

# **UDHERREFYESI PER NEFROPATINE DIABETIKE**

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## **Lista e shkurtimeve gjuhesore (akronimet)**

SRK – Semundja renale kronike  
ND – Nefropatia diabetike  
RAK – Raporti albumine-kreatinine  
FG – Filtracioni glomerular  
ND – Nefropatia diabetike  
ACE-I – Frenuesit e enzimes konvertuese te angiotenzines  
ARB – Bllokuesit e receptoreve te angiotenzines  
HbA1c – Hemoglobina e glukozuar  
HTA – Hipertensioni arterial  
LDL-C – Kolesterolit me densitet te ulet  
BMI – Indeksi i mases trupore  
SRA – Sistemi renine angiotenzine

## Perkufizimi i termave te perpilimit

**Nefropatia diabetike** – komplikacion mikrovaskular i dibetit mellitus qe prek veshkat

**Mikroalbuminuria** – ekskretimi i albumines nepermjet urines ne sasi 30 – 300 mg/dite

**Semundja renale kronike** – situat qe shoqerohet me humbje progresive te funksionit te veshkave

**Terapia renale zevendesuese** – terapia qe perdoret ne insuficiencen renale kronike (hemodializa, dializa peritoneale)

**Dislipidemia** – sasia abnormale e lipideve ne gjak

## Hyrje

Diabeti melitus eshte nje nder shkaqet madhore te demtimit te funksionit te veshkave. Nefropatia diabetike qe zhvillohet ne pacientet me diabet eshte konsideruar si nje epidemi mbareboterore. Ne vitin 2003, Shoqata Boterore e Nefrologjise dhe Federata Nderkombetare e Diabetit promovuan nje broshure te titulluar "Diabeti dhe veshkat: koha per te vepruar". Ajo kishte per qellim te sensibilizonte qeverite, organizatat shendetesore, organizatat jo-qeveritare, fondacionet dhe institucionet akademike, mjeket dhe pacientet per problemet socio-ekonomike ne rritje per shkak te semundjes se veshkave dhe pasojave te saj ne diabetiket. Shtate vjet me vone, i njeiti mesazh e ka bere kete fakt edhe me urgjent. Dita Boterore veshkave me 11 Mars 2010 i kushtohej pikerisht ketij problemi: "Diabeti dhe veshkat: vepro tani, ose paguaj pasojat me vone". Dhe kjo ndoshta per disa shifra rrenqethese: shekulli i 21-te ka mjedisin me diabetogjenik ne historine njerezore. Gjate 25 viteve te fundit perhapja e diabetit tip 2 ne SHBA pothuajse eshte dyfishuar. Rreth 50% e pacienteve qe fillojne dializen kane si shkak diabetin. Ne vitin 2007, kane qene 246 milione njerez me diabet ne bote, por ne 2025, ky numer eshte llogaritur te arrije ne 380 milione. Njerezit me tolerance te demtuar ndaj glukozes, te konsideruar si "prediabetike", numeroheshin ne 308 milione ne vitin 2007 dhe do te arrijne ne 418 milione deri

ne 2025. Prevalenca e diabetit do te jete me e madhe ne vendet ne zhvillim sic eshte dhe vendi yne.

Nisur nga rritja e numrit te pacienteve diabetike qe i nenshtrohen terapise renale zevendesuese (hemodialize, dialize peritoneale) dhe ne vendin tone, mendojme qe hartimi i ketyre rekomandimeve klinike do te ishte i dobishem. Keto rekomandime do te shfrytezohen si nga mjeket nefrologe te sherbimit primar, sekondar apo terciar, ata te spitaleve private, po ashtu dhe nga mjeket interne dhe mjeket e familjes, ne menyre qe te thellojne njohurite ne lidhje me diagnozen, parandalimin dhe menaxhimin e nefropatise diabetike.

## Objektivi

Thellimi i njohurive ne lidhje me diagnozen, parandalimin dhe menaxhimin e nefropatise diabetike.

