

## Polycystic Kidney Disease

Polycystic Kidney disease is a medical condition in which the kidneys develop multiple enlarging cysts (fluid filled sacs). Autosomal dominant polycystic kidney disease (ADPKD) is not rare, occurring in 1:400 to 1:1000 persons. A child with one affected parent has a 50% chance of inheriting the disease. As persons with this disease live past age 50 the chances of developing end stage renal disease increases. A report from 1983 involving people with end stage renal disease (all causes) states that the annual mortality for persons on dialysis was about 20% each year in the first four years of treatment. ADPKD progresses slowly and is often initially asymptomatic. Sometimes it is discovered by ultrasound in childhood. Onset of clinical symptoms is usually in early or middle adult life and may include back pain, hematuria, infection, and colic due to kidney stones. In a third of cases cysts are also present in the liver, and in 10-36% of cases, there are intracranial aneurysms. Hypertension is found in 50% of cases at diagnosis. Although more than half of patients develop abnormal laboratory work indicative of kidney impairment within 10 years of onset, the course is variable and end stage renal failure may not occur for more than 20 years. Without dialysis or transplantation, death is usually due to renal failure or the complications of hypertensive cardiovascular disease. About 10% of patients die of intracranial hemorrhage from rupture of aneurysms.

If your client has Polycystic Kidney Disease, please answer the following:

**1. Do any other family members have ADPKD?**

Yes (Please list)

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**2. Was ADPKD diagnosed by ultrasound?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**3. What are your current blood pressure readings?** \_\_\_\_\_

**4. Please provide the results, and date, of your most recent urinalysis:**

Protein

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(RBC)

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(WBC)

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Protein/Creatinine ratio \_\_\_\_\_ -

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**5. Please provide the date and results of the most recent kidney function tests:**

BUN

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Serum creatinine

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**6. Is your client currently on any other medications?**

Yes (list)

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**7. Has your client smoked cigarettes or any other tobacco products in the last 5 years?**

Yes (details)

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**8. Does your client have any other major health problems?**

Yes (Details)

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