

Preface

For more than 100 years, it has been recognized that lipids play an important role in the expansion of cardiovascular disease. Furthermore, therapeutic strategies targeting hyperlipidemia/dyslipidemia have had a profound impact on decreasing cardiovascular mortality and morbidity in various disease populations. In chronic kidney disease, lipids may be involved not only in vascular disease but also in the progression to end-stage renal disease. Our understanding of the pathogenesis and clinical consequences of lipid disorders in CKD patients has increased enormously. Recently, large-scale randomized controlled trials have attempted to attest the importance of controlling lipid metabolisms in CKD patients. It will therefore be suitable for a new book to provide an updated overview of all available clinical and basic scientific data for clinicians and researchers in this area.

This new book summarizes the rapid advances made in the field of lipid disorders, in nephrology. Three chapters address the epidemiology, pathogenesis, and adverse events associated with hyperlipemia. Other chapters review the importance of lipids in different CKD categories: dialysis, transplantation, nephrotic syndrome, pediatric and geriatric populations. Additionally, a world-renowned panel of expert contributors has been challenged to summarize current clinical trials and to make treatment recommendations based on the results of these trials and their own best clinical practice.

This book is very timely, especially in light of recent developments in this area of interest, particularly with the release of recent guidelines. In early November 2013, the Kidney Disease: Improving Global Outcomes (KDIGO) released The Clinical Practice Guideline for Lipid Management in Chronic Kidney Disease, which presented a controversial approach to lipid management. The Work Group found little evidence to justify ongoing assessment of dyslipidemia and recommended that patients be treated with statins or statin/ezetimibe combinations without the need for follow-up testing. Co-chair David Wheeler of the University College London opined that “this ‘fire and forget’ approach is simple, cost-effective and will improve outcomes for patients”.

Later that month, the American College of Cardiology and the American Heart Association released a new clinical practice guideline for the treatment of blood dyslipidemias in people at high risk for cardiovascular diseases caused by atherosclerosis. The new guideline identified four major groups of patients for whom HMG-CoA reductase inhibitors are believed to have the greatest chance of preventing complications such as cerebrovascular accidents and myocardial infarctions. In addition, the guideline also emphasized the importance of adopting a certain lifestyle to prevent and control dyslipidemias.

This new guideline represented a significant departure from previous guidelines because it did not focus on specific target levels of low-density lipoprotein cholesterol (LDL), despite there have been no changes in the definition of optimal LDL. Nevertheless, it focused on defining groups for whom decreasing LDL is believed to be most beneficial. Furthermore, this new guideline recommends moderate- or high-intensity statin therapy for these four groups: those who have cardiovascular disease; those with an LDL of 190 mg/dL or higher; those with type 2 diabetes who are between 40 and 75 years of age; and those with an estimated 10-year risk of cardiovascular disease of 7.5 % or higher who are between 40 and 75 years of age.

It is our hope that this book will shed some light on our understanding of the rationale behind these recently developed guidelines and that it will help practitioners in their clinical practice, particularly when dealing with dyslipidemias in patients with chronic kidney disease.

The perfect medicine book should be pleasant to read, easy to understand, evidence-based, and remarkably practical. The present book is a result of these goals. The book is designed to be both easily readable and at the same time to provide an extensively referenced work written by experts in specific fields. Overall, this comprehensive book will continue the tradition of excellent papers of nephrology. It will be of great interest not only to nephrologists, but also to internists, cardiologists, and endocrinologists, as well as all healthcare providers with particular interest in lipid-related disorders.

Certainly, this book would not have been possible were it not for so many people. First of all, we would like to thank all of our contributing authors, who have spent countless hours in producing high-quality, updated information. We spent a significant amount of time communicating via telephone and email as we reviewed the chapters and discussed recommendations, most of which were agreed upon but, on occasion, disputed. We express our sincerest gratitude for their openness to this very collegial collaboration, which has been a truly rewarding experience for all of us. We appreciate the help and support of all the staff of Springer publications, most especially Diane Lamsback, our Developmental Editor; and Gregory Sutorius, our Editor, both of whom have been very patient with our procrastination and stubbornness at times.

We thank all our teachers and mentors, who devoted their own time and effort to educate and train us to become who we are. We thank all the medical students, interns, residents, and fellows who, in one way or another, have inspired us to

persevere in this most noble teaching profession. Most of all, we thank all of our patients, who have been truly instrumental in our learning and devotion to this field of medicine. On behalf of all the contributors to this book, we hope that all of our efforts may contribute to relieving your suffering and lead to recovery.

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