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**FEATURES OF CHRONIC KIDNEY DISEASE PATIENTS
WITH CONCOMITANT OBESITY**
*ОСОБЕННОСТИ ТЕЧЕНИЯ ХРОНИЧЕСКОЙ БОЛЕЗНИ ПОЧЕК У
ПАЦИЕНТОВ С СОПУТСТВУЮЩИМ ОЖИРЕНИЕМ*

Abstract. *Obesity is considered to be a risk factor for the development and progression of chronic kidney disease. The analysis of clinical and laboratory parameters in the examined patients showed a significant difference between the indices of lipid spectrum of the blood and proteinuria in patients with and without obesity. The presence of obesity may worsen the course of chronic kidney disease.*

Key words: *chronic kidney disease, obesity, hyperlipidemia, lipids.*

Аннотация. *Ожирение считается фактором риска развития и прогрессирования хронического заболевания почек. Анализ клинических и лабораторных показателей у обследованных пациентов показало значительное различие между показателями липидного спектра крови и протеинурии у пациентов с и без ожирения. Наличие ожирения может ухудшить течения хронического заболевания почек.*

Ключевые слова: *хронические заболевания почек, ожирение, гиперлипидемия, липиды.*

Introduction. Today, obesity is considered to be one of the most important public health problems. According to the World Health Organization as of 2014 about 2 billion adults are overweight, of whom 670 million are obese. The negative impact of overweight on renal function is still poorly understood.

Objective. To study the features of the course of chronic kidney disease in patients with and without concomitant obesity.

Materials and methods. The study involved 48 patients with stage 2 chronic kidney disease (CKD), who were hospitalized in the Nephrology department of "Chernivtsi regional clinical hospital." The average age of the patients was 43.5 ± 1.5 years (from 34 to 62 years). CKD was caused by: chronic pyelonephritis in 19 patients (39.5%), chronic glomerulonephritis in 12 patients (25%), diabetic nephropathy in 17 patients (35.5%). CKD duration ranged from 1 to 17 years (on average $8,9 \pm 1,5$ years).

All patients were divided into three groups. The first group consisted of patients with 2 stage CKD without concomitant obesity (16 persons), The second group included stage 1 obese patients with stage 2 CKD (17 persons), group 3 consisted of 15 patients with stage 2 CKD and stage 2 concomitant obesity. Body mass index (BMI) was calculated by the formula: $BMI = \text{body weight in kg} / (\text{height in meters})^2$.

Results and discussion. An analysis of renal function in the evaluation of patients with the second degree CKD and without concomitant obesity as compared with the healthy subjects showed the presence of proteinuria and deterioration of glomerular filtration rate ($p < 0.05$). However, in the groups of patients with obesity these figures as compared with the patients without concomitant obesity were reliably lower ($p < 0.05$) and were dependent on the degree of obesity.

Conclusions. The analysis of clinical and laboratory parameters revealed the presence of an imbalance in fat metabolism in obese and non-obese patients with chronic kidney disease. However, the changes in patients with II degree obesity were more significant. In this same group the patients showed a more pronounced impairment of renal function, indicating a more severe course of disease in obese patients. It means that this variant of the disease is more unfavorable.

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