In response to the article "The challenge of cardiovascular disease in patients with chronic kidney disease"

En respuesta al artículo «El reto de la enfermedad cardiovascular del paciente con enfermedad renal crónica»

In response to the article entitled "The challenge of the cardiovascular disease patient with chronic kidney disease" by Dr. Javier Diez in the Heart and Kidney, Cardiorenal Syndrome of Nephrology, section with update date of 04/05/2021.[1]

In their article the authors state: "In Spain, there are already cardiorenal units, such as the one created in 2018 at the Virgen de la Macarena University Hospital in Seville and the one created in 2019 at the La Fe University Hospital in Valencia. In these units, there is a multidisciplinary and comprehensive approach to the patient with heart disease and kidney disease through joint action protocols and consensual diagnostic and therapeutic decisions."

That article and the one entitled "Developing the subspecialty of cardio-nephrology: the time has come. A position paper from the coordinating Committee from the Working Group for Cardiorrenal Medicine of the Spanish Society of Nephrology," and the document "Basis for the creation of cardiorenal clinical units. Consensus document of the cardiorenal working groups of the Spanish Cardiology Society and the Spanish Nephrology Society"[2,3] collect the work that has been carried out for years in the cardiorenal specialist clinic of the Virgen del Rocío University Hospital in Seville.

This clinic started in February 2005 from the collaboration of the Cardiology and Nephrology Services of the Virgen del Rocío Hospital as an expression of the need for the cardiological assessment of renal patients as part of their pre-transplant evaluation. This led to the preparation of a joint action document for the prevention, diagnosis, and treatment of the cardiovascular pathology of the pre-transplant and post-transplant renal patient for all patients in Seville and the province. At that time, the priority was to reduce mortality due to ischemic heart disease in kidney transplant patients; over time this approach was extended to the rest of patients with renal and cardiac disease being followed in our hospital.

Within the work of this unit, screening of ischemic heart disease was carried out in 313 patients during the period between 2005 and 2013 as part of their study for inclusion on the renal transplant waiting list. This revealed the existence of significant coronary injury in 123 of the 313 (39%), with a silent disease in 32.4%, and subsequent revascularization in 83 patients (67.4%). This approach probably improved cardiovascular mortality in transplanted patients.[4]

Faced with this healthcare initiative, we felt obliged to share our experience and promote the joint work of the cardiology and nephrology specialties with the creation of "cardiorenal meetings." Over time, these meetings have become a common forum at the national level for cardiologists and nephrologists that bring together the latest topics for renal patient with cardiac pathology or vice versa. The activity has attracted great and lasting scientific interest: this year it celebrates its thirteenth edition.

This adventure, facing the challenge posed by the management of the cardiorenal patient, does not remain only with the development of the cardiorenal meetings since the "Andalusian Cardiorenal Association" was created as an instrument for the generation of research and training projects by all those involved in the management of cardiorenal disease. The association was created in June 2016 and registered in the Registry of Associations, in the Ministry of Health and Justice of the Junta de Andalucía, in November 2016 for the purposes of organizing cardiorenal meetings, promoting research in cardiorenal disease and the study, prevention, education, and dissemination of diseases of the kidney and heart. It promotes collaboration with scientific, government entities and public or private associations that address this type of disease.

With the above we want to put on record the existence of the Cardiorenal Unit at the Virgen de Rocío Hospital in Seville for more than 15 years, probably being a pioneer at the national level.

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Importance of gender in KDIGO guideline recommendations. Diabetes and CKD

Importancia del género en las recomendaciones de las guías KDIGO. Diabetes y ERC

Mr. Editor,

The recent publication on the review of the KDIGO guidelines[1] in their recommendations for the management of chronic kidney disease (CKD) in patients with diabetes mellitus (DM) has been as always welcome and very clarifying on the peculiarities in the management and treatment of these patients. Its key recommendations include the use of 3 pharmacological groups and the determination to contraindicate the use of tobacco. The last few years in the management of DM have been key for the increase in the number of effective and safe therapeutic groups with a clear cardioprotective and nephroprotective profile beyond their efficacy as antihypertensives, antihyperglycemic agents or diuretics.

These new drugs whose randomized clinical trials (RCT) never cease to surprise us because they are generalizing the inclusion of more and more patients similar to those in real life (RL), participants who on many occasions are at very serious moments in the evolution of their disease (CKD + DM). Using outcome criteria that include total, renal and overall cardiovascular mortality. In that aspect we are seeing that there are patients included with advanced CKD, a high range of proteinuria and heart failure in NYHA grades IV. Patients who complete the studies in a sufficiently representative number to make the appropriate clinical considerations.

In our Primary Care setting, according to the results of the most extensive epidemiological studies published in the last 10 years and included and consensus document for the detection and management of CKD published in this journal,[2] the prevalence of CKD is around 15% on average, increasing with age as supported in all the studies them, and has an undefined behavior with respect to sex. The studies EPIRCE, ENRICA and the more recent the IBERICAN study, all representative of the Spanish population, do not reach the same results (Table 1).[3–5]

Nor do we have a clear idea of the prevalence of diabetic nephropathy, the most prevalent cause of CKD, the percentage of which is unknown at the present time, and above all, its possible differentiation by age or sex.

That is why we wanted to show what is the true value of gender as an independent risk marker in the RCT that

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