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Nutritional Interventions in the Prevention of Chronic Kidney Disease

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Abstract: Chronic Kidney Disease (CKD) is a pervasive health concern, imposing significant burdens on individuals and healthcare systems globally. This comprehensive review explores the multifaceted landscape of CKD, focusing on prevention through nutritional interventions. The discussion encompasses the epidemiology and risk factors of CKD, emphasizing the pivotal role of early detection. Diagnostic methods and the clinical staging of CKD set the stage for a detailed exploration of dietary strategies. From blood pressure regulation and glycemic control to protein intake moderation and phosphorus-calcium balance, the review provides nuanced insights into nutritional interventions tailored to specific stages and individual needs. The evolving field of precision medicine is highlighted, emphasizing the potential to personalize dietary approaches based on genetic and metabolic factors. Challenges, including socioeconomic disparities and cultural variations, are acknowledged, prompting a call for innovative solutions. The role of technology in CKD prevention, encompassing digital health and telehealth interventions, emerges as a promising avenue for enhancing accessibility and effectiveness. As we look to the future, research gaps and opportunities in early biomarkers, longitudinal studies, and economic evaluations are identified. Environmental factors and the influence of social determinants on CKD risk are underscored, necessitating a holistic and inclusive approach.

Keywords: Chronic Kidney Disease, CKD, Prevention, Nutritional Interventions, Epidemiology, Risk Factors, Diagnostic Methods, Blood Pressure Regulation, Glycemic Control, Protein Intake, Phosphorus-Calcium Balance, Personalized Nutrition.



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I. Introduction

Chronic Kidney Disease (CKD) stands as a silent epidemic, affecting millions of people worldwide and posing a significant public health challenge. This insidious condition unfolds gradually, often without conspicuous symptoms in its early stages, making it imperative to delve into the nuances of its etiology, progression, and preventive strategies. CKD encompasses a spectrum of renal impairments, progressively diminishing the kidneys' ability to function optimally, and can lead to severe complications, including end-stage renal disease (ESRD). This comprehensive exploration aims to elucidate the intricacies of CKD, shedding light on its multifactorial causes, diagnostic methods, treatment modalities, and, crucially, the pivotal role of nutritional interventions in both its prevention and management. Disease is a pervasive and persistent health condition characterized by the gradual and irreversible decline in kidney function. The kidneys, indispensable organs in maintaining homeostasis, play a pivotal role in filtering waste products, regulating fluid balance, and producing hormones that govern blood pressure. When the kidneys become compromised, these crucial functions are impaired, setting the stage for a cascade of physiological disruptionThe prevalence of CKD has reached alarming proportions globally. According to the World Health Organization (WHO), millions of people are affected, with varying degrees of severity across different regions. The escalating incidence of CKD can be attributed to factors such as an aging population, rising rates of diabetes and hypertension, lifestyle choices, and genetic predispositions. The economic burden of CKD is substantial, encompassing not only the direct costs of healthcare but also the indirect costs associated with decreased productivity and quality of life for affected individuals.CKD is often the result of a complex interplay of factors, with some individuals predisposed to a higher risk due to genetic or familial factors. The leading causes include:Diabetes Mellitus: Uncontrolled blood sugar levels can lead to damage to the small blood vessels in the kidneys, contributing to CKD. Hypertension: Prolonged high blood pressure exerts continuous stress on the delicate filtering units of the kidneys, leading to structural damage over time. Glomerulonephritis: Inflammation of the kidney's glomeruli, the intricate filtration units, can impair their function and contribute to CKD.Polycystic Kidney Disease an inherited disorder characterized by the growth of cysts in the kidneys, leading to structural damage and functional decline. Infections: Recurrent or severe kidney infections can cause scarring and damage to the renal tissue. Conditions that impede the flow of urine, such as kidney stones or an enlarged prostate, can lead to kidney



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damage.CKD is categorized into five stages based on the estimated glomerular filtration rate (eGFR), a measure of the kidneys' ability to filter blood. Early stages may go unnoticed due to the absence of apparent symptoms. Diagnostic approaches include blood and urine tests, imaging studies such as ultrasound or CT scans, and a thorough medical history and physical examination.

