Značenje promjenjivih koncentracija hemoglobina u kroničnih bubrežnih bolesnika liječenih stimulatorima eritrocitopoeze

Importance of changeable concentrations of hemoglobin in chronic kidney patients treated with erythrocytopoesis stimulators

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U brojnim istraživanjima jasno je dokazana veza anemije s povećanim pobolom i smrtnosti bolesnika s kroničnim bolestima bubrega. Uglavnom se radi o negativnom utjecaju anemije na srčanožilni sustav bolesnika s oštećenom funkcijom bubrega. Djelomični, ali ne i potpuni ispravak anemije pomoću lijekova koji stimuliraju eritrocitopoezu (LSE) dovodi se u vezu s boljim ishodom liječenja kroničnih bubrežnih bolesnika. Postoje dokazi da potpuni ispravak anemije u kroničnih bubrežnih bolesnika koji imaju istovremeno oštećen srčanožilni sustav, može uzrokovati povećanje pobola i smrti u tih bolesnika. U većine kroničnih bubrežnih bolesnika najbolji rezultati postignuti su primjenom LSE i djelomičnim ispravkom anemije (Hb vrijednosti između 110 i 120, a samo izuzetno u nekih bolesnika 125 g/l). Klinička istraživanja pokazala su da je ključno održavati vrijednosti Hb između 110 i 120 g/l, a da pri tome bude što manje odstupanja vrijednosti Hb izvan zadanih vrijednosti. Pri tome je vrlo važna pravilna uporaba LSE, redovno praćenje koncentracije Hb i kliničkog stanja bolesnika, kao i dobro poznavanje liječenja preparatima željeza. Današnje smjernice za liječenje anemije u kroničnih bubrežnih bolesnika u stadijima prije, tijekom dijalize i nakon transplantacije bubrega jasno ukazuju na potrebu održavanja koncentracije Hb između 110 i 120 g/l, kao i na izbjegavanje fluktuacije vrijednosti Hb.

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A great number of researches have clearly proved the correlation of anemia with an increased rate of diseases and patients' deaths with chronic kidney diseases. The major cause is the negative impact of anemia on cardiovascular system of patients with impaired kidney function. A partial, but not a total anemia correction by taking medications stimulating erythrocytopoesis (MSE) will bring about a better result of treatment for chronic kidney patients. There is evidence that a total anemia correction in chronic kidney patients, who also have an impaired cardiovascular system, may cause a greater rate of deaths in such patients. With the greatest number of chronic kidney patients, the best results were achieved by using MSE and partial anemia correction (Hb values between 110 and 120, and with only a small number of them the value was 125 g/l). The clinical studies have showed that maintaining the Hb value between 110 and 120 g/l is crucial, thereby minimizing the deviations of the Hb value with respect to exceeding the specified values. For that purpose, an accurate use of MSE, regular monitoring of the Hb value and patient's clinical condition, as well as good familiarity with treatment by using iron products are of a great importance. Current guidelines for the anemia treatment in kidney patients during the stages prior, during the dialysis and following the transplantation of kidneys clearly indicate a need for maintaining the Hb concentration between 110 and120 g/l and avoiding the fluctuation of the Hb value.