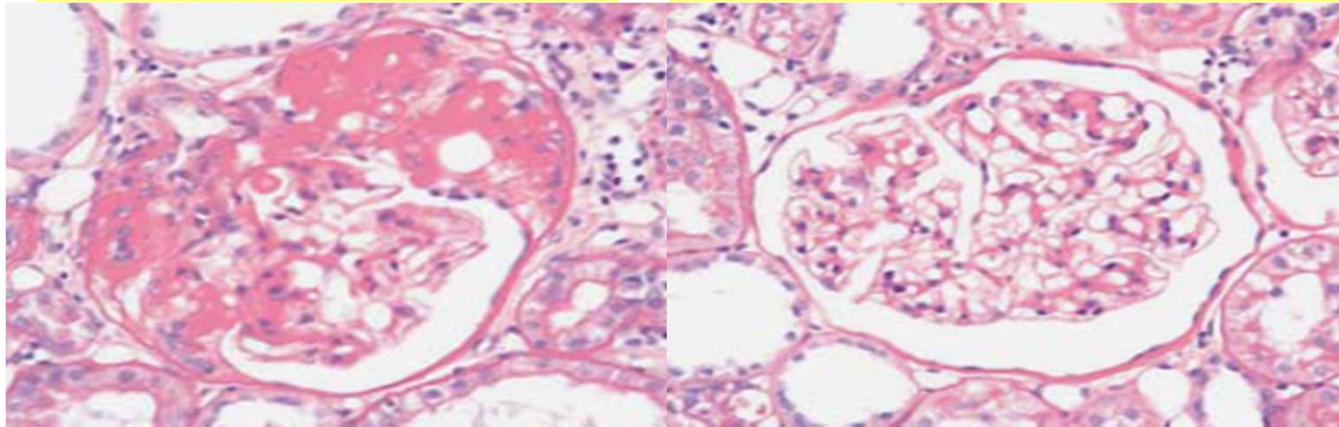


(Yamagishi, Nakamura et al. 2007 Journal/Med Hypotheses)