## Perdoruesit e ketij udherrefyesi

Udherrefyesi do te shfrytezohet nga mjeket nefrologe te sherbimit primar, sekondar apo terciar, ata te spitaleve private, po ashtu dhe nga mjeket interne dhe mjeket e familjes.

### **Udhezimet klinike praktike per diabetin dhe semundjen renale kronike (SRK)**

#### **UDHEZIMI 1**

#### **Ekzaminimi dhe diagnostikimi i nefropatise diabetike (ND)**

Pacientet diabetike mund te zhvillojne ose jo ND. Ne mungese te vendosjes se diagnozes, vleresimi i pacienteve me diabet dhe semundje te veshkave duhet te perfshije nje shqyrtim mbi shkaqet kryesore te ketyre patologjive.

1.1. Pacientet me diabet duhet te ekzaminohen çdo vit per shfaqjen e ND. Vleresimi fillestar duhet te behet:

- 5 vjet pas diagnostikimit me diabet tip 1 (A);
- qe nga momenti i diagnostikimit me diabet tip 2 (B).

1.1.1. Ekzaminimet duhet te perfshijne:

- matjen e raportit albumine-kreatinine (RAK) ne nje moster urine (B);
- matjen e kreatinines te serumit (kreatininemise) dhe vleresimin e filtracionit glomerular (FG) (B).

1.2. Nje RAK e rritur duhet te konfirmohet ne prani te mungeses se infeksionit te traktit urinar me 2 mostra te tjera, te mbledhura gjate muajve te 3-te dhe 6-te (B).

- Mikroalbuminuria eshte percaktuar si vlera e RAK ndermjet 30-300 mg/g.
- Makroalbuminuria eshte percaktuar si vlera e RAK > 300 mg/g.
- 2 nga 3 mostra duhet te jene brenda intervalit mikroalbuminurik ose makroalbuminurik per te konfirmuar albuminurie.

1.3. Ne shumicen e pacienteve me diabet, ND duhet te jete atribut i diabetit, nese:

- makroalbuminuria eshte e pranishme (B);
- mikroalbuminuria eshte e pranishme dhe kur:
  - pacienti vuan nga retinopatia diabetike (B);
  - ose pacienti ka 10 vjet qe vuan nga diabeti melitus tip 1 (A).

1.4. Duhet te konsiderohen shkaqe te tjera te SRK ne nje nga rrethanat e meposhtme (B):

- mungesa e retinopatie diabetike
- ulja ose ne renia e shpejte FG
- rritja e shpejte e proteinurise ose shfaqja e sindromit nefrotik
- hipertensioni refraktar
- prania e sedimentit aktiv urinar (infeksionit urinar)
- shenjat dhe simptomat e semundjeve te tjera sistemike
- reduktim mbi 30% te FG brenda 2-3 muajve pas fillimit te frenuesve te

enzimes

konvertuese te angiotenzines (ACE-I) apo bllokuesve te receptoreve te angiotenzines (ARB).

## **UDHEZIMI 2**

### **Menaxhimi i hiperglicemise dhe kujdesi i pergjithshem per pacientet me ND**

Hiperglicemia eshte tipar kryesor i diabetit, eshte shkaku themelor i komplikacioneve te eneve te gjakut ne organet shenje (target), duke perfshire dhe semundjet e veshkave. Trajtimi intensiv i hiperglicemise e parandalon zhvillimin ND dhe mund te ngadalesoje ecurine e semundjes ne momentin kur ajo eshte instaluar.

2.1. Niveli target i hemoglobines se glukozuar (HbA1c) per njerezit me diabet duhet te jete me i vogel se 7.0%, pavaresisht nga prania ose mungesa e ND (A).

## **UDHEZIMI 3**

## **Menaxhimi i hipertensionit arterial (HTA) ne diabet dhe ND**

Shumica e pacienteve me diabet dhe ND kane HTA. Trajtimi i hipertensionit ngadaleson perparimin e ND.

