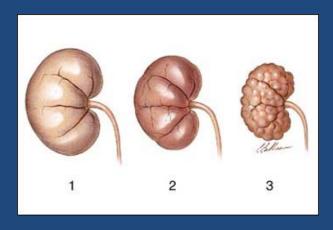
Exercise in Patients with End-stage renal Disease



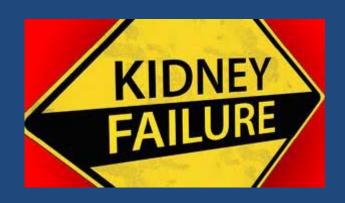
- Chronic renal failure:
 gradual and progressive loss
 of the ability of the kidneys
 to function
- > Structural kidney damage
- Progressive diminished renal function

End-stage renal disease :

A complete or near complete failure of the kidneys to function



- Causes: long standing DM, HT, autoimmune disease, glomerulonephritis, pyelonephritis, polycystic kidney, congenital abnormalities
- Kidney function < 10-15% → progressive renal failure → uremic symptoms



Loss of excretory
function: 个 toxin in
blood

Uremic syndrome:

 fatigue, nausea,
 malaise, anorexia,
 neurologic symptoms



Loss of regulatory function

• Extracellular volume 个, electrolyte imbalance

 HT, peripheral edema, pulmonary edema, CHF



- Abnormal excretion of \downarrow production of ammonia, hydrogen ion
 - erythropoietin



Metabolic acidosis

Anemia of ESRD



- ↑ parathyroid hormone
- ↑ phosphate
- ↓ active vitamin D
- \downarrow absorption calcium $\rightarrow \downarrow$ circulatory calcium
- ↓ bone minerals







Renal osteodystrophy

- Insulin resistance
- Hyperglycemia
- Hyperlipidemia
- Diagnosis : ↑ BUN, ↑ Cr, ↓ GFR
 Cardiovascular disease
- Main cause of death



- Incidence > general population 5-30 times
- Transplant patients > general population 4 times

Treatment of Chronic renal failure

- Dietary measures : protein, dietary sodium, fluid restrictions → ↓nitrogen waste products
- Very strict BP control

Treatment of End-stage renal disease

- Hemodialysis
- Peritoneal dialysis
- Renal transplantation



Physical performance in CKD patients

- Physically inactive
- ↓ VO2 peak
- ↓ physical functioning



Exercise and Rehabilitation

- Dialysis patients: limited exercise capacity,
 39-60% of normal age-expected levels
- Unable to perform exercise test
- Measurement of HR is not recommended for determining training intensity

Performance physical function measures in dialysis patients

- 6-minutes walk test
- Gait speed test
- The sit to stand test
- Walking stair climbing test
- Self-report : SF-36 Health Status Questionnaire



Exercise training response

- Aerobic and resistance training improve physical functioning, performance, quality of life
- ± Impact on survival or hospitalization, improvement of BP, lipids profile
- Dialysis patients: \(\backslash VO_2 \) max
 (below age-predicted values)
- Transplant patients: marked improvement in VO₂ max



Exercise prescription

Goal: maintenance of function and independence

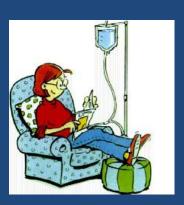


Type of activity

- ROM + strengthening → non-weight bearing aerobic exercise : stationary cycling
- Concern about the access sites
- Transplant patients: non-contact sport, avoid vigorous activities

Timing

- Best on non-dialysis day
- Before dialysis day: up to the patients
- : weight gain (> 2-3 kg), shortness of breath, BP \uparrow ?
- During hemodialysis: better during the first 1-1.5 hr
- Continuous ambulatory peritoneal dialysis : exercise in the middle of a dialysis exchange
- After dialysis : extremely fatique



Frequency of exercise

- Stretching exercise : during and after dialysis
- Strengthening exercise: 3 days/week
- Aerobic exercise : at least 3 days/week

Intensity: RPE

 Initially: very short duration, no warm-up and cool down phase

Exercise ≥ 20 minutes:

- Warm-up and cool down : RPE = 9 to 10
- Conditioning : RPE = 12 to 15



Progression of exercise

- Duration : start from interval training 2-3 minutes
- ROM + strengthening exercise : start from low weight
 + high repetition → cardiovascular activity
- Exercise during dialysis: start from 10 minutes



Risk of exercise

- Musculoskeletal injury : fracture, tendon injury
- Cardiac complication : dysrhythmia, ischemia

Minimize risks by

- Proper medical screening
- Appropriate warm-up and cool down
- Good environment and equipment
- Start slowly and progress exercise gradually
- Avoid high impact activity



THANK YOU