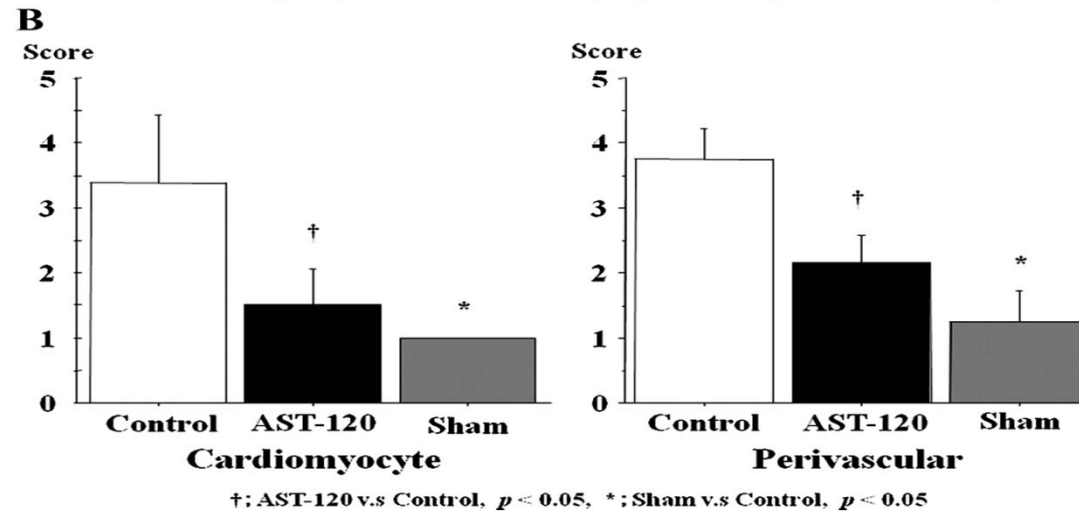
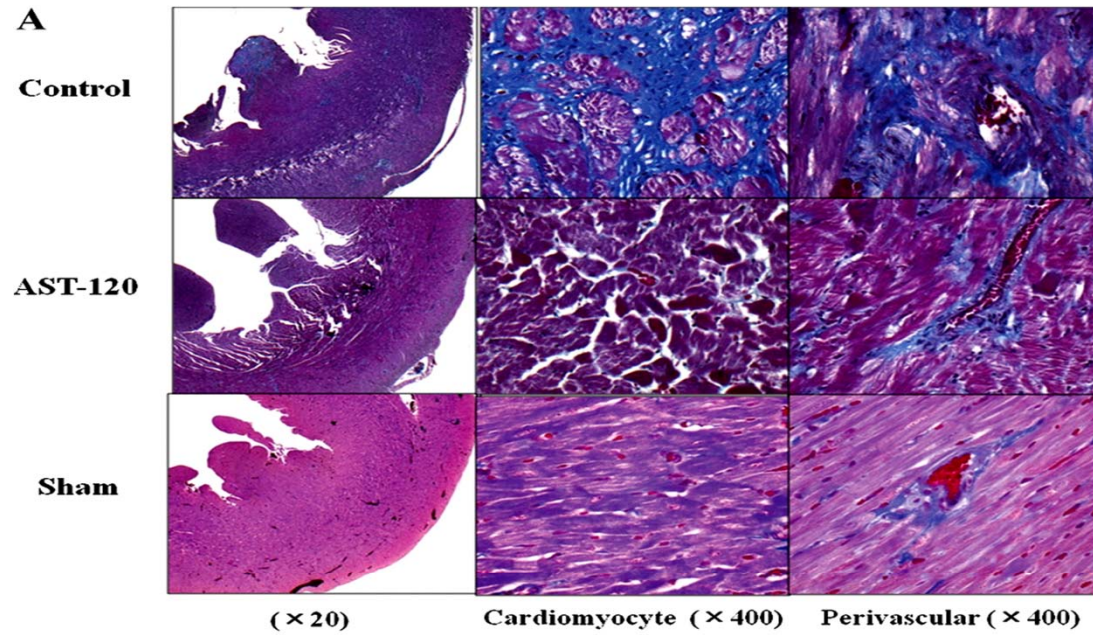
5/6 Nephrectomized Uremic Mode

Control uremic group

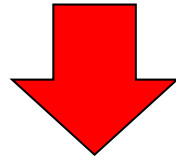
AST 120 group



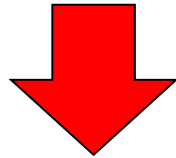
Cardiac fibrosis in the control and AST-120-treated CKD, and sham-operated rats



Removal of uremic toxin



↓ Oxidative stress

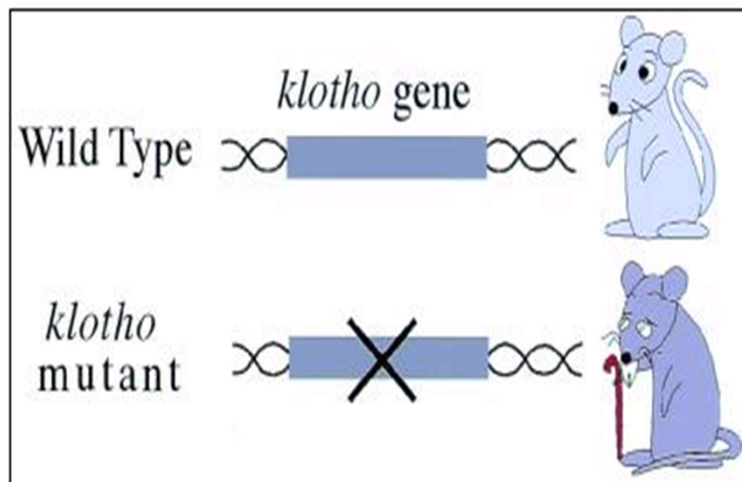


↓ Progression of CKD and CHF

KLOTHO, anti-aging gene

Suppressor of multiple aging phenotypes

Mutation of the mouse *Klotho* gene leads to a syndrome resembling aging.

