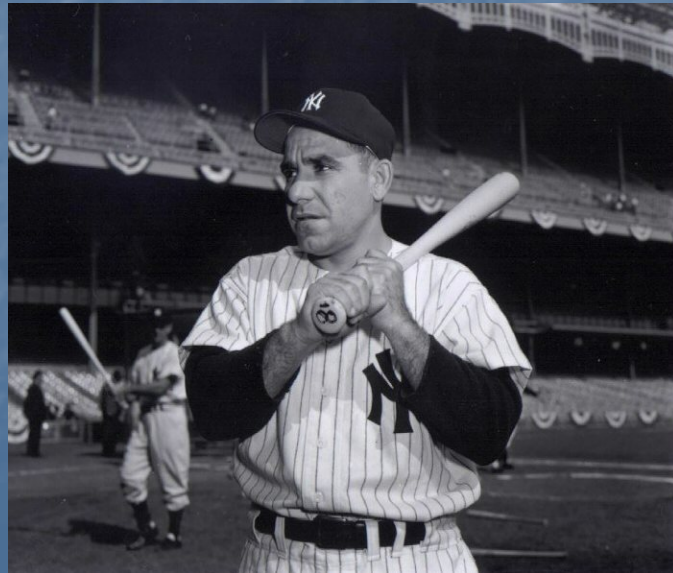# Renal Remission Clinic in Bremerton WA, USA

Field Testing of the Concept
2003-2006

"In theory there is no difference between theory and practice. In practice there is."
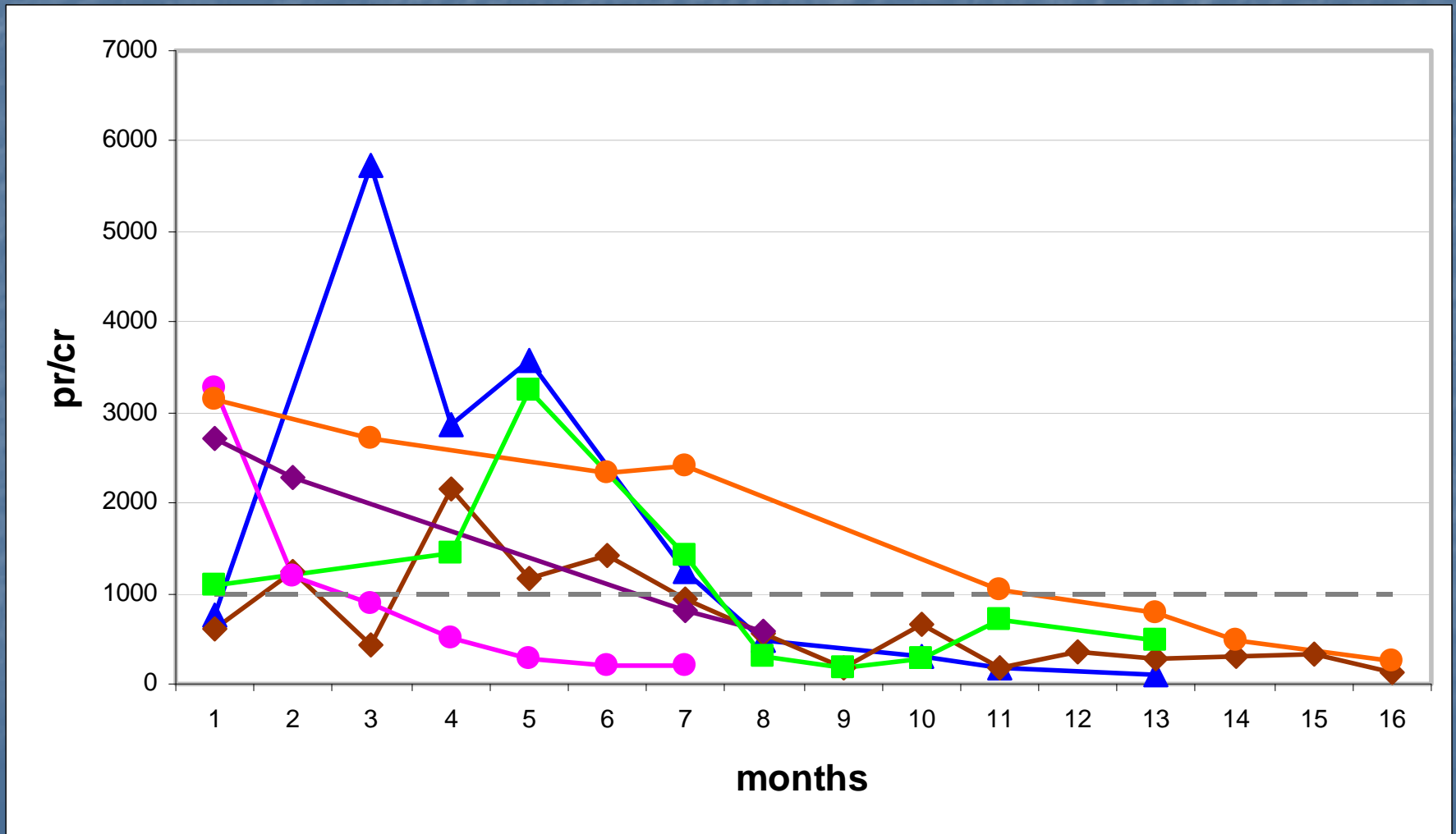
Yogi Berra

