

Diabetic Nephropathy



Diabetic nephropathy is a kidney condition that can appear as a consequence of diabetes, affecting the functioning of the kidneys in those who suffer from it. This occurs when the blood glucose level and other factors associated with diabetes have not been controlled. Once diabetic nephropathy appears, it is practically irreversible, so early detection is very important to prevent progress once it is diagnosed.

Causes

Over time, if diabetes isn't controlled, it can cause damage to the blood vessels in the kidneys, which filter waste from the blood. This can cause high blood pressure and kidney damage. Factors contributing to the development of diabetic nephropathy include:

Time of evolution of diabetes. Nephropathy appears in 50% of patients after 20 years of the onset of diabetes.

High blood pressure. It is the most important risk factor for the development of nephropathy in people with diabetes.

Glycosylated hemoglobin. There is a relationship between the degree of glycemic control measured by the percentage of glycosylated hemoglobin and microvascular lesions.



Hyperlipoproteinemia. It is a genetic disorder that causes the level of cholesterol in the blood to be high, which can worsen diabetes.

Obesity. Excess fat in the body, caused by eating habits, can cause blood glucose levels to get out of control.

Symptoms

In the early stages, you may not see any signs or symptoms.

In later stages, the following may occur:

- Swelling of the legs
- Shortness of breath
- Loss of appetite
- Nausea and vomiting
- Itchy skin
- Fatigue most of the time



Diagnosis

Diabetic nephropathy is usually diagnosed during routine tests that are part of diabetes management, including:

Urine albumin test. This test can detect if there is too much albumin protein, which is a sign of kidney damage.

Estimated glomerular filtration rate (eGFR) evaluates how the kidneys filter waste from the blood.

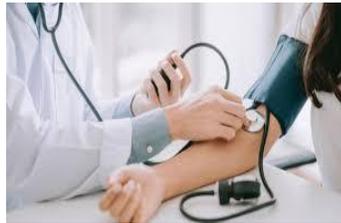
Treatment

- The main treatment for diabetic nephropathy consists of medications to lower blood pressure and prevent or slow kidney damage.
- Your doctor may suggest lifestyle changes to control your lipid and glucose levels. Maintain a healthy weight and engage in regular physical activity.

- In cases of established diabetic nephropathy, it is advisable to reduce the amount of protein in the diet, following a specific eating plan.
- Dialysis may need to be needed once end-stage kidney disease develops. At this stage, a kidney transplant should be considered.

Prevention

- Treat the condition of diabetes as directed by your doctor. With effective treatment, it is possible to prevent or delay diabetic nephropathy.
- Keep regular appointments with your doctor.
- Manage high blood pressure and other diseases.



- Ask your doctor before using any medicine that is not prescribed for you.
- Maintain a healthy weight. If you need to lose weight, talk to your doctor about strategies to achieve it, such as increasing daily physical activity and eating a balanced diet.
- Don't smoke. Cigarette smoking can damage your kidneys and worsen existing kidney damage.

Social and Emotional Aspect

For recommendations, tools, and resources on how you and your family can cope with the emotional and physical concerns that arise during and after your treatment, please visit your primary care physician or call the following phone lines:

Medical Advice Line

1-844-347-7801

TTY/TDD 1-844-347-7804

APS Health

787-641-9133

References

<https://medlineplus.gov/spanish/ency/article/000494.htm>

<https://www.merckmanuals.com/es-us/professional/trastornos-urogenitales/glomerulopat%C3%ADas/nefropat%C3%ADa-diab%C3%A9tica>

Prepared by Licensed Health Educators.
Revised July 2025.

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