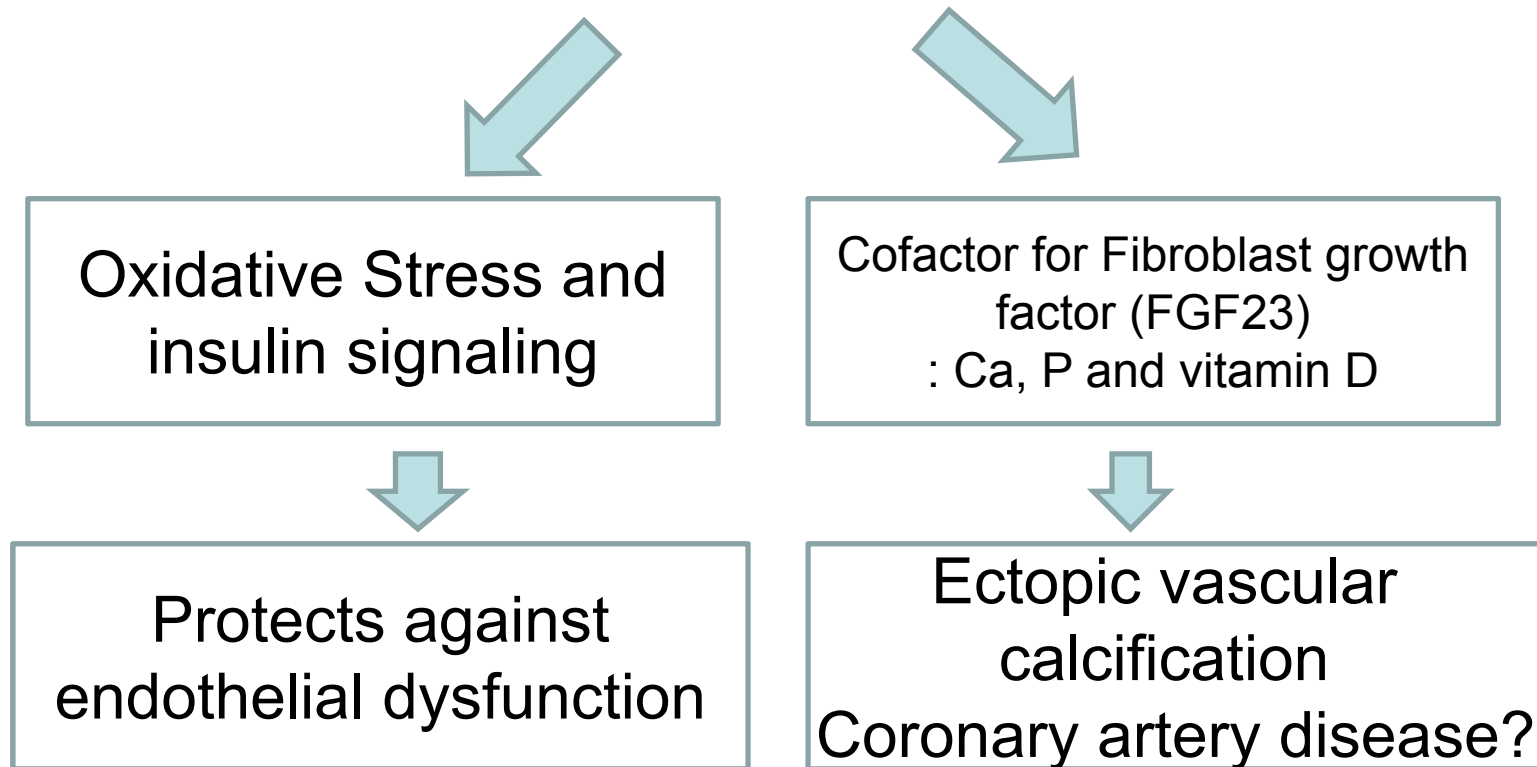


- Shortened lifespan
- Infertility
- Arteriosclerosis
- Mitral annular calcification
- Skin atrophy
- Osteoporosis emphysema

