The Coalition with Dr. Shani Belgrave: Kidney Health, Prevention is Key Feat. Brittany Thomas M.D. Transcript

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Show Introduction and Guest Welcome

Welcome to The Coalition. This is a talk show dedicated to discussing health, wellness, and inspiration. I'm your host, Dr. Shani Belgrave. Hello, everybody.

Welcome to The Coalition. I'm your host, Dr. Shani Belgrave. I am a bariatric and minimally invasive surgeon in Atlanta, Georgia. You can learn more about me and get connected at I am elated to welcome to the show today Dr.

Brittany Thomas. Dr. Brittany Thomas is a nephrologist at Emory Midtown who joins the coalition right on time for kidney health month to let us know what we should know about kidney health.

Dr. Brittany Thomas, thank you so much for joining the coalition. Thank you for having me. It's nice to be here. Amazing. So can you please get us started by telling us a little bit about who you are and what you do?

Okay. I'm a nephrologist, a board certified nephrologist. I currently work at Emory Midtown.

Meet Dr. Brittany Thomas

I am an assistant professor I am originally from Atlanta, born and raised, all of my education here, Georgia State, Moore High School of Medicine, Emory Training for Residency, and Nephrology Fellowship.

Outstanding. Well, thank you so much. So we're excited for you to just kind of get started by letting us know, for those who may not know, what are the kidneys?

They're organs, but what is their role? What do they do? Okay, so you have two kidneys and they're located in your lower, lower to mid back, I would say.

And the function of the kidneys include cleaning your blood or filtering your blood. That's the main function. Another function is regulating your blood pressure.

So one sign of kidney disease is difficult to control blood pressure. The kidneys also regulate your fluid balance. and the kidneys produce urine and that's how you remove fluid from your body is by urination.

The kidneys regulate your fluid balance. Another sign of kidney disease is swelling or shortness of breath. There will be a sign that you are retaining fluid in your lungs or if you have swelling, you're retaining fluid in your legs or in your feet.

Kidney Functions and Warning Signs

The kidneys also produce a hormone called epitone, and that's responsible for making your red blood cells. Finally, the kidneys are responsible for your bone metabolism.

The kidneys regulate your calcium and your phosphorus, and it also aids in the production of vitamin D. One last important thing that the kidneys do, the kidneys regulate your electrolytes, such as your potassium and your sodium.

So these are very important organs indeed. You had started to allude to some of the signs and symptoms of kidney disease. So can you kind of elaborate on how someone may know that they have an issue with their kidneys?

Okay. I would say most of the time kidney disease is silent. It's like high blood pressure. And the way that we know people have kidney disease is usually by checking lab work.

But when there are severe kidney disease, patients may notice swelling in their legs, shortness of breath. You may see foamy urine. Usually foamy urine indicates that there is protein in your urine.

Patients may have blood in their urine, and that could be coming from the kidneys or the bladder. If you have blood in your urine, that can also be a sign of kidney stones and that's usually associated with pain.

As kidney disease progresses and in the final stages, let's say someone approaching the need for dialysis, they may experience fatigue, nausea or vomiting, loss of appetite, food may taste funny, They may have some mental cloudiness.

Those are signs of severe kidney disease. And I would also say when people have high phosphorus, they can develop itching or if their toxin levels are too high, they can develop itching.

You may notice when people are on dialysis or have severe kidney disease, especially in African-Americans, their skin may become dark. And that's a common sign of kidney disease.

Very interesting. Okay. And so you said that kidney disease is often silent until the later stages. What are some of the common causes of kidney dysfunction or some of the diseases that affect the kidney?

OK. First, I would like to go over the definition of kidney disease. So we have acute kidney injury when people's kidney acutely are injured or there's an acute injury and the kidney function can reverse.

And then you have chronic kidney disease where there is a slow progression of kidney disease or a slow decline in the kidney function. And then when you have kidney disease, you have to say, why do you have kidney disease?