II. Literature Review

A comprehensive literature survey based on seminal research papers on Chronic Kidney Disease (CKD) reveals a multifaceted understanding of this global health concern. The foundational work by Go et al. establishes a significant association between CKD and heightened risks of mortality, cardiovascular events, and hospitalization, solidifying CKD as a critical public health issue. Another key paper by Levey et al. highlights the pivotal role of glomerular filtration rate and albuminuria in CKD detection and staging, offering valuable insights for clinical practice. Eckardt et al. underscore the evolving importance of CKD on a global scale, emphasizing its transition from a subspecialty to a major global health burden. The KDIGO 2012 Clinical Practice Guideline provides a standardized framework for the evaluation and management of CKD, serving as a foundational resource for healthcare practitioners. Jha et al. explore the worldwide prevalence of CKD, shedding light on its global dimensions and perspectives, while another paper contributes to the ongoing debate on CKD definition, classification, and prognosis. Hallan et al.'s research delves into age-related associations of kidney measures with mortality and end-stage renal disease, offering crucial insights into demographic influences on CKD outcomes. Webster et al. provide a comprehensive overview of CKD, encompassing epidemiology, mechanisms, and prevention strategies, while Gansevoort et al. explore the intricate link between CKD and cardiovascular risk. Another paper presents data from the US Renal Data System, furnishing the latest epidemiological trends and statistics on CKD in the United States. Additionally, a systematic review examines the global access to treatment for endstage kidney disease, highlighting disparities and gaps in healthcare provision.

Author	Area	Methodol	Key	Challenge	Pros	Cons	Applicatio
& Year		ogy	Findings	S			n
Go et	CKD and	N/A	Associatio	-	Robust	-	Public
al.	Risk		n between		evidence		health
	Factors		CKD and		on CKD		policies
			mortality,		risks		and risk



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Levey et al.	CKD Detection	N/A	cardiovasc ular events, and hospitaliza tion Emphasize s the role	-	Improved diagnostic	-	assessment Clinical practice
ot ui.	and Staging		of glomerular filtration rate and albuminuri a		criteria		guidelines and diagnostics
Eckardt et al.	Global Impact of CKD	N/A	Highlights CKD as a major global health burden	Evolving nature of CKD	Increased awareness	-	Global health strategies and resource allocation
KDIG O	Clinical Practice Guidelines	Guideline Developm ent	Standardiz ed framework for CKD evaluation and manageme nt	Implement ation challenges	Improved patient care	Resou rce- intensi ve	Healthcare practice and policy
Jha et al.	Global Prevalenc e of CKD	Epidemiol ogical Research	Explores worldwide prevalence and perspectiv es of CKD	Data collection in resource-limited settings	Comprehe nsive global insights	-	Public health planning and resource allocation
Hallan et al.	Age- related Associatio ns	Epidemiol ogical Research	Examines age-related influences on CKD outcomes	Limited generaliza bility	Insights into demograp hic factors	-	Tailored healthcare interventio ns
Webste r et al.	Comprehe nsive CKD Overview	Review Article	Offers a comprehen sive overview of CKD, including epidemiol	Informatio n synthesis	Holistic understan ding of CKD	-	Educationa l purposes and guiding interventio ns



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Gansev oort et al.	CKD and Cardiovas cular Risk	Epidemiol ogical and Clinical Research	ogy and prevention Explores the link between CKD and cardiovasc ular risk	Complex interplay of factors	Identificat ion of cardiovasc ular risk factors	-	Cardiovasc ular risk assessment and manageme nt
Saran et al.	US Renal Data System	Epidemiol ogical Research	Presents epidemiol ogical trends and statistics on CKD in the United States	Data accuracy and completen ess	Benchmar king CKD trends	-	Healthcare planning and resource allocation in the US
Liyana ge et al.	Global Access to Treatment	Systematic Review	Examines worldwide access to treatment for end- stage kidney disease	Disparities in healthcare provision	Identifies gaps in access	-	Informing global health policies and interventions
Hill et al.	Global Prevalenc e of CKD	Meta- Analysis	Provides a meta-analysis of CKD prevalence globally	Heterogen eity in study methodolo gies	Quantitati ve overview of CKD prevalence	-	Epidemiol ogical research and benchmark ing
Grams et al.	Lifetime Incidence of CKD	Epidemiol ogical Research	Investigate s the lifetime incidence of CKD stages 3-5 in the United States	Limited generaliza bility	Longitudi nal understan ding of CKD trajectorie s	-	Population health planning and interventio ns

