Chronic kidney disease (CKD) means your kidneys are damaged and can't filter blood the way they should. The disease is called “chronic” because the damage to your kidneys happens slowly over a long period of time. This damage can cause waste to build up in your body. CKD can also cause other health problems. Chronic kidney disease, also called chronic kidney failure, involves a gradual loss of kidney function. Your kidneys filter wastes and excess fluids from your blood, which are then removed in your urine. Advanced chronic kidney disease can cause dangerous levels of fluid, electrolytes and wastes to build up in your body. In the early stages of chronic kidney disease, you might have few signs or symptoms. You might not realize that you have kidney disease until the condition is advanced. The kidneys’ main job is to filter extra water and wastes out of your blood to make urine. To keep your body working properly, the kidneys balance the salts and minerals such as calcium, phosphorus, sodium, and potassium that circulate in the blood. Your kidneys also make hormones that help control blood pressure, make red blood cells, and keep your bones strong. Kidney disease often can get worse over time and may lead to kidney failure. If your kidneys fail, you will need dialysis or a kidney transplant to maintain your health. Chronic kidney disease is a progressive disease with no cure and high morbidity and mortality that occurs commonly in the general adult population, especially in people with diabetes and hypertension. Preservation of kidney function can improve outcomes and can be achieved through non-pharmacological strategies (e.g., dietary and lifestyle adjustments) and chronic kidney disease-targeted and kidney disease-specific pharmacological interventions. Managing chronic kidney disease-associated cardiovascular risk, minimizing the risk of infection, and preventing acute kidney injury are crucial interventions for these patients, given the high burden of complications, associated morbidity and mortality, and the role of non-conventional risk factors in chronic kidney disease. When renal replacement therapy becomes inevitable, an incremental transition to dialysis can be considered and has been proposed to possibly preserve residual kidney function longer. There are similarities and distinctions between kidney-preserving care and supportive care. Additional studies of dietary and pharmacological interventions and development of innovative strategies are necessary to ensure optimal kidney-preserving care

and to achieve greater longevity and better health-related quality of life for these patients.

https://youtu.be/7dAt-JMSCVQ?si=A9B2p1CkvTFjG63f