

HYPERLIPIDEMIA IN CHRONIC RENAL FAILURE: CLINICAL IMPORTANCE AND THERAPY

Dejan Petrovic¹, Aleksandra Nikolic², Biljana Stojimirovic³

¹Clinic of Urology and Nephrology, Clinical center "Kragujevac", Kragujevac

²Clinic of Internal Medicine, Clinical center "Kragujevac", Kragujevac

³Institute of Urology and Nephrology, Clinic of Nephrology, Clinical center of Serbia, Belgrade

ABSTRACT

Chronic renal failure is characterised by chronic and irretrievable reduction of glomerular filtration rate. The major risk factors for progression of chronic renal failure are high blood pressure, proteinuria, hyperglycemia and hyperlipidemia. Hyperlipidemia develops during the early stages of chronic renal failure (glomerular filtration rate < 50 ml/min/1.73m²). Decreased high-density lipoprotein (HDL) levels and increased triglycerides are the major lipid abnormalities. In patients with proteinuria, increased plasma total cholesterol and low-density lipoprotein (LDL) levels, decreased HDL cholesterol levels, increased lipoproteins (a) and triglycerides are the major dysregulation of the lipid metabolism. Hyperlipidemia leads to the progression of chronic renal failure and atherosclerotic cardiovascular complications. Treating hyperlipidemia in chronic renal failure includes using of statins and fibrates. The adequate control of hyperlipidemia prevents the progression of chronic renal failure and development of atherosclerosis.

Key words: hyperlipidemia, chronic renal failure, atherosclerosis, treatment strategy