Table 1. Summarizes the Review of Literature of Various Authors

The literature survey also reveals the continued relevance of a meta-analysis on the global prevalence of CKD, emphasizing the persistent need for understanding and addressing this widespread health issue. Another study contributes valuable insights into the lifetime incidence



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of CKD stages 3-5 in the United States, further informing the understanding of CKD trajectories over the lifespan.

III. Mechanisms of Nutritional Influence on Kidney Health:

The intricate interplay between nutrition and kidney health involves a complex network of physiological mechanisms. Understanding these mechanisms is essential for developing targeted nutritional interventions to prevent and manage chronic kidney disease (CKD). The following key factors illustrate how nutrition influences kidney health:

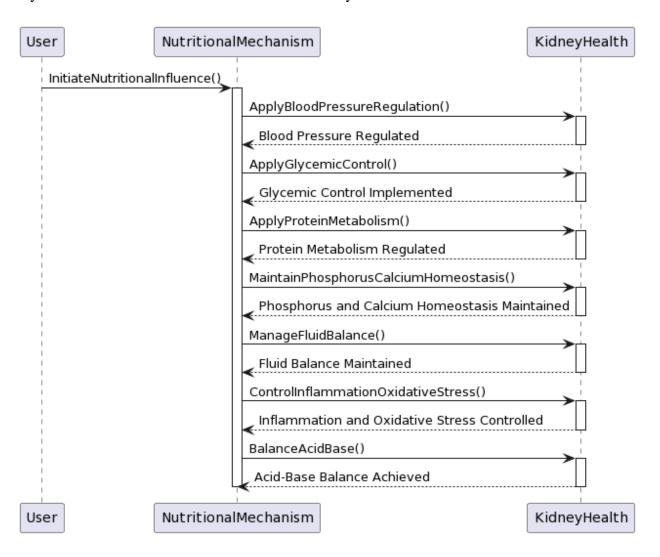


Figure 2. Depicts the Interplay Between Nutrition And Kidney Health



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A. Blood Pressure Regulation

Sodium and Potassium Balance: High sodium intake is associated with elevated blood pressure,

which can contribute to kidney damage over time. Potassium, on the other hand, helps counteract

the effects of sodium and regulate blood pressure. Diets rich in potassium-containing foods, such

as fruits and vegetables, have been linked to lower blood pressure and reduced risk of CKD.

B. Glycemic Control

Impact of Carbohydrates: Diets with a high glycemic index can lead to rapid spikes in blood

sugar levels, putting strain on the kidneys. Managing carbohydrate intake, choosing complex

carbohydrates, and promoting stable blood sugar levels are crucial, especially in individuals with

diabetes, to prevent diabetic nephropathy, a common cause of CKD.

C. Protein Metabolism

Protein Intake and Kidney Function: The metabolism of dietary protein produces waste products,

including urea, which must be excreted by the kidneys. While adequate protein intake is essential

for overall health, excessive protein consumption can increase the kidneys' workload, potentially

accelerating CKD progression. Tailoring protein intake to individual needs and disease stages is

critical in maintaining kidney function.

D. Phosphorus and Calcium Homeostasis

Phosphorus Excretion: Impaired kidney function can lead to difficulties in phosphorus excretion,

resulting in elevated serum phosphorus levels. High phosphorus levels are associated with

vascular calcification and increased cardiovascular risk in CKD patients. Nutritional strategies

that limit phosphorus intake, especially from processed and high-phosphorus foods, are crucial in

preventing complications.

