

## Impact of chronic kidney disease and blood pressure goal on cardiovascular mortality in diabetes

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The most common cause of end-stage kidney disease (ESKD) requiring dialysis in the world results from poorly controlled diabetes in genetically prone individuals. About 30-35% of all people with either Type 1 or Type 2 diabetes will develop chronic kidney disease advancing to Stage 5d or ESKD. Such individuals are known to be at much higher risk of dying from cardiovascular disease. While the concept of diabetes being of equivalent risk to myocardial infarction for dying has been disproven, individuals with chronic kidney disease (CKD) Stages 3 (eGFR<60 ml/min) or higher stage have a higher risk for all-cause mortality compared to those with diabetes without CKD or previous myocardial infarction. Moreover, lowering blood pressure to levels well below 130/80 mmHg has not been shown to further reduce cardiovascular mortality based on both prospective and retrospective trial analyses. Hence, Prevention of CKD and less aggressive blood pressure control are the order of the day.

### Biography

Bakris is a Professor of Medicine and director of the ASH Comprehensive Hypertension Center at the University of Chicago Medicine. He completed training in Internal Medicine at the Mayo Graduate School of Medicine where he also completed a research fellowship in Physiology and Biophysics. He then completed fellowships in Nephrology and Clinical Pharmacology at the University of Chicago Medicine. Dr. Bakris has published over 600 articles and book chapters in the areas of diabetic kidney disease, hypertension and progression of nephropathy. He is the current Editor of *Am J Nephrology*, the Hypertension, Section Editor of *Up-to-Date* and an Assoc. Ed of *Diabetes Care and Nephrology, Dialysis & Transplant*. He has served on many national guideline committees including, JNC 6 and 7. He is the past-President of the American Society of Hypertension (ASH) (2010-2012).

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