So some of the common causes are diabetes and high blood pressure. Those are the two most common causes of kidney disease. Another cause is lupus and other autoimmune conditions such as IgA nephropathy.

Common Causes of Kidney Disease

There are some genetic causes such as polycystic kidney disease, FSGS, something that I'm saying more commonly, more often is obesity related kidney disease.

So obesity in itself is a risk factor for kidney disease and it can cause chronic kidney disease as well. What does the, I think the acronym was FSGS, what does that stand for?

Focal segmental glomerular sclerosis and there can be There are many different causes for that condition. What can you tell us about polycystic kidney disease?

That's the one that's familial, right? That is a genetic cause of kidney disease. And there are different inheritance patterns. So sometimes it's autosomal dominant, meaning that you can get it from one parent, or sometimes there's a recessive cause, meaning that both of your parents contributed to the disease.

And sometimes there are de novo causes in which there's no family history of polycystic kidney disease. Okay. So given how critical and vital the kidneys are to our health, what are some things that we can do to prevent kidney disease?

Being that diabetes and high blood pressure are the two most common causes. The most important thing is having your diabetes and high blood pressure controlled.

I would also say weight loss. The other thing that I recommend is avoidance of incense, such as Motrin, Aleve, Aspirin, high dose aspirin, goody powders, over-the-counter pain medicines.

Chronic use of incense can cause kidney disease. And what about some of the causes of acute kidney injury, for example, dehydration. What are some things that people really should know about that and how to address that if it comes up?

Okay, so there are multiple causes of acute kidney injury. As you mentioned, dehydration can cause it. I would say stay hydrated, but I do not say that often because everyone is different.

If I have a patient with heart failure, they should not stay hydrated. If I have a patient a retaining fluid. They should not drink extra fluid.

Preventing Kidney Injury and Tracking Labs

So that's going to be on a case by case basis. But some causes of acute kidney injury include dehydration, incest, contrast. When you go to the emergency room or when you go get a CT scan and you are giving dye in your vein so that the doctors can see what they need to see on the imaging, that contrast dye can affect your kidneys.

Many medications that we use to treat other conditions, such as cancer medications, can cause acute kidney injury. Also, the treatment of autoimmune conditions with biologics can cause acute kidney injury.

So there are a list of things that can cause acute kidney injury. And the best thing that you can do is to know your kidney numbers. I look at three things when any patient comes into my office.

Actually, four. One, I look at the blood pressure because that's so important. Two, I look at the creatinine. Look at your labs. Every time you get labs, you need to know your labs.

The creatinine is very important. And I look at the EGFR, the estimated glomerular filtration rates. That's the rate that your kidneys are filtering. I use an analogy because patients don't really understand the creatinine or the EGFR.

I use an analogy as a car going down the street. Your kidneys should be cleaning your blood very fast, normally at a hundred miles an hour. We call it kidney disease that is less than 60 miles an hour.

So if your kidneys are slower than 60 for greater than three months, you have chronic kidney disease and you should ask your doctor why your kidneys are going slow.

The last thing that I look at is the urine. This is very important. This, uh, your urine can tell me if you have kidney damage. So always look at your urine protein, your urine blood.

Those are the two most important things that I look at. If you have blood or protein in your urine, very important. And those are signs of kidney damage.

Good to know. The other thing that I was going to ask about, if you have a low GFR, And at that point for more than three months, the next thing is to be referred to a nephrologist, correct?

You should be referred to a nephrologist. So if you have a low GFR and or abnormalities in your urine or structural abnormalities on your kidneys, let's say someone had a kidney removed, but their GFR was still normal, they would still by definition have chronic kidney disease.

If someone had a normal GFR and they had blood in their urine due to kidney disease, that would be a diagnosis of kidney disease as well. And so what is the workup that you do to evaluate a patient if they have those abnormal numbers?

