

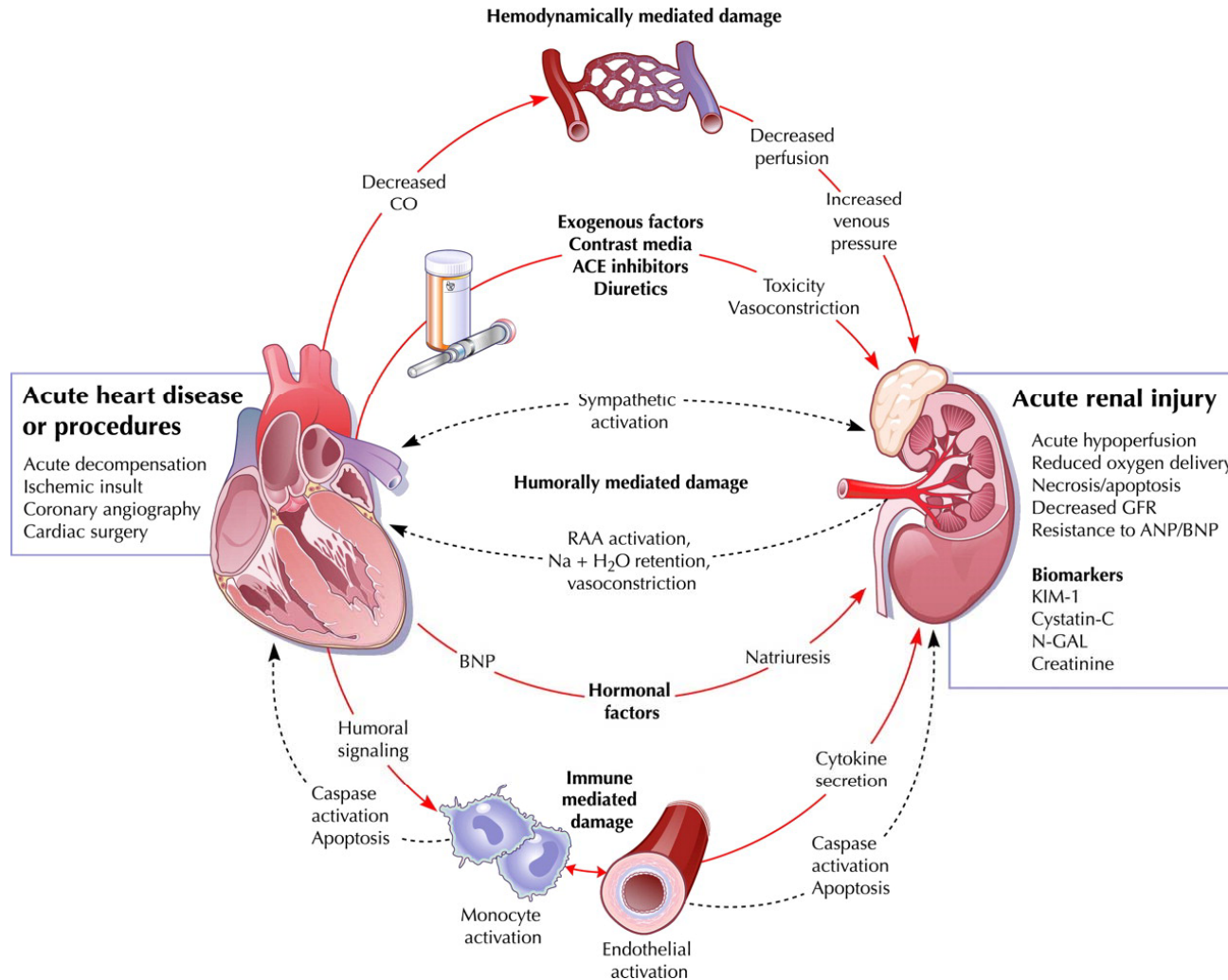
CARDIORENAL SYNDROME

AND MANAGEMENT OF THE
CARDIOVASCULAR COMPLICATIONS

DEFINITION

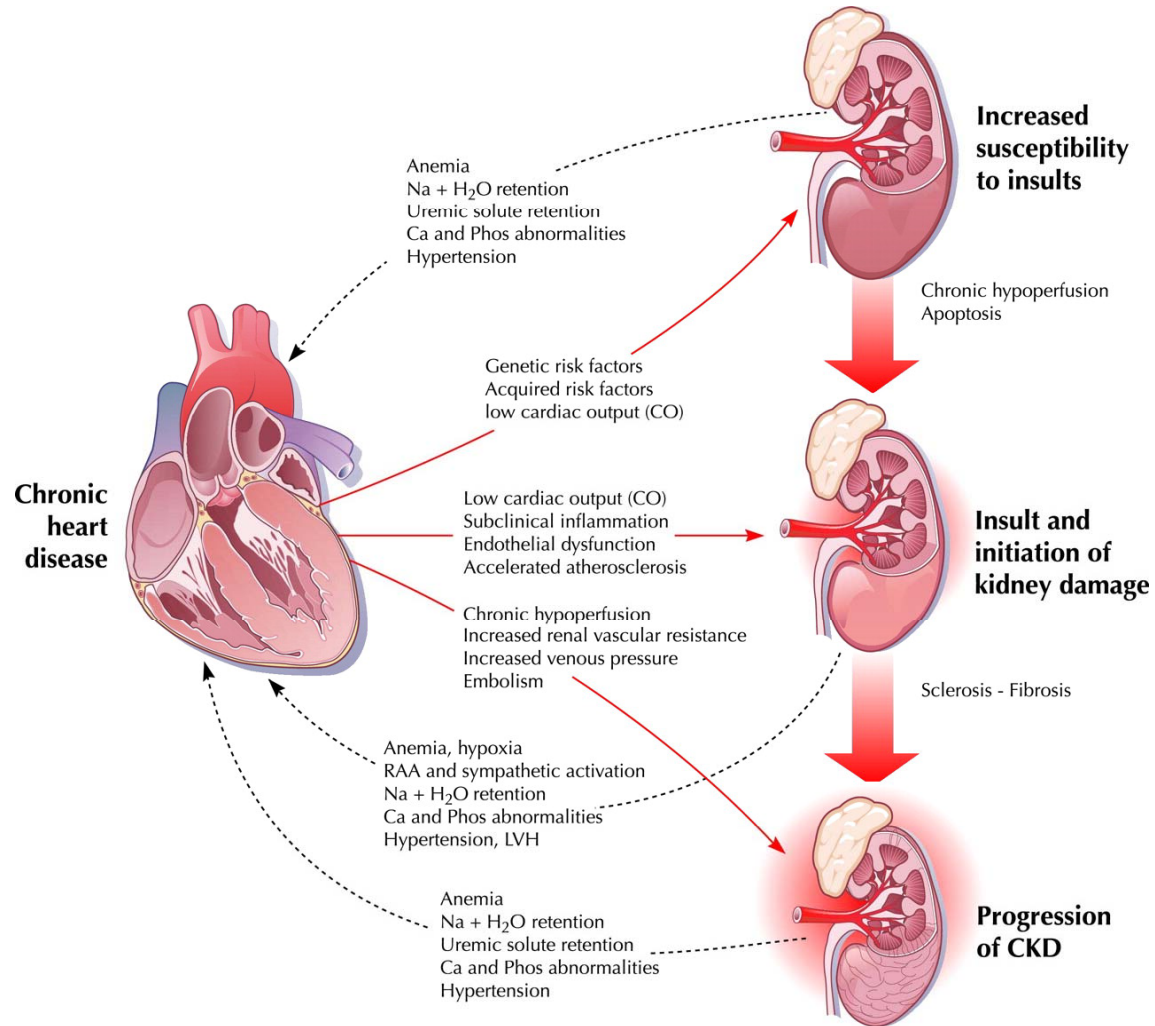
- CARDIORENAL SYNDROME (CRS) IS A PATHOPHYSIOLOGIC SYNDROME OF THE HEART AND KIDNEYS WHEREBY ACUTE OR CHRONIC DYSFUNCTION OF ONE ORGAN CAUSES ACUTE OR CHRONIC DYSFUNCTION IN THE OTHER.