E. Calcium Absorption

Adequate calcium intake is essential for maintaining bone health and preventing secondary

hyperparathyroidism in CKD. However, imbalances in calcium and phosphorus levels can

contribute to mineral and bone disorders. Achieving an appropriate balance through dietary

modifications and, when necessary, supplementation is essential.

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F. Fluid Balance

Sodium and Fluid Retention: Excessive sodium intake can lead to fluid retention, exacerbating hypertension and straining the kidneys. Controlling sodium intake and maintaining a proper fluid balance are essential in preventing fluid overload, especially in advanced stages of CKD.

G. Inflammation and Oxidative Stress

Anti-Inflammatory Nutrients: Certain nutrients, such as omega-3 fatty acids found in fatty fish and antioxidants in fruits and vegetables, possess anti-inflammatory properties. Chronic inflammation and oxidative stress play roles in CKD progression, and incorporating these nutrients into the diet may help mitigate these processes.

H. Acid-Base Balance

Acid-Forming Foods: Diets high in acid-forming foods can potentially contribute to metabolic acidosis, impacting kidney function. Balancing the intake of acid-forming and alkaline-forming foods, such as fruits and vegetables, can help maintain a more favorable acid-base equilibrium.

IV. Dietary Strategies for CKD Prevention

Chronic Kidney Disease (CKD) prevention is a multifaceted endeavor, and dietary strategies play a pivotal role in managing risk factors and maintaining kidney health. Adopting a balanced and nutrient-dense diet can significantly contribute to the prevention of CKD. The following dietary strategies are key components of a proactive approach:

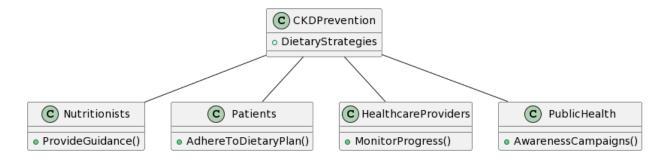


Figure 2. Dietary Strategies for preventionchronic kidney disease (CKD)



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A. Blood Pressure Control:

- Sodium Reduction: Excessive sodium intake is a well-established contributor to hypertension, a leading cause of CKD. Reducing sodium consumption by avoiding processed foods, limiting salt during cooking, and choosing fresh produce can help regulate blood pressure.
- Potassium-Rich Foods: Incorporating potassium-rich foods such as bananas, oranges, spinach, and sweet potatoes can counteract the effects of sodium, contributing to blood pressure control.

B. Blood Sugar Management:

- Carbohydrate Quality: Opting for complex carbohydrates with a low glycemic index, such as whole grains, legumes, and vegetables, helps maintain stable blood sugar levels. This is particularly crucial for individuals with diabetes, as uncontrolled diabetes is a significant risk factor for CKD.
- Moderate Sugar Intake: Limiting the consumption of sugary foods and beverages helps prevent insulin resistance and reduces the risk of diabetic nephropathy.

C. Protein Intake

Quantity and Quality: Adequate protein intake is essential for overall health, but
excessive protein consumption can strain the kidneys. Balancing protein intake with
high-quality sources such as lean meats, poultry, fish, eggs, and plant-based proteins
is crucial. In advanced stages of CKD, protein restriction may be necessary under the
guidance of a healthcare professional.

D. Phosphorus and Calcium Regulation

- Limiting High-Phosphorus Foods: Processed and packaged foods often contain high levels of phosphorus additives. Restricting the intake of these foods helps manage phosphorus levels in individuals with CKD.
- Adequate Calcium Intake: Ensuring sufficient but controlled calcium intake is
 essential for bone health. Dietary sources of calcium, such as dairy products, fortified
 plant-based milk, and leafy greens, should be included.

E. Fluid Management



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Individualized Fluid Intake: In advanced stages of CKD, fluid intake may need to be
adjusted based on individual needs and the severity of the condition. Monitoring fluid
balance is crucial to prevent complications associated with fluid overload.

