

Recurrent Nephrolithiasis in Adults: Comparative Effectiveness of Preventive Medical Strategies: Comparative Effectiveness Review Number 61



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(Lavina Torp)

RECURRENT NEPHROLITHIASIS IN ADULTS: COMPARATIVE EFFECTIVENESS OF PREVENTIVE MEDICAL STRATEGIES: COMPARATIVE EFFECTIVENESS REVIEW NUMBER 61

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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 234 pages. Dimensions: 11.0in. x 8.5in. x 0.5in. Nephrolithiasis is a condition in which hard masses (kidney stones) form within the urinary tract. These stones form from crystals that separate out of the urine. The lifetime incidence of kidney stones is approximately 13 for men and 7 for women. Reports conflict regarding whether incidence is rising overall, but consistently report rising incidence in women and a falling male-to-female ratio. Direct medical expenditures associated with kidney stones may exceed 4.5 billion annually in the U. S. Approximately 80 of adults with kidney stones have stones consisting predominately of calcium oxalate and/or calcium phosphate, with most remaining patients having either struvite or uric acid stones. Many patients with kidney stones have low urine volume and/or one or more biochemical abnormalities, including hypercalciuria, hyperuricosuria, hyperoxaluria, hypocitraturia, and either low or high urine pH. Risk of kidney stones also may be increased by medical conditions such as primary hyperparathyroidism, obesity, diabetes, gout, and intestinal malabsorption, and by anatomic abnormalities such as medullary sponge kidney and horseshoe kidney. Previous systematic reviews of randomized controlled trials (RCTs) of dietary and pharmacological therapies have reported that increased fluid intake, thiazide diuretics, and citrate pharmacotherapy reduce stone recurrence, but that evidence was insufficient regarding the efficacy of other pharmacological treatments. Clinical guidelines recommend that patients who experience kidney stones undergo a laboratory evaluation, including analysis of stone composition and possibly of urine and blood biochemistries. Unclear, however, is whether pretreatment laboratory test results predict effectiveness of treatment on stone recurrence and other clinical health outcomes, or whether treatment tailored to pretreatment laboratory results is associated with better clinical health outcomes than empiric therapy. Nor have followup biochemical test results been proven as valid surrogates for predicting...



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