CRS Type 1



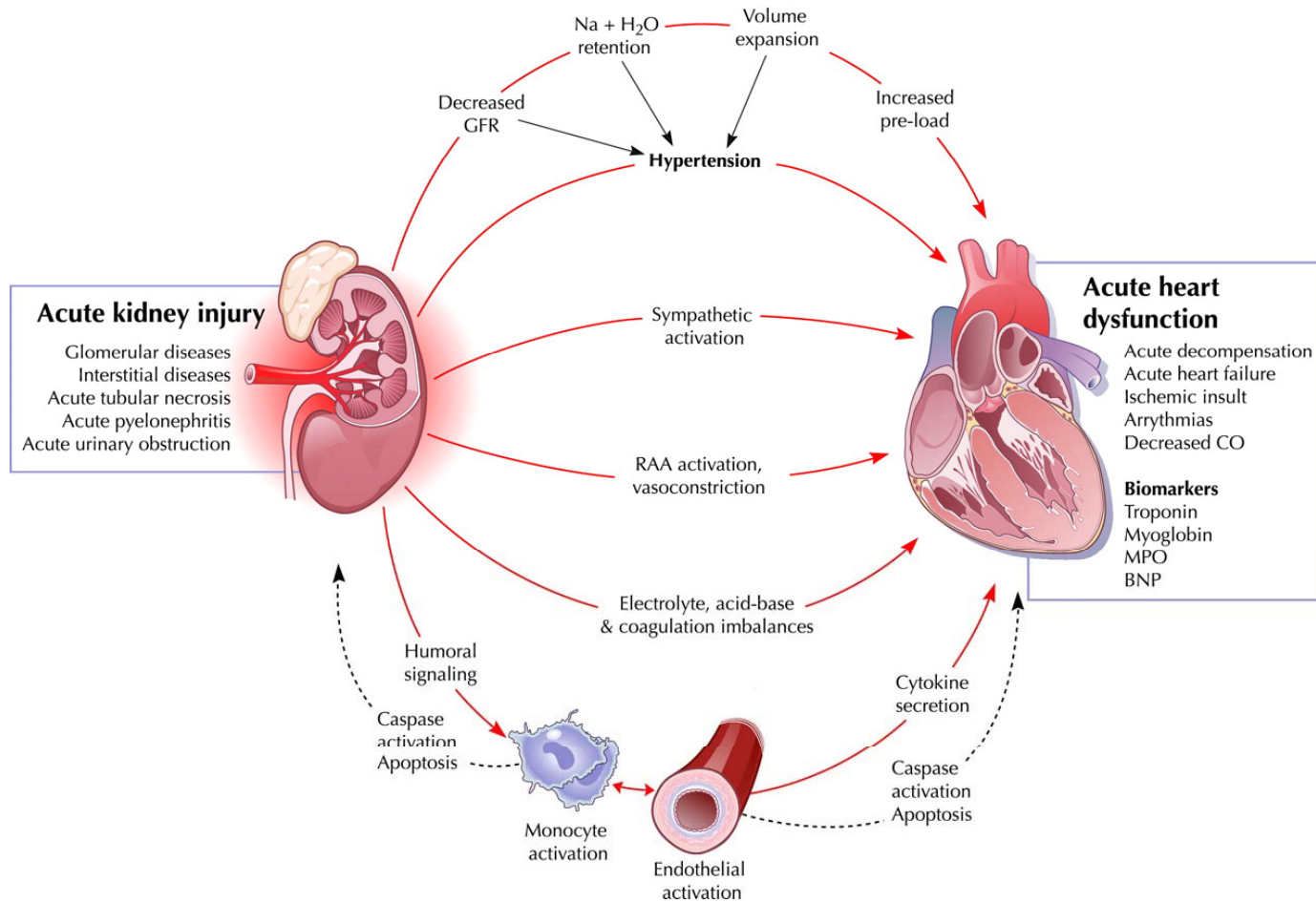
Ronco, C. et al. J Am Coll Cardiol 2008;52:1527-1539