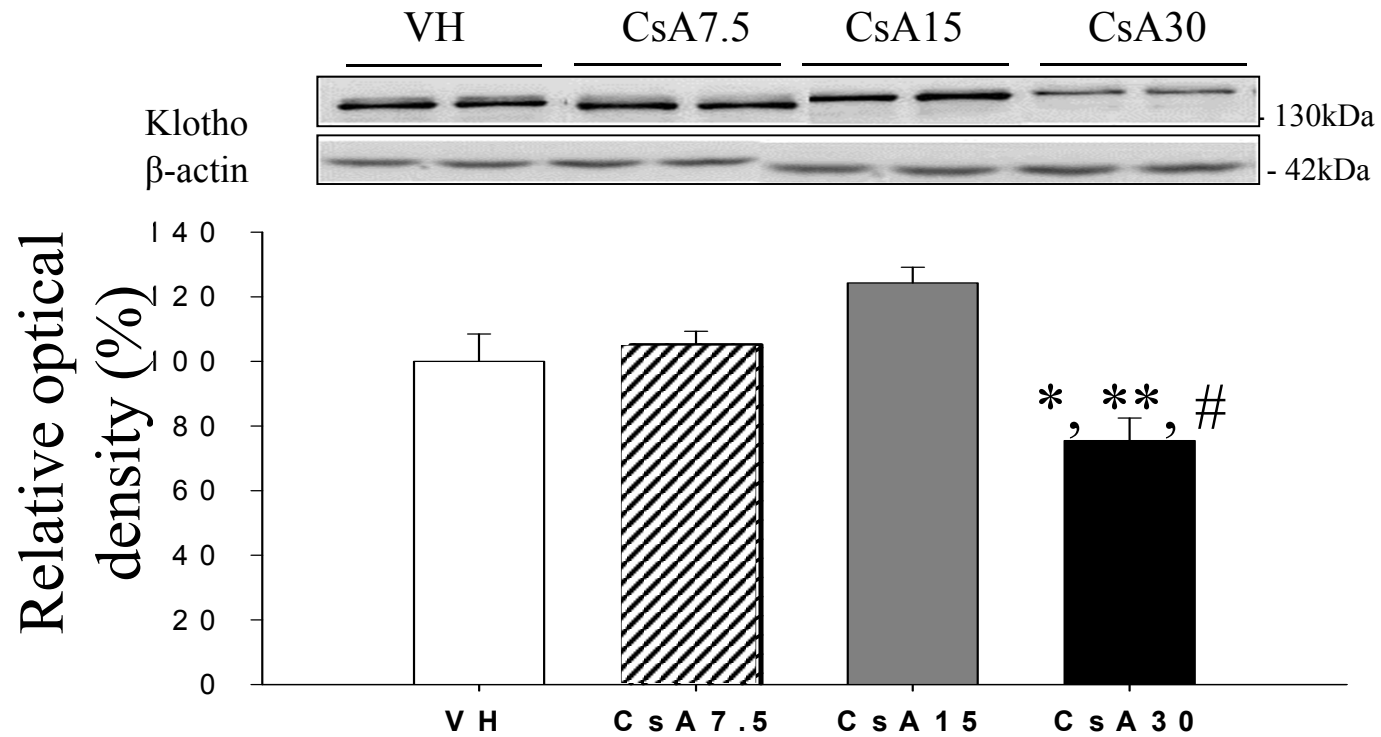
(Makoto Kuro-o et al., *nature* 390: 45-51, 1997)

