

Case 1

- 82 year old lady

Longstanding hypertension, CVA 2 yrs ago, residual hemiparesis.

MI last year with LV impairment .

Lives alone in warden aided flat with support from family

Reasonable quality of life but essentially housebound

Medication

Aspirin 75mg od

Bisoprolol 2.5mg od

Clopidogrel 75mg od

Ramipril 5mg od

Furosemide 80mg od

Simvastatin 40 mg od

Feeling increasingly tired and itchy over last 2 months

Oedema to knees, BP 110/65, urine dipstick negative

Investigations

Creatinine 280 eGFR 14ml/min (eGFR 20-6months ago)

Haemoglobin 8.7 Ferritin 25

Calcium 2.15 Phosphate 2.1 PTH 250

Potassium 6.1 Urine ACR 15mg/mmol

Questions to discuss in your groups.

- What Stage CKD is this lady? Discuss in your group significance of this.
- What are the main elements of her medical management?
- What factors would you consider when discussing her renal treatment options?
- How would you manage this lady's anaemia?

Case 2

- 75 year old man

History of hypertension

MI 5yrs ago

Successful on PD for 3yrs(now APD)

Admitted general physical deterioration and shortness of breath over past 6months.

Clinical findings on admission

BP 91/50

No peripheral oedema

Short of breath on exertion.

Repeat Echo shows poor LV function which is a deterioration from previous result,

Medication

— Ramipril 5mgs daily

Amilodipine 10mgs daily

Calcium acetate 1 tab with meals

Issues to discuss in your groups

- Medical management
- Treatment options