"Real World" differences with Bergamo Renal Remission Clinic

- Over 90% of patients were on one or more of the protocol meds at enrollment

- No wash out performed for ethical reasons

- Most of the patients failed to follow most of the dietary modifications and failed to lose any weight

- Very aggressive dietary counseling was performed in order to avoid withdrawal of meds due to hyperkalemia; Na Polystyrene Sulfonate was used for dietary indiscretions as needed
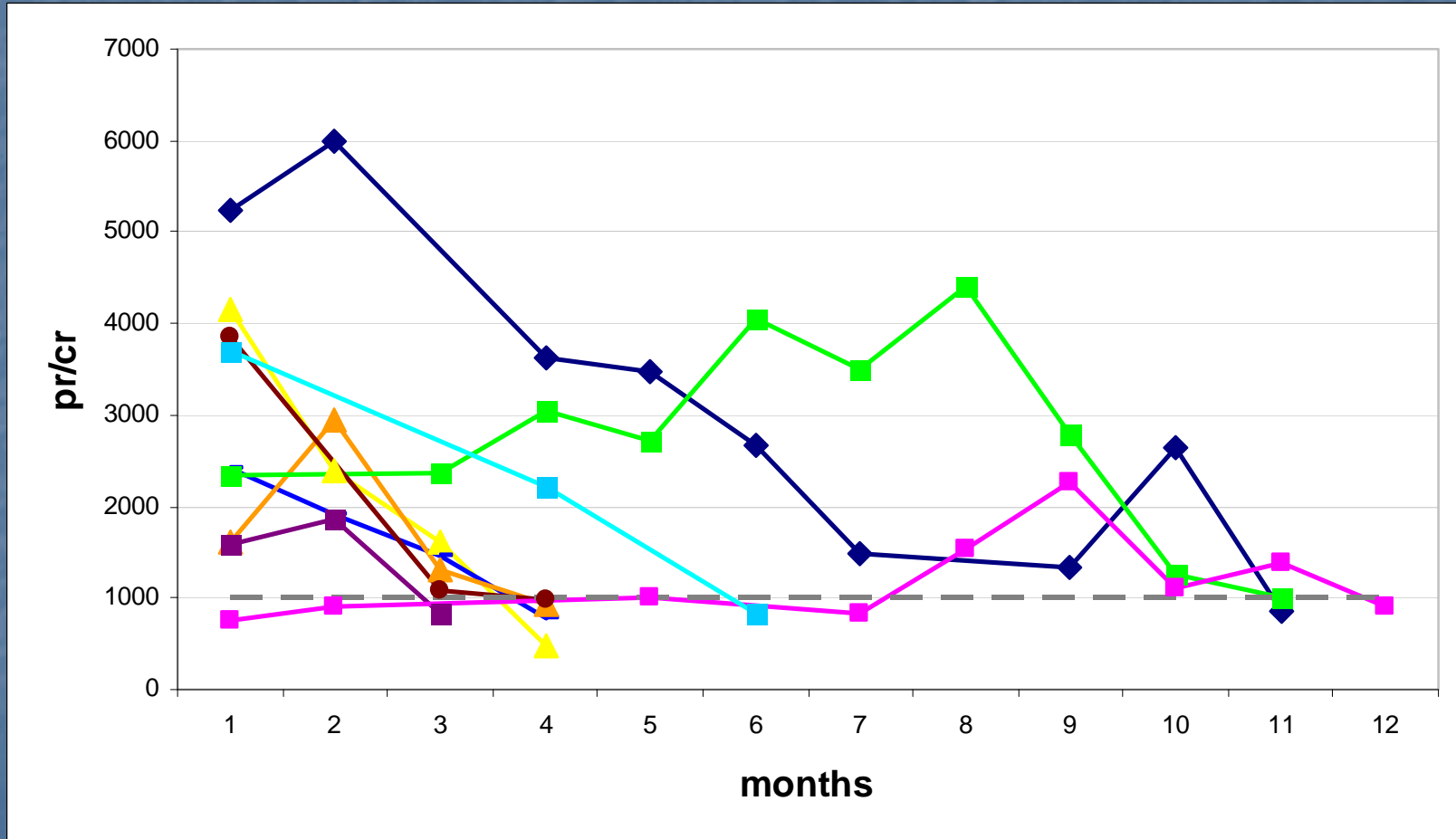
Method