Current understanding of KLOTHO

Overexpression of KLOTH expands lifespan



Response of KLOTHO against cyclosporine-induced oxidative stress

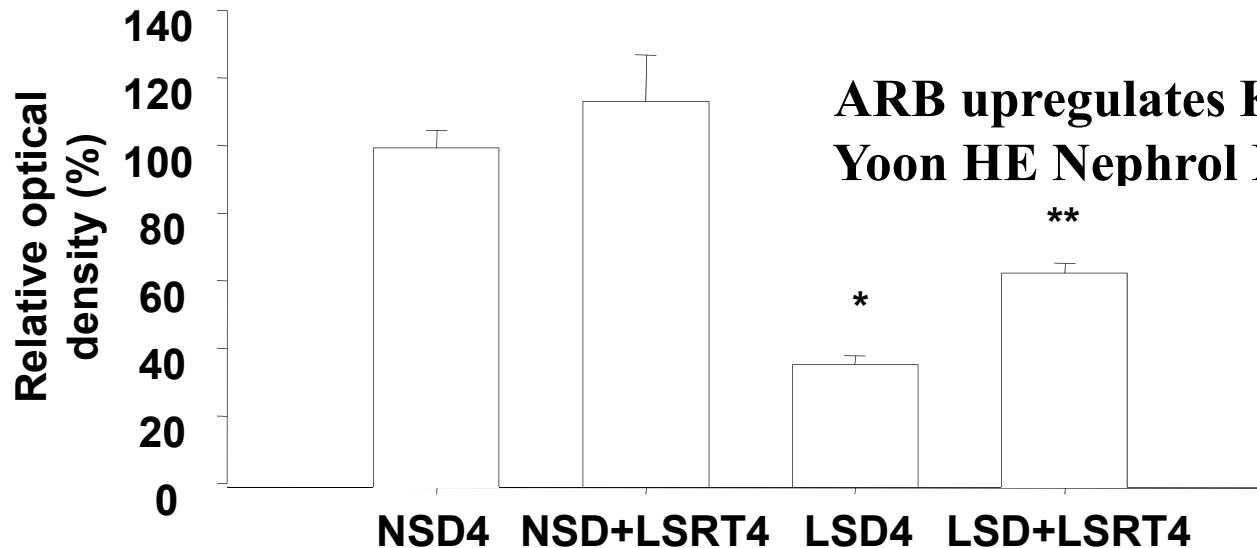
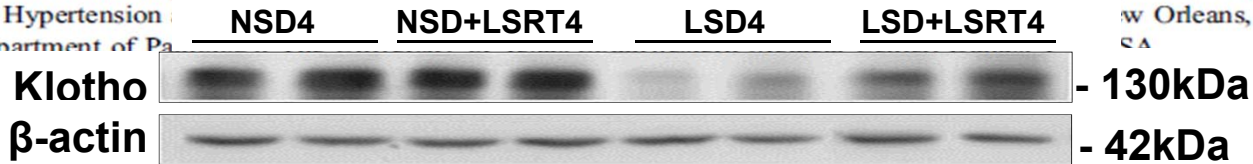


Original Article

Angiotensin II blockade upregulates the expression of Klotho the anti-ageing gene, in an experimental model of chronic cyclosporine nephropathy

