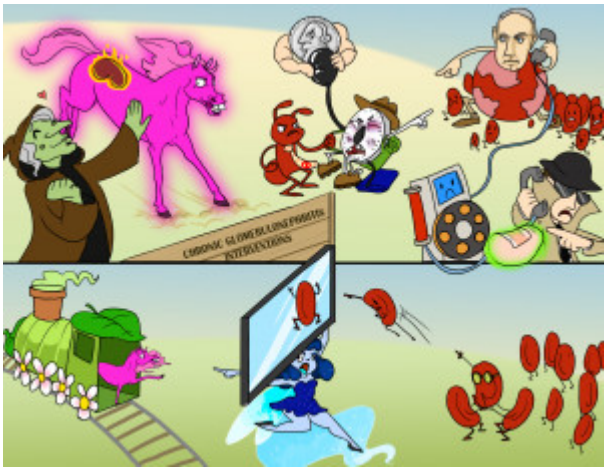
Chronic Glomerulonephritis Interventions

Chronic glomerulonephritis reflects the end stage of glomerular inflammatory disease. Symptoms develop slowly and treatment is supportive and symptomatic. Patients can be given corticosteroids, antihypertensives, erythropoietin and cytotoxic agents to control disease and its consequences. Dialysis may be necessary, along with plasmapheresis. The only definitive treatment for this condition if it is unresponsive to other therapies is a kidney transplant.



PLAY PICMONIC

Corticosteroids

Quarter-on-steroids

Decreased function of the kidneys causes decreased levels of aldosterone, a mineralocorticoid. Exogenous medications are required to maintain homeostasis.

Antihypertensives

Ant-tie-hiker-BP

Patients with renal dysfunction often have serious issues with blood pressure regulation. Decreased blood flow to the kidneys stimulates the renin-angiotensin-aldosterone system (RAAS). This overstimulation must be managed often times by multiple antihypertensive medications.

Erythropoietin

Earth-red-Putin

Erythropoietin (Epogen) is given as a supplemental medication to the normal erythropoietin synthesized by the kidneys. This allows for the stimulation of red blood cell proliferation in the bone marrow. Patients are often also given iron supplementation.

Cytotoxic Agents

Side-toe-toxic Agent

Cytotoxic medications are prescribed for patients with chronic glomerulonephritis, as these medications affect the immunopathologic mechanisms associated with the disease.

Dialysis

Dial-machine

Dialysis removes toxins that the kidneys normally filter out of the bloodstream. It also allows for electrolytes to be normalized.

Plasmapheresis

Plasma-fairy

Plasmapheresis is the process of removing blood plasma from blood circulation to allow for removal of toxins and then returning the treated plasma back to the patient.

Transplant

Train-plant

The only definitive treatment for this condition if it is unresponsive to other therapies is a kidney transplant.