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Evidence Based Review of Management of Cardiorenal Syndrome Type 1

Ong LT. Management of Cardiorenal Syndrome Type 1

Abstract

Cardiorenal syndrome (CRS) type 1 is the development of acute kidney injury in patients with acute decompensated heart failure. CRS often results in prolonged hospitalization, a higher rate of rehospitalization, high morbidity and high mortality. The pathophysiology of CRS is complex which involves hemodynamic changes, neurohormonal activation, hypothalamic-pituitary stress reaction, inflammation, and infection. However, there is limited evidence or guideline in managing CRS type 1 and the established therapeutic strategies are mainly targeting the symptomatic relief of heart failure. This review will discuss the strategies in the management of CRS type 1.

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Cardiorenal syndrome

Umbrella Term

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Cardiorenal syndrome is an umbrella term used in the medical field that defines disorders of the heart and kidneys whereby "acute or chronic dysfunction in one organ may induce acute or chronic dysfunction of the other". The heart and the kidneys are involved in maintaining hemodynamic stability and organ perfusion through an intricate network. These two organs communicate with one another through a variety of pathways in an interdependent relationship. In a 2004 report from National Heart, Lung and Blood Institute, CRS was defined as a condition where treatment of congestive heart failure is limited by decline in kidney function. This definition has since been challenged repeatedly but there still remains little consensus over a universally accepted definition for CRS. At a consensus conference of the Acute Dialysis Quality Initiative, the CRS was classified into five subtypes primarily based upon the organ that initiated the insult as well as the acuity of disease.

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