

Prevention and treatment–update 2017

\*Seok hui KANG

Division of Nephrology, Department of Internal Med, Yeungnam University  
Hospital, Korea, South

Chronic kidney disease (CKD) is associated with the retention of uremic toxin, culminating inflammation, oxidative stress, and insulin resistance, which results in sarcopenia or frailty. These conditions are highly prevalent in CKD patients. Previous studies have shown that half of dialysis patients have frailty or sarcopenia. International Classification of Diseases, 10th Revision code was developed for diagnosis of sarcopenia. Recent studies have focused on the importance of sarcopenia and frailty in CKD patients. First, some studies investigated the clinical importance of exercise on sarcopenia or frailty in CKD patients. Studies examining the clinical impact of multi–component interventions including physical activity, nutrition, and communication technology interventions are on–going. Second, basic researches showed that myostatin play a key role in these pathologic processes. The beneficial effects of myostatin blockade have been investigated in recent studies. Third, recent studies showed that over half of nephrologists did not prescribe exercise or medication in CKD patients. Increased awareness and education regarding the clinical importance of frailty or sarcopenia may be warranted to improve patient quality of life and survival.