

Chronic Kidney Disease by Stage Secondary to Diabetes

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Editorial

The risk of chronic kidney disease increases with the time of evolution of type 2 diabetes and chronic metabolic control. In people over 40 years, it occurs as a progressive loss of glomerular filtration rate corresponding to 1 mL per year. This is associated with progressive deterioration of renal tissue replacement by fibrous tissue, which involves progressive glomerulosclerosis, tubulointerstitial fibrosis and nephrosclerosis [1].

The objective is to determine the evolution time of diabetes and prevalence for stages on chronic kidney disease.

A cross-sectional and descriptive study was done on 150 patients' of diabetic type 2. There were included all of them that have more than 5 years of evolution on the diabetes type 2, the sample was calculated with the averages formula for finite population and the selection was simple random. Sociodemographic variables and health variables were studied; the stage of chronic kidney disease was estimated by the Cockcroft-Gault equation. The statistical analysis included averages, percentages and confidence intervals.

Regarding the study population, 57% are female, the average age was 62.12 years and mean glucose was 165.23 mg/dL. The time evolution of diabetes 2 patients in stage 5 was 20.05 years and in patients with stage 1 was 11.05 years. The average creatinine clearance in stage 2 was 75.10

mL/min and in stage 5 10.33 mL/min. 13% of the population was in stage 4 and a similar percentage (15%) in stage 5. The time evolution of stage 1 to stage 5 was 10.10 years and stage 3 to 4, 1.5 years.

Chronic kidney disease is a public health problem that affects health systems around the world. Today his studio is preferably focused on the population undergoing dialysis treatment in its various forms which lies in stage 5; However, a comprehensive approach to chronic kidney disease in all its stages is necessary to have information about the condition; hence the importance of this study, in which the time evolution of diabetes and population analyzed by stage of chronic kidney disease [2-4]. The diabetic patient with chronic kidney disease is not flattering; it is distinguished by short evolution times between the stages and high population percentage on stages 4 and 5.

References

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