

# What You Don't See But Is Hurting You Silently

Approximately 10% of adults in the United States is estimated to have Chronic Kidney Disease (CKD). One of 3 adults with diabetes and 1 out of 5 with hypertension has CKD defined by either urinary abnormal protein excretion or decreased glomerular filtration rate (GFR) or both. Both diabetes and Hypertension account for about 72% of patients with CKD. Other risk factors for CKD include a variety of immune disorders of kidneys, cardiovascular disease, high cholesterol, obesity, family history of kidney disease, age > 50 years, some drugs including non-steroid anti-inflammatory agents, IV contrast, some antibiotics, protein pump inhibitors like Prilosec, Protonix, etc.

Because a presence of CKD remains asymptomatic till it progresses to advanced stages 4 or 5, most patients do not know or feel that they even may have CKD. A very simple urine or blood test can diagnose kidney disease. Therefore, it is a good idea to do these simple screening tests for the patients with the above risk factors.

If left untreated CKD can progress and can cause serious cardiovascular consequences including heart failure, heart attack and strokes. CKD not only makes the traditional risk factors for CV disease like high blood pressure, diabetes, lipid abnormalities, difficult to control but also creates non-traditional unique risk factors and complications like salt and water retention (Fluid Volume Excess), high potassium, low calcium, high phosphorus, high parathyroid hormone in blood, excessive urinary protein excretion, enhanced calcification of arteries and heart, malnutrition and a chronic state of inflammation raising the risk multi-fold for premature death from cardiovascular causes. In fact, patients with CKD are 16 to 40 times more likely to die than to reach end stage renal needing dialysis.



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After completion of training from Vanderbilt University in Nashville TN and New York Medical College, SUBIR PAUL, MD, FASN, joined Shoals Kidney & Hypertension Center in 1996. Dr. Paul serves as Medical Director of Davita Dialysis Center and has privileges at Eliza Coffee, Helen Keller and Shoals Hospitals where he has served on several committees. He is a fellow with the American Society of Nephrology. Dr. Paul was a scholar in a Hypertension related research fellowship from the National Institute of Health. His research work has been published in prestigious national journals and he continues to present and publish his research work in both National and International Nephrology annual scientific conferences.

Dr. Paul emphasizes early detection of CKD and its complications and provides up-to-date, personalized, compassionate care with excellence to prevent or SLOW down the progression of CKD and its associated complications to improve patient's quality of life and overall health outcome. He has a special interest in hypertension, anemia of kidney disease, mineral and bone disorders of CKD and cardio-renal syndrome.

Dr. Paul loves to teach and has mentored a significant number of nurse practitioners in the Shoals area over many years. He also continues to precept medical students from two medical schools with a vision to transform medical students of today to excellent physicians for tomorrow.



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