CARDIO RENAL SYNDROME CRS
TAKE HOME POINTS

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1. Involvement of Kidney in Heart Failure (HF) (Type I and II)
2. Involvement of Heart in Kidney Disease (Type III and IV)
3. Single condition (like DM) producing both heart and kidney diseases(Type V)
4. Worsening renal function (>0.3mg) is a very important bad prognostic marker in HF
5. Creatinine will raise only after 3-5 days of hospitalisation for HF
6. Always estimate creatinine and eGFR on the day of discharge
7. Renal congestion rather than reduced perfusion is the most important cause of CRS
8. Earliest markers of kidney involvement are cystatin and N-GAL
9. Always look for non-traditional risk factors such as abnormal Ca/ PO4 ratio and homocysteine in CRS
10. Treating congestion with diuretic therapy will improve renal and cardiac function.
11. Avoid combination of ACE,ARB and aldosterone inhibitors in CRS
12. Use Hydralazine and nitrates in ACE,ARB intolerant patients.
13. In stabilised patients, reducing diuretics and increasing Carvedilol will help
14. Look for reversible causes like NSAID use, UTI or urinary tract obstruction
15. Keep looking for kidney disease in HF and HF in kidney disease

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