Department of Pathophysiology and Therapy in Chronic Kidney Disease

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General Summary

Overview of education and research

This department aims to advance education and research to prevent the onset and development of chronic kidney disease (CKD) and to slow the increase in the number of patients with renal failure. The number of elderly patients undergoing hemodialysis (HD) for renal failure has increased markedly in Japan and has become a critical social and medical economic problem. One solution for this problem is to prevent the onset and progression of CKD and to reduce the number of patients requiring HD.

Another solution is to improve the quality of life for the rehabilitation of patients who have already undergone HD and to promote home HD (HHD) and continuous ambulatory peritoneal dialysis (CAPD) that can be performed at home. Both HHD and CAPD will greatly benefit patients undergoing HD, particularly patients who have difficulty visiting hospitals because of old age or disability. Furthermore, when the Great East Japan Earthquake occurred, it was shown that CAPD could be performed in disaster areas.

Research Activities

Prevention of CKD and its progression

Hyperuricemia has long be suggested to be a risk factor for the onset and progression of CKD, but definitive evidence was lacking, because an antihyperuricemic agent that could reduce uric acid levels effectively and safely in patients with renal dysfunction, such as CKD, was not available. Within the last 3 years, 2 novel antihyperuricemic agents that can be used effectively and safely in patients with renal dysfunction have been developed. The efficacy and safety of one agent, febuxostat, were investigated in patients with CKD IIIb and IV and reported at academic meetings and in a paper. Furthermore, a double-blind multicenter prospective clinical trial (FEATHER study: Febuxostat versus placebo randomized controlled trial regarding reduced renal function in patients with hyperuricemia complicated by chronic kidney disease stage 3) is in progress with more than 400 patients with CKD IIIa, b and the publication is on going.

The utility and safety of topiroxostat, another novel antihyperuricemic agent, was investigated in patients with CKD III and hyperuricemia, and its effects on renal function, blood pressure, and albuminuria were examined. The result that albuminuria decreased significantly in patients receiving topiroxostat was reported in a paper. The underlying mechanism of reduced albuminuria is being investigated in basic research, and the effect is being confirmed separately in a panel of primary diseases for renal failure. Furthermore, a

randomized clinical trial to examine the effect of urinaly protein loss caused by diabetic nephropathy is in progress.

Efforts to promote CAPD

To promote CAPD, a method of HHD, our department has employed peritoneal dialysis coordinators and had them visit the homes of patients undergoing CAPD to solve the problems presented by the patients and their families. The patients were then asked to answer a questionnaire survey about CAPD; the results were analyzed and presented at academic meetings. Because we believe that HHD by CAPD cannot be promoted without the cooperation of nursing care facilities and health and welfare facilities, CAPD study meetings have been held periodically with colleagues in such facilities near Kashiwa Hospital.

Combination therapy with HD once a week has been tried in patients undergoing CAPD with disturbed peritoneal function or insufficient water removal. A retrospective study and a prospective study (EARTH Study: The study of evaluating adequateness replacement therapy) are ongoing as multicenter collaborative studies to elucidate the effectiveness of the combination therapy. The retrospective study has already been completed and is being prepared for publication, while the prospective study is fixed cases and the publication is ongoing.

Check-up and evaluation

Research regarding the onset and development of hyperuricemia and CKD is ongoing. The analysis of the FEATHER study will be completed in March 2016, and a manuscript is being prepared. That topiroxostat reduces albuminuria similarly in a variety of renal diseases has been verified and reported in a paper. Experiments are in progress to elucidate the underlying mechanism in basic studies.

While CAPD has been promoted in patients with renal failure at the Department of Nephrology and Hypertension of our medical school, we hope other institutions will participate in this project and help establish the clinical effecacy of PD and HD combined therapy. To this end, we would like to make proposals for fulfillment of the systems for patients undergoing CAPD, such as medical insurance and nursing care insurance.

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