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ORIGINAL RESEARCH

Uncovering Heart Failure and Chronic Kidney Disease at a Nutrition Clinic

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Abstract

Introduction: Heart failure and chronic kidney diseases have become global epidemics, yet information on Heart Failure (HF) remains limited in low- and middle-income countries. The prevalence of chronic kidney disease (CKD) continues to grow in Sub-Saharan Africa, needing more expertise in diagnosis, treatment and management of the disease. Nutrition provides the first point of contact with patients at risk of or suffering from chronic diseases, often serving as an alternative approach to delaying worsening conditions or preventing complications. While physicians usually refer such patients, many others self-present at nutrition clinics. The case presented underscores the vital role dieticians and nutritionists play in identifying systemic complications in silent killer non-communicable diseases. **Case:** A 52-year-old male presents at a nutrition clinic seeking help with dietary adjustments and support for blood sugar management and chronic fatigue. Two years prior, he was diagnosed with Hypertension and diabetes and started on anti-hypertensives, insulin and metformin, which he discontinued after one month. He reports experiencing a month-long struggle with insomnia, polyuria, and persistent fatigue and breathlessness with simple tasks like walking from one room to another. He also noticed some swelling in his feet and, upon examination, was found to have bilateral lower limb oedema. The patient was visibly pale and had difficulty breathing and struggled to get out of the chair. He has been taking herbal medications and cayenne pepper since stopping his medications, and has not been to any hospital for a checkup. **Investigations:** Blood pressure on the day was 152/90mmHg, RBS 14.6mmol/L, BMI 28.8kg/M^2. Laboratory tests were ordered and the following results obtained in 3 days: A1c 7.4% Urea 21.5 mmol/L, Creatinine 506 µmol/L, potassium 5.89mmol/L, eGFR 11.2mL/min/1.73m, Hb 8.3 mg/dl, Albumin 31.7 gm/L, Gamma GT 383.26 U/L, NT-Pro-BNP 16137pg/ml. The patient was then referred to a cardiologist, nephrologist and Diabetologist for further management. **Discussion:** In some cases, dieticians may be the first people to recognise a pending chronic illness presenting as part of a systemic condition. A more multidisciplinary team approach is required to ensure that patients are saved from fatalities through timely diagnosis.

Key Words: Heart failure, CKD, Diabetes, Hypertension