

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-c3g/optimizing-c3g-management-the-power-of-lifestyle-changes-and-supportive-care/35489/>

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Optimizing C3G Management: The Power of Lifestyle Changes and Supportive Care

Announcer:

You're listening to *On the Frontlines of C3G* on ReachMD. On this episode, we'll hear from Dr. Richard Lafayette, who's a Professor of Nephrology and the Director of the Glomerular Disease Center at Stanford University Medical Center in California. He'll be discussing best practices in supportive care for patients with C3 glomerulopathy. Here's Dr. Lafayette now.

Dr. Lafayette:

Patients with any kidney disease, including C3G, can really benefit from a positive outlook and reduced lifestyle stress. Furthermore, they need to always address their diet and try to have it as kidney healthy as possible—with a low-salt diet and mildly protein-reduced intake—and try to optimize their weight. This is more easily achieved when it's combined with regular exercise, and I recommend that for stress reduction, weight control, and overall wellbeing, that they are exercising regularly, including both some cardiac efforts as well as resistant training.

Supportive care in C3G goes further in terms of blood pressure control—it's of paramount importance. We would urge that the blood pressure be kept to a goal of less than 120/75 and would suggest that RAS inhibitor agents are used to their best availability and tolerability in order to try to lower patients' blood pressure.

To be clear, supportive care hasn't been diligently tested in randomized controlled trials, but it is a common sense approach and, in my own experience, one that can often make patients at moderate risk come to low risk and then avoid more aggressive pharmacotherapies.

Given that C3G is quite rare with an incidence of approximately one in a million, it becomes a little difficult to individualize care in the disease. However, one can look at patients in terms of their presentation with other issues, such as high blood pressure, obesity, blood sugar issues, and tolerability of dietary exercise changes and medications, and try to do things that really work for them as individuals. Again, the higher risk the patient is, the more supportive care actually is important in their care.

I think it is really important to try to find support for patients with C3G. It's a chronic disease. It requires a lot of effort for them to get their supportive care. And furthermore, in this modern era where there's going to be increasing pharmacologic drug options, having a peer support group really could be essential for them, not only to make good decisions, but to follow through on them and to understand what they should be experiencing once they're living with this disease and undergoing therapy. I hope the National Kidney Foundation or organizations like NephCure can start a specific C3G support group—those kinds of things would really prove to be helpful.

Announcer:

That was Dr. Richard Lafayette talking about supportive care in patients with C3G. To access this and other episodes in our series, visit *On the Frontlines of C3G* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!