

Understanding diabetic kidney disease

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Diabetic nephropathy, also called diabetic kidney disease, is a serious complication of type 1 diabetes and type 2 diabetes. In the U.S., about 1 in 3 people living with diabetes have diabetic nephropathy.

Diabetic nephropathy affects the kidneys' ability to do their usual work

of removing waste products and extra fluid from your body. Over many years, the condition slowly damages your kidneys' delicate filtering system. Kidney disease may progress to [kidney failure](#), also called end-stage kidney disease, which is a life-threatening condition.

The best way to prevent or delay [diabetic nephropathy](#) is by maintaining a healthy lifestyle and adequately managing your diabetes and [high blood pressure](#).

In the early stages of diabetic nephropathy, there may be no signs or symptoms.

In later stages of the disease, signs and symptoms may include:

- Worsening blood pressure control.
- Protein in the urine.
- Swelling of feet, ankles, hands or eyes.
- Increased need to urinate.
- Reduced need for insulin or diabetes medicine.
- Confusion or difficulty concentrating.
- Shortness of breath.
- Loss of appetite.
- Nausea and vomiting.
- Persistent itching.
- Fatigue.

The first step in treating diabetic nephropathy is to treat and control your diabetes and high blood pressure. This may include diet, exercise and other lifestyle changes, and prescription medications. Early treatment and good management of your blood sugar and hypertension may prevent or slow the disease's progress and reduce the chance of complications.

If your disease progresses to kidney failure, your health care professional likely will discuss options for care focused on replacing the function of your kidneys or making you more comfortable. These options may include [kidney dialysis](#), kidney transplant and symptom management.

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