

Kidney Damage from Diabetes (1 of 2)

Kidney damage is a possible side-effect of diabetes but, with regular check-ups, it can be diagnosed early and prevented from becoming a serious problem.

Unfortunately, over 100,000 people with diabetes in the UK are receiving treatment for kidney disease. Around 3,000 of them have serious kidney damage and are receiving dialysis and awaiting a kidney transplant.

Why do the kidneys become damaged?

Poorly controlled diabetes increases the risks of developing diabetes-related kidney disease. Well controlled diabetes reduces this risk. If there are signs of diabetic kidney disease, improving diabetes control and blood pressure reduces the risks of this getting worse.

As many as half of all people diagnosed with Type 2 diabetes have high blood pressure at the time they are diagnosed. High blood pressure increases the risk of both kidney disease, by damaging the kidney filtering mechanism, and heart disease in all people with diabetes. Heart disease accounts for around half of all deaths in people with diabetes. Good control of blood pressure reduces the risk of severe complications in diabetes.

Diagnosing kidney disease

An early warning sign for kidney disease is the presence of protein in your urine (proteinuria or microalbuminuria). At your annual check up you should have your urine checked for protein. This is done using a special strip. Usually a sample is also sent away for testing in the laboratory. A blood test should also be done each year to test for creatinine levels, which help identify signs of kidney damage.

If kidney disease is identified, what can be done?

If protein is found in your urine, or raised levels of creatinine in your blood, the following steps can be taken to protect your kidneys from further damage.

- Good blood glucose control to a level of between 4 and 7 mmol/l before meals and a HbA1c of less than 7.5%.

Contact: Dr Martin Smith
Diabetes & Endocrinology
Tel.: 01722 336262 ext. 4229

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 You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the Data Protection Act 1998.

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- Good control of blood pressure to ensure it is no higher than 130/75 mmHg.
- Use of drugs called ACE Inhibitors to reduce blood pressure – they also have an additional role in protecting kidneys from further damage (see information leaflet on ACE Inhibitors).
- 75mg of aspirin each day to reduce the risk of heart attack.
- Use of drugs known as Statins to reduce cholesterol. These lower the risk of heart attack (see information leaflet on Statins).
- Stop smoking – smoking increases blood pressure, which can speed up the progression of kidney disease, and increases the risk of heart disease.
- Lose weight if you are overweight.
- Reduce salt intake in the diet. Eating too much salt increases blood pressure.
- Increase physical exercise.

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