3.1. Pacientet hypertensive me diabet dhe ND ne stadet 1-4 duhet te trajtohen me ACE-I ose ARB, dhe zakonisht kombinohen me nje diuretik (A).

3.2. Tensioni arterial ne pacientet me diabet dhe ND ne stadet 1-4 duhet te jete ne nivelet poshte 130/80 mmHg (B).

### **UDHEZIMI 4**

## **Menaxhimi i dislipidemise ne diabet dhe ND**

Dislipidemia eshte e zakonshme ne personat me diabet dhe ND. Rreziku i semundjeve kardiovaskulare eshte i rritur ne nje mase me te madhe ne kete popullate. Personat me diabet dhe ND duhet te trajtohen sipas ketij udherrefyesi pasi bejne pjese ne grupin e personave me rrisht te larte.

4.1. Targeti i kolesterolit me densitet te ulet (LDL-C) ne personat me diabet dhe ND ne stadet 1-4 duhet te jete nen 100 mg/dl; ndersa objektivi terapeutik eshte nen 70 mg/dl (B).

4.2. Personat me diabet dhe ND ne faza 1-4 dhe LDL-C mbi 100 mg/dl duhet te trajtohen me nje statine (B).

4.3. Mjekimi me statina nuk duhet te fillohet ne pacientet me diabet tip 2 te cilet jane ne trajtim me hemodialize pasi nuk kane indikacion specific kardiovaskular per kete mjekim (A).

### **UDHEZIMI 5**

## **Menaxhimi i ushqyerjes ne diabet dhe ND**

Menaxhimi i diabetit dhe ND duhet te perfshijne nderhyrjet ne menyren e ushqyerjes. Modifikimet dietetike mund te ulin ecurine e ND.

5.1. Targeti ditor i marrjes se proteinave per personat me diabet dhe ND ne stadet 1-4 duhet te jete 0.8 g/kg/peshe ne dite (B).

# Rekomandimet praktike klinike per diabetin dhe ND

## Rekomandim praktik klinik 1

### **Menaxhimi i albuminurise ne pacientet normotensive me diabet dhe albuminuria si nje markues i thjeshte**

Trajtimet per uljen e albuminurise mund te ngadalesojne ecurine e ND dhe permiresojne rezultatet klinike, madje edhe ne mungese te HTA. Megjithate, shumica e njerezve me diabet dhe albuminuri kane HTA, dhe menaxhimi i tij ne keta paciente eshte shqyrtuar ne Udhezimin 3.

1.1. Personat normotensive me diabet dhe makroalbuminuri duhet te trajtohen me ACE-I ose me ARB (C).

1.2. Mjekimi me ACE-I ose ARB mund te konsiderohet efikas dhe ne personat normotensive me diabet dhe mikroalbuminuri (C).

1.3. Ulja e albuminurise mund te konsiderohet si nje trajtim target ne ND (C).

## Rekomandim praktik klinik 2

### **Trajtim shumeplanesh ne diabet dhe ND**

Ne pacientet me diabet dhe ND ka shume faktore rrishtje dhe trajtimi i njekohshem i tyre ka efekte pozitive te konsiderueshme klinike.

2.1. Kujdesja per njerezit me diabet dhe ND duhet te perfshije nje trajtim shumeplanesh qe perfshin instruktimin per nje stil jete te shendetshem dhe nderhyrjet praktike per te reduktuar faktoret e rrishtjes (C).

2.2. Targeti per indeksin e mases trupore (BMI) per personat me diabet dhe ND duhet te jete brenda normes ( $18.5-24.9 \text{ kg/m}^2$ ) (C).

## Rekomandim praktik klinik 3

### **Diabeti dhe ND ne disa popullata te vecanta**

Incidenca ne rritje e diabetit te femijet, te rinjte, te moshuarit, dhe ne pjesetaret e popullatave te pafavorizuara dhe ne tranzicion eshte pergjegjes per rritjen e incidences se ND ne keto grupe. Diferencat racore/etnike ne dyshimet per ND gjithashtu mund te luajne rol. Ne grate shtatzena, prania e diabetit dhe ND mund te ndikojne negativisht ne shendetin e nenes dhe femijes.

