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American Society of Nephrology - JASN

Articles from this journal are generally available in PMC after a 12-month delay (embargo); however, the delay may vary at the discretion of the publisher. Journal of the American Society of Nephrology : JASN

Journal of the American Society of Nephrology : JASN

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American Society of Nephrology

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Journal of the American Society of Nephrology

From Wikipedia, the free encyclopedia The Journal of the American Society of Nephrology is a peer-reviewed medical journal covering nephrology. It was established in 1966 and is published by the American Society of Nephrology. The editor-in-chief is Josephine P. Briggs.

Palliative care has become increasingly important across the spectrum of healthcare, and with it, the need for education and training of a broad range of medical practitioners not previously associated with this field of care. As part of the Integrating Palliative Care series, this volume on palliative care in nephrology guides readers through the core palliative knowledge and skills needed to deliver high value, high quality care for seriously ill patients with chronic and end-stage kidney disease. Chapters are written by a team of international leaders in kidney palliative care and are organized into sections exploring unmet supportive care needs, palliative care capacity, patient-centered care, enhanced support at the end of life, and more. Chapter topics are based on the Coalition for Supportive Care of Kidney Patients Pathways Project change package of 14 evidence-based best practices to improve the delivery of palliative care to patients with kidney disease. An overview of the future of palliative care nephrology with attention to needed policy changes rounds out the text. Palliative Care in Nephrology is an ideal resource for nephrologists, nurses, nurse practitioners, physician assistants, social workers, primary care clinicians, and other practitioners who wish to learn more about integrating individualized, patient-centered palliative care into treatment of their patients with kidney disease.

The buttonhole method for the cannulation of the arteriovenous fistula was discovered more than 40 years ago and was soon adopted on a wide scale due to its obvious benefits of decreased puncture pain and extension of the life of the arteriovenous fistula. Following reports of complications such as a higher incidence of access-related infections, the method has lately been the subject of intense scrutiny; recent research has focused on the mechanisms of buttonhole access-related infections and newer techniques that may have bearing on the future use of the buttonhole method. This book presents an easily accessible overview of information relevant to the subject, including history, benefits and the latest research results related to the buttonhole cannulation method. It aims to rekindle an awareness of the advantages of this method and to encourage a critical analysis of possible techniques to overcome current barriers that prevent a wider spread of the technique.

This timely, concise title provides an important update on clinical lipid management. Using information from recent clinical trials and in special populations, the book begins by offering an easy-to-read overview of LDL, HDL, and triglyceride metabolism and the genetics of lipid disorders. The link between inflammation and lipids, and how this relates to atherosclerosis development, is also addressed, as are the measures of subclinical atherosclerosis in patients with abnormal lipid levels. Lipid abnormalities in children, with a particular focus on vulnerable populations (with an emphasis on ethnicity and childhood obesity), are covered. The treatment goals and approaches for managing lipids in the clinic are thoroughly discussed, emphasizing the important role of statin use and addressing controversies of lipid management in special populations such as heart failure, end stage kidney disease and fatty liver

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disease. Of special note, an important update on how new HIV medications impact lipid levels is provided. In all, *Lipid Management: From Basics to Clinic*, is an invaluable, handy resource for understanding changes in lipids in different populations and for sharpening the clinical approach to managing complicated lipid cases.

A comprehensive update on clinical and basic aspects of diabetic nephropathy Caused by an epidemic increase in obesity and diabetes and metabolic syndromes, diabetic nephropathy has become a leading cause of end-stage renal disease in many developed countries. The publication at hand provides a concise overview of the current state of clinical and basic research in the field. It starts with a summary of the epidemiology and genetics of diabetic nephropathy in different ethnic groups, followed by a review of its clinical manifestation, the link with the metabolic syndrome and obesity, and the pathology of diabetic nephropathy. Building on this basis, the latest findings on pathogenetic, epigenetic and inflammatory mechanisms are presented. The publication also looks at advances in the areas of tubulopathy and the kallikrein-kinin system as well as at the latest animal models and the role of lipoproteins and proteomics. This is followed by a discussion of promising therapeutic approaches such as experimental anti-fibrotic strategies, stem cell therapy and pancreatic transplantation; expert reviews on the emerging entity of new onset diabetes after transplantation and the preventive strategies for diabetic nephropathy conclude the material presented. Written by a panel of leading international experts, this book is highly recommended for nephrologists, diabetologists, internist, transplant physicians, scientists, geneticists, epidemiologists and stem cell biologists working in the field of diabetic nephropathy.

What regulation shall we have for the operation? Shall a man transfuse he knows not what. to correct he knows not what. God knows how (1)? Dr. Henry Stubbs Royal College of Physicians circa 1670 If dialysis therapy were a new pharmaceutical product being evaluated by the FDA now, it might not be approved for marketing. The recommended dose, its potential toxicity, the side effects of under-or over-dialysis as well as its efficacy have been the subject of very few studies. The high mortality rate associated with the treatment may raise a few eyebrows. That it is a life-saving modality of treatment is undoubtedly true for more than 100,000 patients in the United States and for more than a million patients world wide. Because dialysis has extended the lives of many people by a variable period of time, most nephrologists have "rested on their laurels" and did not vigorously pursue studies to optimize these treatments. But facts have a way of intruding in all our lives and the facts are that the overall mortality rate of dialysis patients in the United States is rising and stands close to 25% per year and is closer to 33% per year for patients between the ages of 65 and 74 (2). These mortality figures are considerably higher for age-adjusted dialysis populations in Europe and particularly in Japan, and certainly for the age-adjusted nonnal population.

Issues for 1977-1979 include also Special List journals being indexed in cooperation with other institutions. Citations from these journals appear in other MEDLARS bibliographies and in MEDLING, but not in Index medicus.

Vols. for 1963- include as pt. 2 of the Jan. issue: Medical subject headings

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