ASSOCIATION OF DIABETIC CHRONIC KIDNEY DISEASE WITH BLOOD PRESSURE CONTROL AND HIGH-SENSITIVITY C-REACTIVE PROTEIN

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Abstract: Development of chronic kidney disease (CKD) is influenced by blood pressure (BP) control evaluated 24h ABPM. HsCRP independently predicts future risk of renal function depreciation in T2DM. The aim of the study was to evaluate the associations between CKD, BP control and hsCRP in T2DM and control subjects.
Data were obtained from T2DM subjects with CKD (n=22), T2DM without CKD (n=27), and controls (n=11).
CKD was significantly associated with glycaemia, HTN and T2DM duration, SBP, polyneuropathy, retinopathy and hsCRP. In multivariate regression, CKD was predicted by glycemia, T2DM duration, 24h mean SBP and dipping index. HsCRP was significant predictor for albuminuria.
These findings prove the association of CKD with BP control, higher hsCRP serum levels and SBP in subjects with T2DM with CKD vs. T2DM without CKD and controls, and the predictive role of hsCRP on albuminuria levels.

Keywords: chronic kidney disease, type 2 diabetes, high-sensitivity C-reactive protein, ambulatory blood pressure monitoring