3.1. Ekzaminimet dhe nderhyrjet ne diabet dhe ND duhet te pergendrohen ne popullaten me rrisht te larte (C).

3.2. Megjithese trajtimi i diabetit dhe ND ne popullata te veçanta duhet te ndjeke te njejtat parime si te menaxhimit ne shumicen e popullates, ekzistojne konsiderata te veçanta per trajtimin e femijeve, adoleshenteve dhe te moshuarve (C).

3.3. Trajtimet sipas vecorive te popullates qe merret ne shqyrtim, ka ndikim ne permiresimin e kostos e kjo realizohet duke patur parasysh perhapjen e SRK ne popullata te vecanta (C).

3.4. Ne shtatzanite me rrisht te larte dhe semundje te veshkave specialistet duhet te bashkerendojne mjekimin e SRK me trajtimin e shtatzanise ne grate me diabet dhe ND (C).

3.5. Trajtimi i ND me frenues te sistemit renine angiotenzine (SRA) (ACE-I apo ARB) para shtatzanise mund te permiresoje ecurine e fetusit dhe te nenes, por keto medikamente duhet te nderpriten menjehere sapo te kemi nderprerje te menstruacioneve ose pasi testi i shtatzanise resulton pozitiv (C).

3.6. Insulino-terapia duhet te perdoret per te kontrolluar hiperglicemine nese terapia farmakologjike eshte e nevojshme ne grate shtatzana me diabet dhe ND (C).

#### **Rekomandim praktik klinik 4**

#### **Kujdesi ne vetetrajtimin e pacienteve me diabet e ND**

Vetetrajtimi i pacienteve me diabet dhe ND eshte nje sfide e vertete per arsye te nevojës se nje regjimi intensiv tek diabetiket. Vetem edukimi i ketyre te semureve eshte i pamjaftueshem per te ndryshuar ne nje menyre te dobishme trajtimin, sepse kerkohet nje regjim shume kompleks.

4.1. Komponentet kryesore te nje trajtimi shume planesh jane thelbesore ne vetetrajtimin e ketyre pacienteve tek te cilet marrin vlere aspekte te shumta (C):

- monitorimi dhe trajtimi i hiperglicemise
- monitorimi i presionit te gjakut
- te ushqyerit
- lenia e duhanit
- aktiviteti fizik
- respektimi i medikamenteve

## Evidenca

### Klasifikimi sipas shkalles se fuqise se udhezimeve dhe rekomandimeve praktike klinike

- A.** Rekomandohet fort qe klinicistet te ndjekin ne menyre te vazhdueshme udhezimet per pacientet e tyre. Ka deshmi *te forta* se keto udhezime dhe rekomandime e permiresojne ecurine e shendetit.
- B.** Rekomandohet qe klinicistet te ndjekin ne menyre te vazhdueshme udhezimet per pacientet e tyre. Ka deshmi *te moderuara* se keto udhezime dhe rekomandime e permiresojne ecurine e shendetit.
- C.** (*Rekomandimet praktike klinike*). Sugjerohet qe mjeket kliniciste te marrin ne konsiderate keto rekomandime per pacientet e tyre. Keto rekomandime bazohen ne deshmira *te dobeta* ose ne opinionet e grupeve te punes ose te analizuesve dhe qe respektimi i tyre mundet te permisoje ecurine klinike.

Ecuria e shendetit ka te beje me ndodhite e ndryshme te shendetit, me konditat ose simptomat qe perceptohen nga individet sipas te cileve keto kane ndikim te rendesishem ne jeten e tyre. Permiresimi i gjendjes shendetesore realizohet kur efektet e dobishme i kapercenje efektet anesore qe mund te kene.

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