F. Omega-3 Fatty Acids

• Fatty Fish and Plant Sources: Including sources of omega-3 fatty acids, such as fatty fish (e.g., salmon, mackerel) and plant-based options like flaxseeds and walnuts, may have anti-inflammatory effects and benefit cardiovascular health.

G. Vitamin D and Antioxidant-Rich Foods

- Sunlight Exposure: Adequate exposure to sunlight promotes the synthesis of vitamin D, which is essential for calcium absorption and bone health.
- Antioxidant-Rich Foods: Fruits and vegetables rich in antioxidants help combat oxidative stress, potentially slowing the progression of CKD. Berries, citrus fruits, and leafy greens are excellent choices.

H. Limiting Oxalate Intake

 Prudent Choices: For individuals prone to kidney stones, limiting foods high in oxalates, such as beets, chocolate, nuts, and tea, can be beneficial in preventing stone formation.

I. Alkaline Diet Considerations

• Fruits and Vegetables: An alkaline diet, which emphasizes fruits and vegetables, may help maintain a more favorable acid-base balance in the body. This could be beneficial in mitigating the risk of acidosis associated with CKD.

V. Future Scope

- A. In the realm of chronic kidney disease (CKD) prevention, several key areas beckon further exploration to refine strategies and bridge existing gaps in our understanding. One significant avenue is the identification of early biomarkers for risk prediction, necessitating the development and validation of reliable markers to detect CKD at its nascent stages. The future thrust should involve investigating novel biomarkers, incorporating genetic, proteomic, and metabolomic data to enhance predictive models and facilitate early intervention.
- B. Precision medicine emerges as a promising frontier, yet a research gap persists in understanding the intricate interplay between genetic and individual responses to dietary



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- and lifestyle interventions in CKD prevention. Future efforts should involve large-scale studies to pinpoint genetic markers influencing CKD susceptibility and tailor preventive strategies based on individual genetic profiles, maximizing efficacy and personalization.
- C. Longitudinal studies on lifestyle interventions are paramount for evaluating the sustained impact of dietary, physical activity, and behavioral modifications in preventing CKD progression. Conducting prospective, extended follow-up studies across diverse populations will provide invaluable insights into the long-term effectiveness of these interventions.
- D. Digital health and telehealth interventions have garnered attention, yet evidence on their effectiveness in CKD prevention is limited. The future direction entails a thorough investigation into the feasibility and impact of digital health tools, mobile apps, and telehealth platforms. This includes assessing their potential for delivering personalized CKD prevention strategies, as well as evaluating their cost-effectiveness and scalability for broader implementation.
- E. Understanding the socioeconomic determinants influencing CKD risk remains a substantial research gap. Future research should delve into comprehensive studies elucidating the complex interplay between income, education, and healthcare access disparities, informing targeted interventions to address these social determinants effectively.
- F. Patient-centered outcomes in CKD prevention have been underemphasized, with limited incorporation of patient-reported outcomes and preferences in research. Future directions should prioritize integrating patient-centric elements into research designs, understanding patient perspectives on dietary interventions, lifestyle changes, and healthcare engagement for more inclusive and effective preventive strategies.
- G. Environmental factors contributing to CKD risk have been insufficiently explored, necessitating future investigations into the impact of environmental pollutants, occupational exposures, and climate-related factors. Uncovering these links will not only inform preventive avenues but also shape public health policies to address environmental contributors.
- H. Implementation science plays a pivotal role, yet the translation of evidence-based interventions into real-world practice remains limited. Future directions should involve



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incorporating implementation science methodologies, identifying barriers and facilitators to the adoption of preventive strategies, and ensuring the seamless integration of effective interventions into clinical or community-based settings.

I. Addressing health disparities and tailoring CKD prevention strategies for diverse populations is another pressing concern. The future entails conducting targeted studies that encompass underrepresented populations and exploring culturally sensitive interventions, with a keen focus on addressing health equity for a more comprehensive and inclusive public health impact.

