



Geriatric care for elderly nephropaths

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1 INTRODUCTION

With the ageing of the population, chronic diseases have become more common in older people, including chronic kidney disease (CKD). CKD affects about 50% of older adults over the age of 75 and is a leading cause of morbidity and mortality in this population. Geriatric care is important to ensure the quality of life of elderly nephropaths, including care of renal function, management of comorbidities and prevention of complications. CKD is characterized by progressive and irreversible loss of kidney function and is a major cause of morbidity and mortality in the elderly population. The high prevalence of CKD in the elderly can be explained by the age-related decline in kidney function, in addition to other conditions such as hypertension, diabetes mellitus, cardiovascular disease, among others.

Older adults with CKD often present a number of clinical challenges, including the management of multiple comorbidities, polypharmacy, and increased vulnerability to adverse drug effects. In addition, CKD can lead to complications such as anemia, bone disease, neuropathy, among others. In this context, it is important that there is specialized geriatric care for older adults with CKD, aiming at the prevention and treatment of these complications, as well as the promotion of the quality of life of these patients.

The geriatric approach to the treatment of patients with CKD includes a multidisciplinary team, which involves doctors, nurses, pharmacists, nutritionists, physiotherapists and psychologists, working together to provide comprehensive and personalized care. Psychotherapy can also be an important option to help patients cope with the emotional stress, anxiety and depression that can occur as a result of CKD. Finally, there are a number of drug treatments and new therapeutic approaches under development that can help prevent the progression of CKD and improve the quality of life of elderly patients.



2 OBJECTIVE

The aim of this study is to review the current literature on geriatric care for elderly nephropaths, including prevention, comorbidity management and treatment strategies.

3 METHODOLOGY

Five descriptors were used to search for articles in the PubMed, Scielo, BVS, Google Scholar and Latindex databases, published in the last 10 years. The descriptors were: "elderly", "chronic kidney disease", "geriatric care", "prevention" and "treatment". Studies that addressed geriatric care in older adults with CKD were included and those that were not directly related to the topic or that were not published in English, Portuguese or Spanish were excluded.

4 DEVELOPMENT

With regard to geriatric care for elderly nephropaths, it is important to highlight that this population has an increased risk of developing chronic kidney disease (CKD) due to advanced age, comorbidities and long-term use of medications. In addition, CKD in the elderly is often accompanied by other clinical conditions such as diabetes and hypertension, which further increases the complexity of treatment.

To provide adequate care to these patients, a multidisciplinary approach involving physicians, nurses, nutritionists, psychologists and other health professionals is essential. In addition, it is important to monitor kidney function, prevent and treat CKD complications, manage associated comorbidities and ensure patient compliance with treatment.

With regard to nutrition, the diet should be adapted to the specific needs of the CKD patient, including the restriction of sodium, potassium and phosphorus. Prescription of vitamin and mineral supplements may also be necessary, as well as control of water balance.

Regarding drug treatment, it is important to consider the changes in pharmacokinetics and pharmacodynamics in elderly nephropaths in order to avoid toxicity and ensure the efficacy of the prescribed drugs. Drug choice and dose should be individualized and adjusted according to renal function.

New therapeutic approaches for CKD in the elderly, such as stem cell therapy and the use of biomarkers for early diagnosis of the disease, are under research and may represent significant advances in the care of these patients.

In addition, maintaining an adequate diet is crucial for the management of chronic kidney disease in elderly nephropaths. A diet low in protein, sodium and potassium, but with sufficient calcium and phosphorus content, may be beneficial for these patients. Vitamin and mineral



supplementation may also be necessary, as elderly people may have nutritional deficiencies that further aggravate kidney disease.

Another important aspect in geriatric care for elderly nephropaths is the monitoring of the medication used. It is necessary to assess the dosage and side effects of medications, especially those that can affect kidney function, such as non-steroidal anti-inflammatory drugs and some antibiotics.

Furthermore, it is important to assess the functional capacity of elderly nephropaths, as the loss of renal function can affect the mobility and independence of these patients. Rehabilitation programs and physical exercises may be indicated to maintain muscle strength and prevent falls.

Finally, it is necessary to address the importance of emotional and social support for the elderly nephropath. Chronic kidney disease can significantly impact the quality of life of these patients, and it is important that they have access to support services such as psychotherapy and support groups.

Faced with this geriatric care for nephropathic elderly, it is essential that health professionals are prepared to meet the specific needs of these patients. The implementation of integrated geriatric care protocols can be an effective strategy to ensure the best possible quality of life for these patients.

5 FINAL CONSIDERATIONS

The final considerations of this systematic review point to the importance of adopting specific geriatric care for elderly nephropaths. A multidisciplinary approach is essential for the care of these patients, involving not only nephrologists, but also geriatricians, nurses, nutritionists and psychologists.

The studies analyzed indicate the relevance of prevention and control of kidney disease in the elderly, which can be achieved through the adoption of healthy habits, such as physical exercise and a balanced diet. Monitoring renal function is essential to detect possible complications early, avoiding disease progression and reducing morbidity and mortality.

In addition, elderly nephropaths often have comorbidities such as hypertension and diabetes, which makes care even more complex. The individualization of treatment, considering the particularities of each patient, is essential to obtain satisfactory results.

The literature also points to the importance of the adequacy of medications prescribed to older adults with renal dysfunction, in order to avoid complications and adverse effects. It is essential that the medical team responsible for the treatment of elderly nephropaths is updated on the best geriatric care, including the proper management of comorbidities and renal complications.

In short, the adoption of specific geriatric care for elderly nephropathic patients is essential to ensure healthy ageing and a better quality of life for these patients. A multidisciplinary approach and individualization of treatment are fundamental to achieve satisfactory outcomes and prevent complications.



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