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ON IMPROVING THE ORGANIZATION OF RENDERING SPECIALIZED NEPHROLOGICAL CARE TO THE POPULATION

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ABSTRACT

The article discusses specialized nephrological care, which includes the diagnosis and treatment of acute and chronic kidney diseases, as well as the management of patients with end-stage renal disease receiving various types of renal replacement therapy.

KEYWORDS: *Kidney Pathology, Nephritis, Renography, Deontology, Comorbidity.*

INTRODUCTION

Nephrology as a separate medical specialty became autonomous compared to other therapeutic specialties (cardiology, pulmonology, etc.) much later. The main reason was the significantly lower prevalence of reno-parenchymal pathology compared to diseases of the cardiovascular, respiratory, digestive systems, etc.

Of no less importance was scientific ignorance of the etiology and pathogenesis of kidney diseases and, accordingly, the lack of evidence-based approaches to their treatment.

Today it is clear that, despite the relatively low prevalence of kidney pathology, the relevance of this problem lies in the predominant incidence of young people, the continuity of the progression of chronic forms of diseases, wide comorbidity, disability and mortality in patients of working age and limited access to modern methods of treatment (value, failure to provide methods of renal replacement therapy).

The Society of Nephrologists should be familiarized annually with the incidence of acute glomerulonephritis, the prevalence of interstitial nephritis, renal amyloidosis, nephropathies, as well as congenital and hereditary nephropathies. Nephrologists, on the basis of brought to their attention, in addition to the above-mentioned indicators of mortality from kidney disease, inpatient care, clinical examination of patients, the qualifications of nephrologists, other statistical indicators, if they are reliable, make it possible to compare and evaluate the state of nephrological care, take the necessary measures for its optimization.

In recent decades, significant progress has been made in the development of theoretical and practical nephrology. Nephrology has emerged as an independent rather important branch of internal medicine, the further development of which is given much attention.

Specialized nephrological care includes the diagnosis and treatment of acute and chronic kidney diseases, as well as the management of patients with end-stage renal disease receiving various types of renal replacement therapy (programmed hemodialysis, peritoneal dialysis) and kidney transplant recipients. In each country, the nephrological service is organized primarily on a territorial basis. A network of specialized nephrology departments and hemodialysis departments in medical institutions has been created and continues to expand. To assist patients with chronic renal failure, the method of chronic hemodialysis, peritoneal dialysis, kidney transplantation and surgical treatment of renal (vasorenal) symptomatic hypertension are widely used, as well as other modern methods of treating patients with a nephrological profile.

Thanks to the introduction into diagnostic practice of new clinical and laboratory, biochemical, immunological, instrumental, ultrasound, X-ray urological, radioisotope (renography, kidney scanning) and special (puncture biopsy of the kidneys, angiography of renal vessels, etc.) renal lesions, and the use of so-called new pathogenetic methods of therapy has significantly increased the effectiveness of the treatment of this group of patients.

This was facilitated by the improvement in the training of nephrologists, as well as the advanced training of general practitioners - family doctors in the field of practical nephrology.

However, despite the undoubted achievements and successes of modern nephrology, many issues still remain unresolved. This concerns, first of all, studying the prevalence of kidney diseases, establishing the identification and registration of nephrological patients, improving the quality of their treatment, conducting preventive and anti-relapse treatment, and increasing the availability of renal replacement therapy.

The widespread use of the term "chronic renal failure" made it possible to unite all renal pathology and determined new approaches not only to the implementation of measures aimed at slowing the progression of the disease and its treatment, but also to the organization of the nephrological service.

The primary link in nephrological care is (should be) a family doctor. Knowing the family under his care, the age composition and state of health of the members, the conditions and nature of their work, living conditions, and a family doctor with a focus on risk factors for kidney pathology can lay the foundation for their primary and early detection.

Urinalysis (general, daily proteinuria), blood pressure measurement, kidney ultrasound can be available to confirm the presence of renal pathology. A patient with a nephrological profile, being under the supervision of a specialist - a nephrologist, is subject to control by a family doctor regarding the prescribed treatment, the order of dispensary examinations, and rehabilitation after acute diseases.

The role of the family doctor increases when creating such a form of care as a home hospital. A family doctor should be a source of knowledge for family members on maintaining a healthy lifestyle (nutrition, rest, bad habits). In this regard, he must play the role of an educator, convincingly educate a sense of the value of health and life.

The mission of a doctor, especially a family doctor, is to convince the patient of following the recommended regimen, diet, and medication. It is known that the course of reno-parenchymal pathology is often small and asymptomatic. Under such circumstances, in patients of

predominantly young age, compared with older age groups of patients, the attitude to health is less responsible (frivolous).

Therefore, cases of refusal of medicines by patients are not uncommon. It was found that a year after the discovery of arterial hypertension in patients, almost half of them does not use antihypertensive drugs due to satisfactory health. In patients with reno-parenchymal hypertension, compared with patients with essential (hypertension), the state of health deteriorates much less frequently.

Therefore, often an increase in blood pressure in nephrological patients is established by chance and without even realizing it, prescribing a urinalysis, establishing a false diagnosis of hypertension.

Deontology in the field of nephrological medical care also includes the belief of patients in the regularity of dispensary examinations, diet, diet, rest, and professional activities. It is important to convince the patient of the need for extrarenal treatments (hemodialysis, peritoneal dialysis, kidney transplantation).

In this case, it is more difficult to calm him down, inspire hope for the effectiveness of treatment and even restoration of working capacity (depending on the profession).

It is even harder than our circumstances to organize treatment, to calm a patient with end-stage chronic renal failure when it is impossible to implement renal replacement therapy, especially when the patient is aware of its need.

A family doctor can diagnose kidney damage; the nosology of the pathological condition must be confirmed by a specialist - a nephrologist, taking into account the wide comorbidity of renal pathology.

Mutual integration of lesions of the kidneys and other organs and systems is due to the fine anatomical and histological structure of the kidneys, their multifunctionality (excretion, incretion, participation in metabolic processes, hemodynamics), the massiveness of their blood supply and circulation. Comorbidity is realized through the combined etiology of lesions of the kidneys and other organs of pathogenesis.

Damage to other organs and systems may occur as a result of drug therapy for kidney diseases (anticoagulants, antiaggregants, etc.). On the other hand, drug treatment of extra renal diseases may be accompanied by nephrotoxic effects.

The combination of kidney diseases with diseases of other organs and systems can be mutually independent (accompanying pathology), kidney pathology can be secondary (pathogenetically dependent) and can be regarded as a complication of the kidneys of the underlying disease, as a complication due to treatment.

Renal comorbidity, the possibility of numerous complications from different organs and systems in kidney diseases and vice versa dictate the need for integration of nephrology with numerous medical specialties, the need for broad knowledge of nephrologists and proper nephrological literacy of doctors of various specialties.

Thus, the urgent tasks of increasing the level of nephrological care are improving statistical reporting, improving the qualifications of nephrologists, improving the nephrological literacy of

family doctors, doctors of related specialties, active, early detection of reno-parenchymal pathology, increasing the level of out-of-clinical care (polyclinic, day hospital, home hospital) the level of clinical examination, the availability of treatment, the processing and implementation of ethical and deontological rules, inpatient educational work with patients and among the population as a whole.

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