

DIET AND DIALYSIS IN ACUTE RENAL SHUTDOWN

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by

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INTRODUCTION

Kidney diseases are hard to diagnose (1). Statistically, there is more known about mortality rate than morbidity in kidney diseases. The incidence of kidney diseases as a major U.S. health problem can be expressed as a ratio of 9.49 persons per 10,000 population. Of this ratio, 55,000 deaths a year are caused by renal failure.

The detection of kidney diseases are masked by complications of other diseases (1). Cardiovascular diseases are the number one health problem in the United States. Kidney malfunctions are often associated with cardiovascular diseases, since both may be present in the same individual.

In 1972, in Vietnam, 63% of the American patients diagnosed as having renal failure died (2). Before dialysis, the overall mortality rate in patients with acute renal shutdown was 69%. In the military however, it was as high as 91%.

In general, emphasis has been placed on therapeutic rather than preventative measures (1). It is estimated that a 20% reduction in deaths and in acute conditions would accrue from an improved diet. The diet is critical to the maintenance of life in impaired kidney functions. The kidneys function to excrete the end products of body metabolism and to control the concentrations of most of the body's fluids (3). Therefore, it can be seen the kidney is closely related to nutrient metabolism; and the role of the diet and nutrition in preventing or modifying the severity of kidney diseases is advantageous (1).