

بسم الله الرحمن الرحيم



HOSSAM MAGHRABY



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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Prevalence of Chronic Kidney Disease among Hypertensive non- Diabetic Patients Attending Primary Healthcare Centers in Cairo

Thesis

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INTRODUCTION

Albeit one significant reasons bleakness mortality in hypertension persistent kidney illness (CKD), conclusion, avoidance executives CKD stay lacking. CKD one significant wellbeing challenges in Egypt bringing about expanded medical services costs, pre full grown mortality dreariness rates low quality life (Yamany et al., 2017).

Hypertension both a grumbling or side effect an etiology CKD in light fact that kidney assumes an imperative part in pulse control may pull in us to hidden kidney sickness. Uncontrolled hypertension likewise prompts quick weakening in renal capacity continuing to end-stage kidney infection (ESKD). In Ghana, an investigation led in a solitary PHC focus hypertension discovered to be third most basic reasons CKD (Tannor et al., 2019).

CKD - characterized by KDIGO 2012-as changes in kidney designs or capacities, introduced over 3 months, with suggestions wellbeing, whatever reason seriousness. It vital to recognize reason to anticipate result to control us in decision explicit treatment modalities. Seriousness controlled by level GFR albuminuria. Seriousness related with a few dangers

unfriendly results, including demise kidney disappointment (Stevens et al., 2013).

The phases CKD are delegated follows: Stage 1: Kidney harm with ordinary or expanded GFR (>90 mL/min/1.73 m²) Stage 2: Mild decrease in GFR (60-89 mL/min/1.73 m²) Stage 3a: Moderate decrease in GFR (45-59 mL/min/1.73 m²) Stage 3b: Moderate decrease in GFR (30-44 mL/min/1.73 m²) Stage 4: Severe decrease in GFR (15-29 mL/min/1.73 m²) Stage 5: Kidney disappointment (GFR < 15 mL/min/1.73 m² or dialysis) (KDIGO, 2012).

In China, frequency CKD coinciding with hypertension 6%–18%, predominance hypertension in CKD assessed 60%–80% (Bao et al., 2020). In United States, National Institute Diabetes Digestive Kidney Diseases (NIDDK) reports that 15% US grown-ups—37 million individuals—are assessed to have CKD. Generally (9 out 10) grown-ups with CKD don't know about their illness. 1 every 2 individuals with extremely low kidney work tests - not on dialysis-stay unidentified (CDC, 2019).

In Egypt a cross-sectional examination directed on family members patients with CKD a local area based screening project to identify pervasiveness danger factors MA. predominance MA over 10% in populace screened higher in subjects with diabetes, hypertension, weight or CVD (Gouda et al., 2011).

Tragically, quantity patients began to create ESRD as a result hypertension expanding in Egypt. Be that as it may, conclusion hypertensive ESRD one avoidance no obsessive examinations characterizes characterization. These patients experience ill effects an assortment illnesses, including sped up hypertension atherosclerotic infection enormous conduits undiscovered constant renal sickness. It additionally perceived that long standing gentle to direct hypertension can prompt ESRD. In manner, Egyptian investigations are deficient to decide recurrence with which fundamental (essential) hypertension prompts ESRD in Egypt (Soliman et al., 2012).

Numerous rules suggest that patients with dia-betes or hypertension ought to be screened yearly CKD. Besides, patients with other danger factors, including cardiovascular sickness, more established age (>than 60), racial or ethnic minorities, history low birth weight, heftiness,, openness to

known nephrotoxins, low pay or training level, immune system illnesses, fundamental contaminations, urinary plot diseases, nephrolithiasis, neoplasia, recuperation intense renal disappointment, decrease in kidney mass a family background CKD, warrant thought screening. American College Physicians American Academy Family Physicians advise against evaluating CKD in asymptomatic grown-ups without hazard factors (Gaitonde et al., 2017).

Albeit, over 90% people who have CKD stay unseen, diabetes mellitus hypertension are fundamental danger elements CKD, separately. Accordingly, early screening counteraction movement CKD are one significant difficulties objectives essential consideration doctors to keep away high frequency cardiovascular occasions (Alemán-Vega et al., 2017).

AIM WORK

Research Hypothesis?

Substitute Hypothesis: There a high predominance CKD among hypertensive non-diabetic patients going to El Sharabya Saraya El Kobba essential medical services communities in Cairo.

Invalid Hypothesis: There a low predominance CKD among hypertensive non-diabetic patients going to El Sharabya Saraya El Kobba essential medical care habitats in Cairo.

Exploration Question:

What pervasiveness CKD among hypertensive non-diabetic patients going to El Sharabya Saraya El Kobba PHC focuses in Cairo?

Objective:

To improve personal satisfaction among hypertensive non-diabetics patients going to Primary medical services (PHC) Centers in Cairo.

Goals:

1. To decide predominance persistent kidney illness among hypertensive non-diabetics patients going to Primary medical care (PHC) Centers in Cairo.
2. To decide danger components CKD among those hypertensive non-diabetics patients.

Point Work:

With exception a couple epidemiological examinations, there absence information about commonness CKD among hypertensive non-diabetic patients going to essential medical care communities in Cairo. Subsequently, examination performed to explore pervasiveness CKD among hypertensive

non-diabetic patients going to El Sharabya Saraya El Kobba
essential medical care places in Cairo.

Chapter I

HYPERTENSION

Definition:

Hypertension has been characterized by degrees pulse (BP) above which cardiovascular danger profoundly connected. level has been traditionally 140/90mm Hg dependent on protection business actuarial information. In any case, it realized that cardiovascular danger rises incredibly levels as low as 115/75mm Hg upward with a multiplying occurrence both coronary illness stroke each 20/10mm Hg increment BP (Schiffrin et al., 2016).

In correlation with JNC7 rule, 2017 ACC/AHA rule suggested utilizing lower systolic pulse (SBP) diastolic circulatory strain (DBP) levels to characterize hypertension (Table 1). All grown-ups suggested antihypertensive drug by JNC7 are additionally suggested antihypertensive medicine by 2017 ACC/AHA rule also. Also, 2017 ACC/AHA rule suggest that grown-ups with high cardiovascular sickness (CVD) hazard with SBP 130 to 139 mmHg or DBP 80 to 89 mmHg grown-ups ≥ 65 years old with SBP 130 to 139 mmHg should take antihypertensive medicine. 2017 ACC/AHA rule suggests treating SBP/DBP to $<130/80$ mmHg all grown-ups taking antihypertensive medicine. lower than objective suggested by JNC7, except

grown-ups with diabetes or persistent kidney infection, where treatment objective has not changed (Whelton et al., 2017).

Table 1: Treatment objectives hypertension.

Category ASH* 2013

SBP# DBP##

Normal <120 <80

Prehypertension 120-139 80-89

Stage 1 Hypertension 140-159 90-99

Stage 2 Hypertension >160 >100

Category ESH/ESC** 2013