CRS Type 2



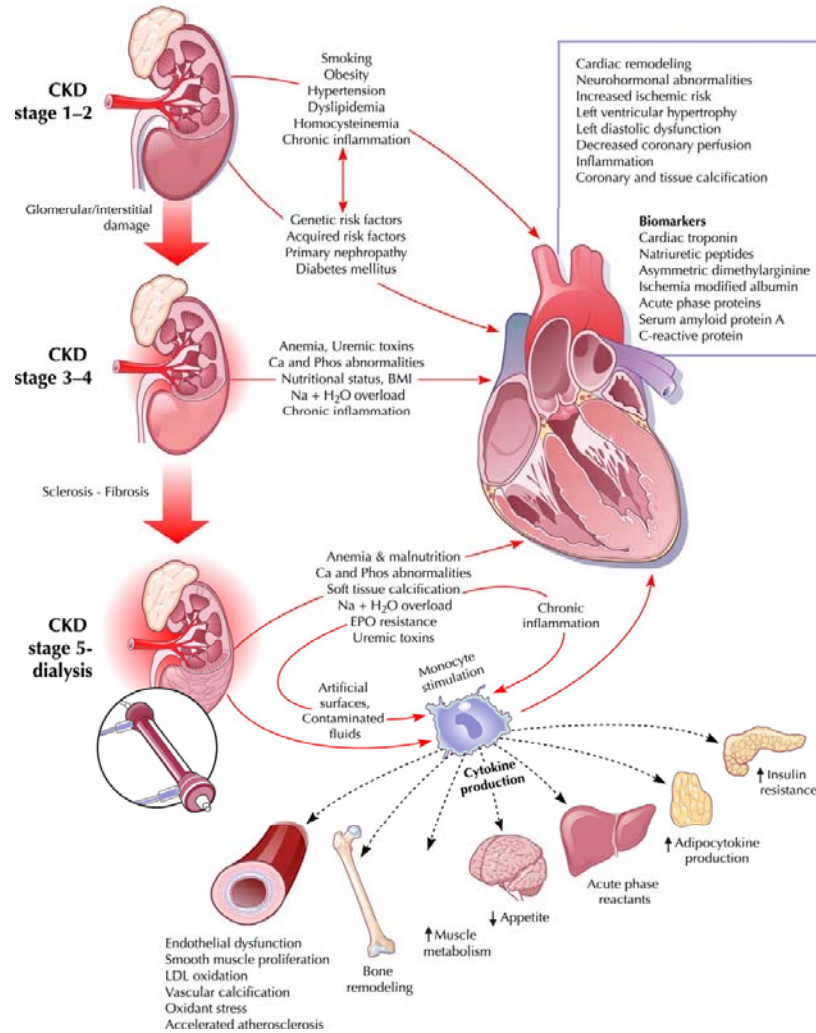
Ronco, C. et al. J Am Coll Cardiol 2008;52:1527-1539

CRS Type 3



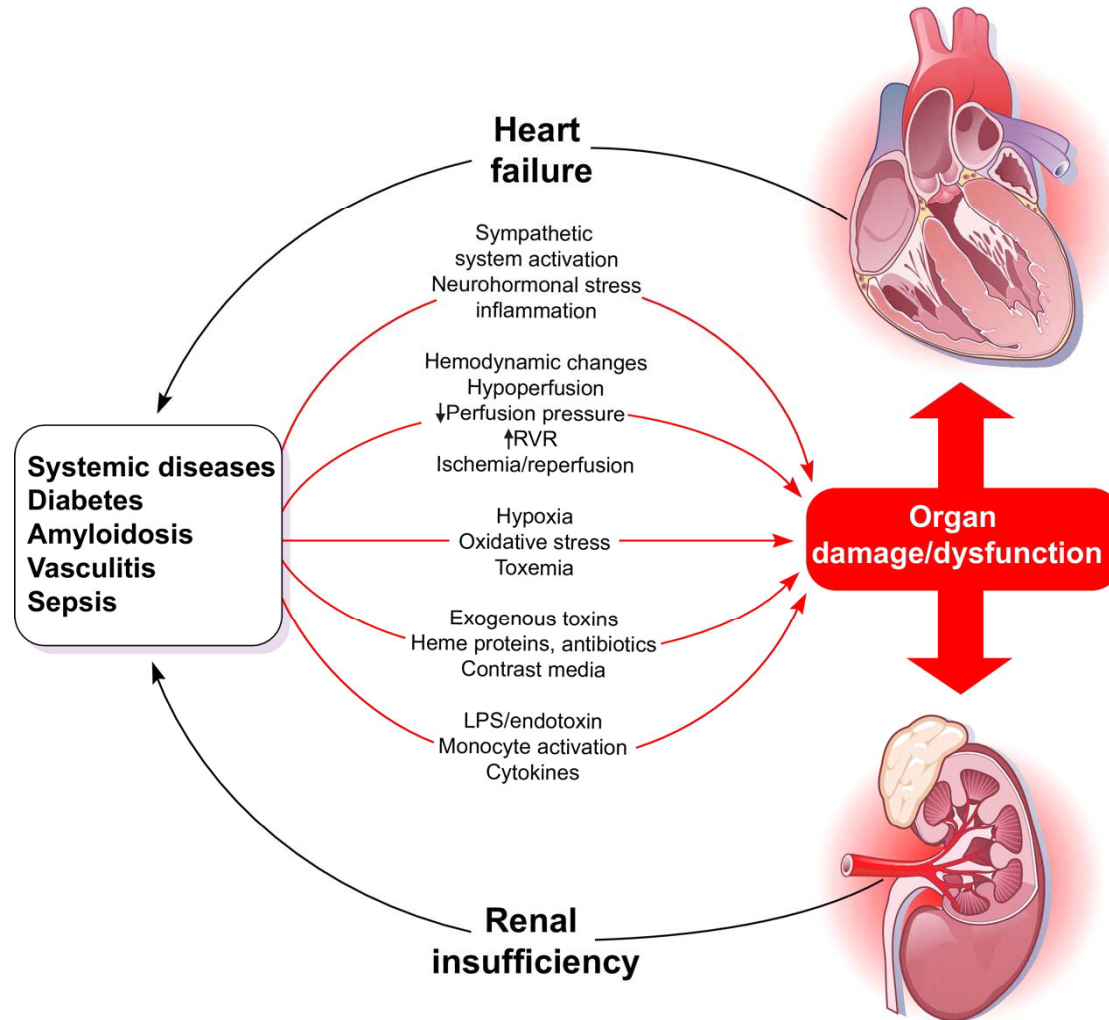
Ronco, C. et al. J Am Coll Cardiol 2008;52:1527-1539