So if you have abnormal creatinine, I do an extensive workup. It just depends on what the other findings are. If you have protein in your urine, that's a totally different algorithm than if you have blood in your urine.

If you have high blood pressure at extreme ages, like less than 20 or greater than 60, I do a secondary workup to see why you have high blood pressure.

So each problem comes with its own evaluation. OK. And then what can you tell us about kidney stones? Can recurrence of kidney stones predispose patients to kidney disease?

Yes. So kidney stones can cause kidney disease.

Kidney Stones, ESRD, and Transplant

When they are large enough, they can cause blockage. And you have to have procedures to unblock the obstruction. So sometimes you have to have shockwave therapy to get rid of the kidney stones.

Sometimes you have to go in and take the kidney stones out, extract the kidney stones from the location that it's in. But if there is a blockage or an obstruction that definitely causes kidney disease, can cause chronic kidney disease or acute kidney injury.

And sometimes when you have acute kidney injury, the kidneys do not recover to the original value. Okay. What should everyone know about end-stage renal disease as it relates to dialysis?

I was saying, I think the most important thing about end-stage renal disease is going to dialysis. You'd be surprised a lot of people don't go to dialysis.

And I think one of the things that isn't offered as frequently as it should be or isn't available as readily is a kidney transplant. And you don't have to be on dialysis to get a kidney transplant.

We actually refer patients for a kidney transplant if their kidney function is less than 20%, or 20 milliliters per minute. If you have chronic kidney disease stage four and the kidney function is less than 20, your nephrologist should be talking to you about transplant referral.

That's called pre-emptive transplant. That's before you go on dialysis, and that's the gold standard. You actually have better outcomes if you have a transplant before you go on dialysis.

So in your experience, are many people on dialysis because a kidney transplant is just not readily available at that point? That could be one factor that people are on dialysis.

A number of dialysis patients are not candidates for kidney transplant for various reasons, noncompliance, lack of social support, multiple comorbid conditions they cannot tolerate.

a kidney transplant. And some patients don't want a kidney transplant. But a major factor is lack of access to a allograft or a kidney in the first place.

But we do need to do better in getting our patients kidney transplants. All righty. Well, Dr. Thomas, thank you so much for carving out some time to join the coalition.

What would be your takeaway message? I know we've covered a lot on kidney disease and kidney health, but what would be your takeaway message for people watching?

I would say education, be informed, know your numbers, look at your labs, look at your family members labs, go to the doctor with your parents, be their healthcare advocate.

Those are the most important. Um, If there is a red value on your labs, you need to know what that value is and why is that way and research it. Don't just take the doctor's word for it.

Takeaway Message and Closing

Research it. Ask the doctor's question. That's what you're paying a doctor for. And I will also say prevention is very important. Take your blood pressure medicines, diabetic medicines, obesity, manage that, exercise, lose weight.

All of these things can help prevent kidney disease. So I'm going to ask the nephrologist where the blood pressure should be, because a lot of people are walking around with high blood pressure.

And I'm like, no, this is not an acceptable number. So I'm going to have the nephrologist say, really, what is an acceptable blood pressure? Acceptable blood pressure is less than 130 over 80. All right, there you have it.

There you have it. Dr. Brittany Thomas, what is the best way for people watching that maybe need a nephrologist to reach out to you? I am at Emory Midtown, Emory Midtown Nephrology, 550 Peachtree Street.

All righty. Thank you so much, Dr. Thomas, for joining the coalition. Hopefully you'll come back another time to share more information. Thank you. Well, everybody, thank you so much for tuning in to another impactful episode of The Coalition.

I'm your host, Dr. Shani Belgrade. You can stay connected with me at www. DrShaniBelgrade.com. Very special thank you to Dr. Brittany Thomas, Nephrologist at Emory Midtown.

Make sure you share this episode with at least one person to raise awareness for Kidney Health Month. Thanks for watching. I'll see y'all next time.