



UNC
KIDNEY CENTER

Podcast Transcript:

Dr. Amy Mottl

Diabetic Kidney Disease

“Diabetic Kidney Disease: How do you treat it?”

Patient: What are my options for treatment?

Dr Mottl: There are no specific therapies for diabetic kidney disease. The most important thing is that you are followed by a diabetes specialist and that you get your blood sugar down as close to normal as possible.

The recommendation is for the blood sugar to always be below 150 which corresponds to something called a Hemoglobin A1c of less than 7. What a Hemoglobin A1c is, is sort of an average measure of what your blood sugar is over the course of the previous three months. When you check your sugar at any moment, that tells you what it is then. But you have no idea what your blood sugar is between testing. So the hemoglobin A1c is very helpful because it may be high at the times that you're not testing. It's important that the A1c, again, be below 7.

Other recommendations are for the blood pressure always to be below 130/80. Your primary care doctor and/or your nephrologist can help you with that. Sometimes it requires multiple medications, sometimes even 4 or 5 blood pressure medications in order to get it down to that range.

Lastly, there's a group of medicines called angiotensin-converting enzyme (ACE) inhibitors and another group called angiotensin receptor blockers (ARB), which are blood pressure medications that also work specifically within the kidney to decrease the blood pressure felt by the kidney. As a consequence, because the pressure within the kidney is decreased, there is less damage done in the kidney. There are multiple studies showing that patients who are kept on either ACE inhibitors or ARBs are less likely to have as rapid of a progression in their kidney disease.

The hardest thing to do, but probably one of the best things to do for people who are overweight, is to lose weight. That can help, not only to improve your diabetes, but also to decrease the blood pressure, and also to decrease extra damage that can sometimes be done by being

overweight in and of itself.

Patient I've read somewhere that as little as 10 pounds will make a difference. Is that true?

Dr Mottl It is. It's not that people who weigh 300 pounds need to get down to 200 pounds. Just a small incremental difference can drastically improve the insulin sensitivity, which is the body's ability to increase uptake of the blood sugar in response to insulin.