CRS Type 4



Ronco, C. et al. J Am Coll Cardiol 2008;52:1527-1539

CRS Type 5



Ronco, C. et al. J Am Coll Cardiol 2008;52:1527-1539

CARDIORENAL CLINIC

A NEW INITIATIVE – PRIMARILY TYPE
4 CRS

PURPOSE

- MAXIMIZE CARDIAC STATUS FOR
 - - PRE TRANSPLANT PATIENTS
 - - CKD NON ESRD AND ESRD

CARDIAC RISK ASSESSMENT

- ISCHEMIA - SILENT VS SYMPTOMATIC
- CARDIOMYOPATHY
 - - INFARCTION VS HIBERNATION
- EXTENT VASCULAR DISEASE

BENEFITS

- FOR PATIENT
 - COORDINATION OF CARE
 - IDENTIFICATION OF RISK
 - FACILITATE TREATMENT IF INDICATED
- ADVANTAGE FOR MEDICINE
 - TEMPORAL DATA ON CARDIAC EVOLUTION IN CKD
 - PROFILE RISK AND OUTCOME RATHER THAN JUST “HIGH” – DO INTERVENTIONS HELP?

Cardio Renal Referral

Fax Referral to Heart Function Clinic
416 431 8193

Patient _____
Unique _____
Address _____
Phone _____
HCN _____

Current Patient Treatment: CKD PD HD
Referral Type: Routine Cardiac Pre Transplant

Include the following:

- 1. CKD Medication Sheet
- 2. Lab Flow Sheet
- 3. History
- 4. Signed Release Consent
- 5. Recent ECHO/ECG

Referring Physician _____

Signature _____

MANAGEMENT

- HYPERTENSION ACE/ARB DRI CCB
- STATIN ?OTHER LIPID RX
- DIAGNOSIS – IMAGING ?ANGIO INVASIVE VS CARDIAC CT OR MR
- INTERVENTION – ANY VALUE IN TERMS OF PROGNOSIS

HYPERTENSION

- FACTORS INFLUENCING THERAPY

24 HR AMBP RECORDING

UNDERLYING FACTORS – LV FUNCTION,
PROTEINURIA, RENAL AND CARDIAC
DIAGNOSIS, DIABETES

RAAS BLOCKADE – ACE-i, ARB, DRI

CCB

POTENTIAL B-BLOCKER- CAD COMPONENT

ISCHEMIA?

- WALL MOTION ABNORMALITY
- INDUCIBLE ISCHEMIA
- VIABLE MYOCARDIUM

- ----- UNKNOWN IMPROVEMENT IN
OUTCOME BY REVASCULARIZATION

QUESTIONS