VI. Conclusion

Chronic Kidney Disease (CKD) stands as a formidable global health challenge, demanding a multifaceted and proactive approach to prevention. This comprehensive exploration has delved into the intricacies of CKD, spanning its epidemiology, risk factors, diagnostic methods, and the pivotal role of nutritional interventions in both prevention and management. The escalating prevalence of CKD, driven by factors such as an aging population, rising rates of diabetes and hypertension, and lifestyle choices, underscores the urgent need for preventive strategies. Early detection remains a critical aspect, and efforts to enhance awareness and implement regular screening programs are imperative. Nutritional interventions emerge as a cornerstone in CKD prevention, with dietary strategies tailored to address the intricate mechanisms influencing kidney health. From blood pressure regulation and glycemic control to protein intake moderation and phosphorus-calcium balance, these strategies provide a roadmap for individuals and healthcare professionals alike. Personalized nutrition, considering genetic, metabolic, and stagespecific factors, emerges as a promising frontier in optimizing preventive approaches. Persist, ranging from socioeconomic disparities and cultural variations to the prevalence of comorbidities and limited public awareness. Bridging these gaps necessitates innovative solutions, including technology integration, precision medicine, community engagement, advocacy. Looking to the future, research must explore early biomarkers, delve into precision medicine's potential, and conduct longitudinal studies on lifestyle interventions. Digital health and telehealth interventions, environmental factors, and economic evaluations of prevention programs should also be prioritized. Acknowledging the influence of socioeconomic determinants and promoting health equity ensures a comprehensive and inclusive preventive approach. In conclusion, tackling the global burden of CKD requires a collective effort that



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transcends traditional boundaries. Healthcare professionals, researchers, policymakers, and individuals must unite in a concerted effort to implement evidence-based strategies, harness technological advancements, and address social determinants.

References

- [1] Go AS, Chertow GM, Fan D, McCulloch CE, Hsu CY. Chronic kidney disease and the risks of death, cardiovascular events, and hospitalization. N Engl J Med. 2004 Sep 23;351(13):1296-305.
- [2] Levey AS, Becker C, Inker LA. Glomerular filtration rate and albuminuria for detection and staging of acute and chronic kidney disease in adults: a systematic review. JAMA. 2015 Feb 24;313(8):837-46.
- [3] Eckardt KU, Coresh J, Devuyst O, Johnson RJ, Köttgen A, Levey AS, Levin A. Evolving importance of kidney disease: from subspecialty to global health burden. Lancet. 2013 Jan 12;382(9887):158-69.
- [4] KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney Int Suppl. 2013 Jan;3(1):1-150.
- [5] Jha V, Garcia-Garcia G, Iseki K, Li Z, Naicker S, Plattner B, Saran R, Wang AY, Yang CW. Chronic kidney disease: global dimension and perspectives. Lancet. 2013 Jul 20;382(9888):260-72.
- [6] Levey AS, de Jong PE, Coresh J, El Nahas M, Astor BC, Matsushita K, Gansevoort RT, Kasiske BL, Eckardt KU. The definition, classification, and prognosis of chronic kidney disease: a KDIGO Controversies Conference report. Kidney Int. 2011 Jul;80(1):17-28.
- [7] Hallan SI, Matsushita K, Sang Y, Mahmoodi BK, Black C, Ishani A, Kleefstra N, Naimark D, Roderick P, Tonelli M, Wetzels JF. Age and association of kidney measures with mortality and end-stage renal disease. JAMA. 2012 Dec 12;308(22):2349-60.
- [8] Hill NR, Fatoba ST, Oke JL, Hirst JA, O'Callaghan CA, Lasserson DS, Hobbs FD. Global prevalence of chronic kidney disease a systematic review and meta-analysis. PLoS One. 2016 Jul 6;11(7):e0158765.
- [9] Liyanage T, Ninomiya T, Jha V, Neal B, Patrice HM, Okpechi I, Zhao MH, Lv J, Garg AX, Knight J, Rodgers A. Worldwide access to treatment for end-stage kidney disease: a systematic review. Lancet. 2015 May 23;385(9981):1975-82.



ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -1) Journal Volume 11, Iss 08, 2022

- [10] Webster AC, Nagler EV, Morton RL, Masson P. Chronic kidney disease. Lancet. 2017 Mar 25;389(10075):1238-52.
- [11] Gansevoort RT, Correa-Rotter R, Hemmelgarn BR, Jafar TH, Heerspink HJ, Mann JF, Matsushita K, Wen CP. Chronic kidney disease and cardiovascular risk: epidemiology, mechanisms, and prevention. Lancet. 2013 Jul 20;382(9889):339-52.
- [12] Saran R, Robinson B, Abbott KC, Agodoa LY, Bhave N, Bragg-Gresham J, Balkrishnan R, Dietrich X, Eckard A, Eggers PW, Gaipov A. US Renal Data System 2019 Annual Data Report: Epidemiology of Kidney Disease in the United States. Am J Kidney Dis. 2018 Mar 1;75(1S1):A6-A7.
- [13] Hill NR, Fatoba ST, Oke JL, Hirst JA, O'Callaghan CA, Lasserson DS, Hobbs FD. Global prevalence of chronic kidney disease a systematic review and meta-analysis. PLoS One. 2016 Jul 6;11(7):e0158765.
- [14] Grams ME, Chow EK, Segev DL, Coresh J. Lifetime incidence of CKD stages 3-5 in the United States. Am J Kidney Dis. 2013 Mar;62(3):245-52.
- [15] Hallan SI, Matsushita K, Sang Y, Mahmoodi BK, Black C, Ishani A, Kleefstra N, Naimark D, Roderick P, Tonelli M, Wetzels JF. Age and association of kidney measures with mortality and end-stage renal disease. JAMA. 2012 Dec 12;308(22):2349-60.
- [16] Liyanage T, Ninomiya T, Jha V, Neal B, Patrice HM, Okpechi I, Zhao MH, Lv J, Garg AX, Knight J, Rodgers A. Worldwide access to treatment for end-stage kidney disease: a systematic review. Lancet. 2015 May 23;385(9981):1975-82.
- [17] Webster AC, Nagler EV, Morton RL, Masson P. Chronic kidney disease. Lancet. 2017 Mar 25;389(10075):1238-52.
- [18] Gansevoort RT, Correa-Rotter R, Hemmelgarn BR, Jafar TH, Heerspink HJ, Mann JF, Matsushita K, Wen CP. Chronic kidney disease and cardiovascular risk: epidemiology, mechanisms, and prevention. Lancet. 2013 Jul 20;382(9889):339-52.
- [19] Saran R, Robinson B, Abbott KC, Agodoa LY, Bhave N, Bragg-Gresham J, Balkrishnan R, Dietrich X, Eckard A, Eggers PW, Gaipov A. US Renal Data System 2019 Annual Data Report: Epidemiology of Kidney Disease in the United States. Am J Kidney Dis. 2018 Mar 1;75(1S1):A6-A7.
- [20] Grams ME, Chow EK, Segev DL, Coresh J. Lifetime incidence of CKD stages 3-5 in the United States. Am J Kidney Dis. 2013 Mar;62(3):245-52.



ISSN PRINT 2319 1775 Online 2320 7876

Research Paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -1) Journal Volume 11, Iss 08, 2022

- [21] Dhabliya, M. D., & Dhabalia, M. R. (2014). Object Detection and Sorting using IoT. International Journal of New Practices in Management and Engineering, 3(04), 01-04.
- [22] Verma, M. K., & Dhabliya, M. D. (2015). Design of Hand Motion Assist Robot for Rehabilitation Physiotherapy. International Journal of New Practices in Management and Engineering, 4(04), 07-11.
- [23] Mahalle, P. N., Sable, N. P., Mahalle, N. P., & Shinde, G. R. (2020). Data analytics: Covid-19 prediction using multimodal data. Intelligent systems and methods to combat Covid-19, 1-10.
- [24] Bhattacharya, S., Rungta, D. S., & Kar, N. (2013). Intelligent Frequent Pattern Analysis in Web Mining. International Journal of Digital Application & Contemporary research, 2.