- Retrospective chart review (July 2000 – August 2003)
- Prospective patient enrollment/conversion to K/DOQI protocol (ACEI-NDHPCCB-ARB) August 2003 – July 2004
- Prospective enrollment/conversion to Ruggenenti (Bergamo) protocol (ACEI-ARB-NDHPCCB- statin) August 2004-January 2005
- Prospective enrollment/conversion to modified Bergamo Protocol (ACEI-statin-ARB-AA-Carvedilol-NDHPCCB)
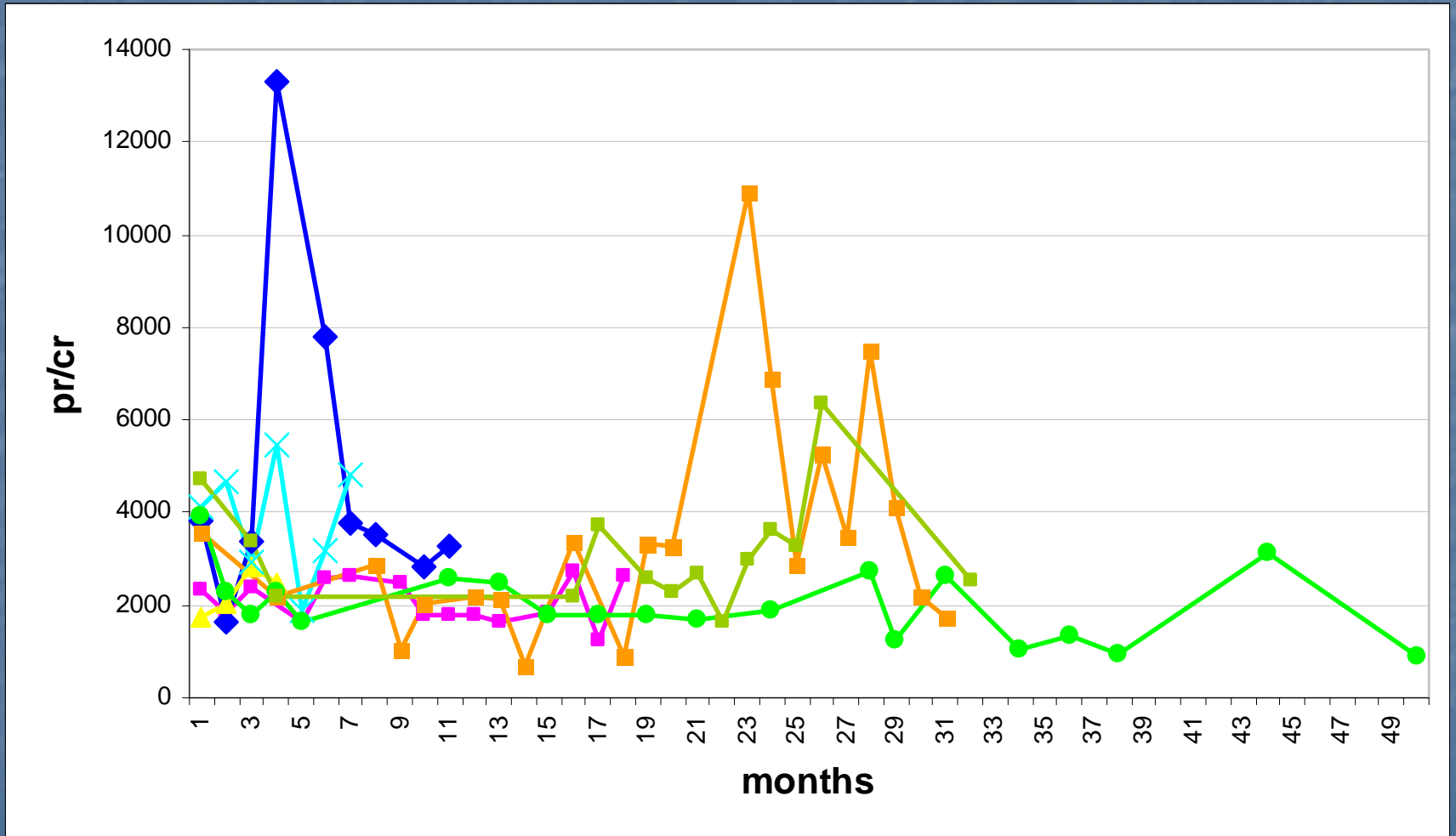
"Classic" Responders

"Non-classic" Responders – until first value below 1,000 mg/g

Non-Responders

Results (so far)

- 22 patients with sufficient data/follow up
- 6 (27%) "classic" responders
- 9 (41%) "non-classic" responders
- 7 (32%) "non-responders"
- One RRC patient had sudden death
- None of RRC patients required dialysis so far

Inadvertent Consequences

- In the first 18 months of renal remission clinic protocol initiation for <u>all patients</u> with urine albumin/Cr <u>>30 mg/g</u> only 3 patients started RRT, comparing with previous 6-8 per year

- ESRD population decreased by 30% at 18 months

- At 40 months 12 patients started RRT, with total CRF population more than tripling

- At 36 months (August 2006) ESRD population recovered to 2003 level

Questions?
Need help with protocols?
Have a suggestion/contribution to protocols?

- www.renalremission.com

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