

The Heart, Kidney and Renal Failure: 20 Years of Nephrology: International Forum, Montecassino, June 1998 (Mineral and Electrolyte Metabolism, 25/2)

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Special Topic Issue: Mineral and Electrolyte Metabolism 1999, Vol. 25, No. 1-2 This special issue is dedicated to the intricate relationship between failing heart and kidney function on the one hand and between failing kidney and cardiovascular events on the other. The crucial role of the kidney in establishing the fluidsodium retention driven by hormonal changes, impaired filtration and afferent/efferent imbalance has long been recognized. When diuretic resistance supervenes, the left ventricular assist device and heart tranplantation are the options. However, hemofiltration may buy time and allow the patient to recover some strength for the intervention. In this context, early treatment with growth hormones may also be of benefit. The main cause of death in dialysis patients is cardiovascular disease. A clustering of risk factors such as hypertension, anemia, age, smoking, homocysteine and reduced physical activity render these patients especially susceptible to cardiovascular disease. To modify each risk factor, holistic management is mandatory. This intervention should be initiated during the course of progressive nephron loss, well in advance of dialytic therapy. Prevention of cardiovascular complications is thus an integral part of the prevention of nephron loss. Nephrologists and cardiologists, as well as those in the fields of intensive care and general medicine, will find this special issue of particular interest.

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