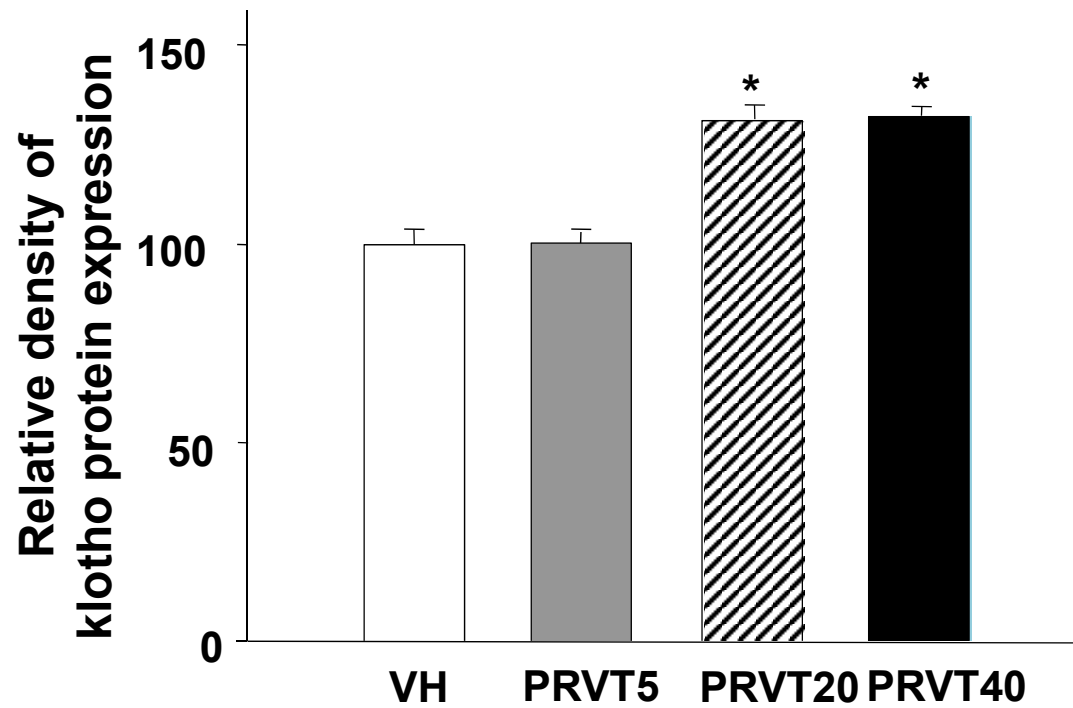
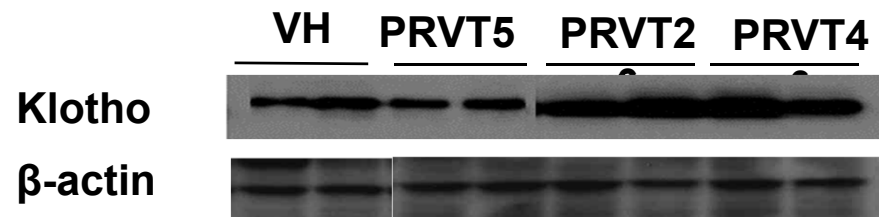
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ARB upregulates KLOTHO expression.
Yoon HE Nephrol Dial Transplant, 2010

Effect of Statin on KLOTHO expression in normal mice kidney



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Angiogenesis and Vasculogenesis Are Impaired in the Precocious-Aging *klotho* Mouse

Toshifumi Shimada, Yoshiaki Takeshita, Toyooki Murohara, Ken-ichiro Sasaki, Kimiyasu Egami, Satoshi Shintani, Yosuke Katsuda, Hisao Ikeda, Yo-ichi Nabeshima and Tsutomu Imaizumi

Circulation 2004;110:1148-1155; originally published online Aug 9, 2004;
DOI: 10.1161/01.CIR.0000139854.74847.99

THE JOURNAL OF BIOLOGICAL CHEMISTRY VOL. 280, NO. 45, pp. 38029–38034, November 11, 2005
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Regulation of Oxidative Stress by the Anti-aging Hormone *Klotho*^{*†}

Received for publication, August 16, 2005, and in revised form, September 19, 2005. Published, JBC Papers in Press, September 26, 2005, DOI 10.1074/jbc.M509039200

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Summary

- **Maximal RAS inhibition is needed to reduce target organ injury.**
- **Statin is effective in early CKD patients with hyperlipidemia.**
- **rHEPO is recommended in anemic patients with CHF**
- **Uremic toxin itself is responsible for vascular damage.**
- **KLOTHO is the promising gene for protecting vascular injury**

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