

# Tabagismo

Systematic: Quirino Lai e Samuele Iesari (L'Aquila)

## **Linee guida ERBP 2013**

*No linee guida*

# Linee Guida KDIGO 2015

## Identification of Metabolic and Lifestyle Risk Factors

10.1: Potentially modifiable metabolic and lifestyle health risk factors should be identified and addressed by counseling to promote long-term health of the donor candidate. Relevant factors include: obesity, glucose intolerance, dyslipidemia, cigarette smoking and other forms of tobacco use, inactivity, and personal and family history of cardiovascular disease. *(Not Graded)*

## Linee Guida KDIGO 2015

### **Evaluation and Acceptance Related to Cigarette Smoking**

10.16: Present and past use of other tobacco products should be assessed during the donor candidate evaluation. *(Not Graded)*

10.17: Donor candidates who use tobacco products should be advised of the risks of perioperative complications, cancer, cardio-pulmonary disease and ESRD, and should be referred to locally available tobacco cessation support programs. *(Not Graded)*

10.18: Active smokers should be encouraged to quit smoking for at least 4 weeks prior to donation surgery to decrease the risk of perioperative complications. *(Not Graded)*

## Linee Guida KDIGO 2015

### **Evaluation and Acceptance Related to Cigarette Smoking**

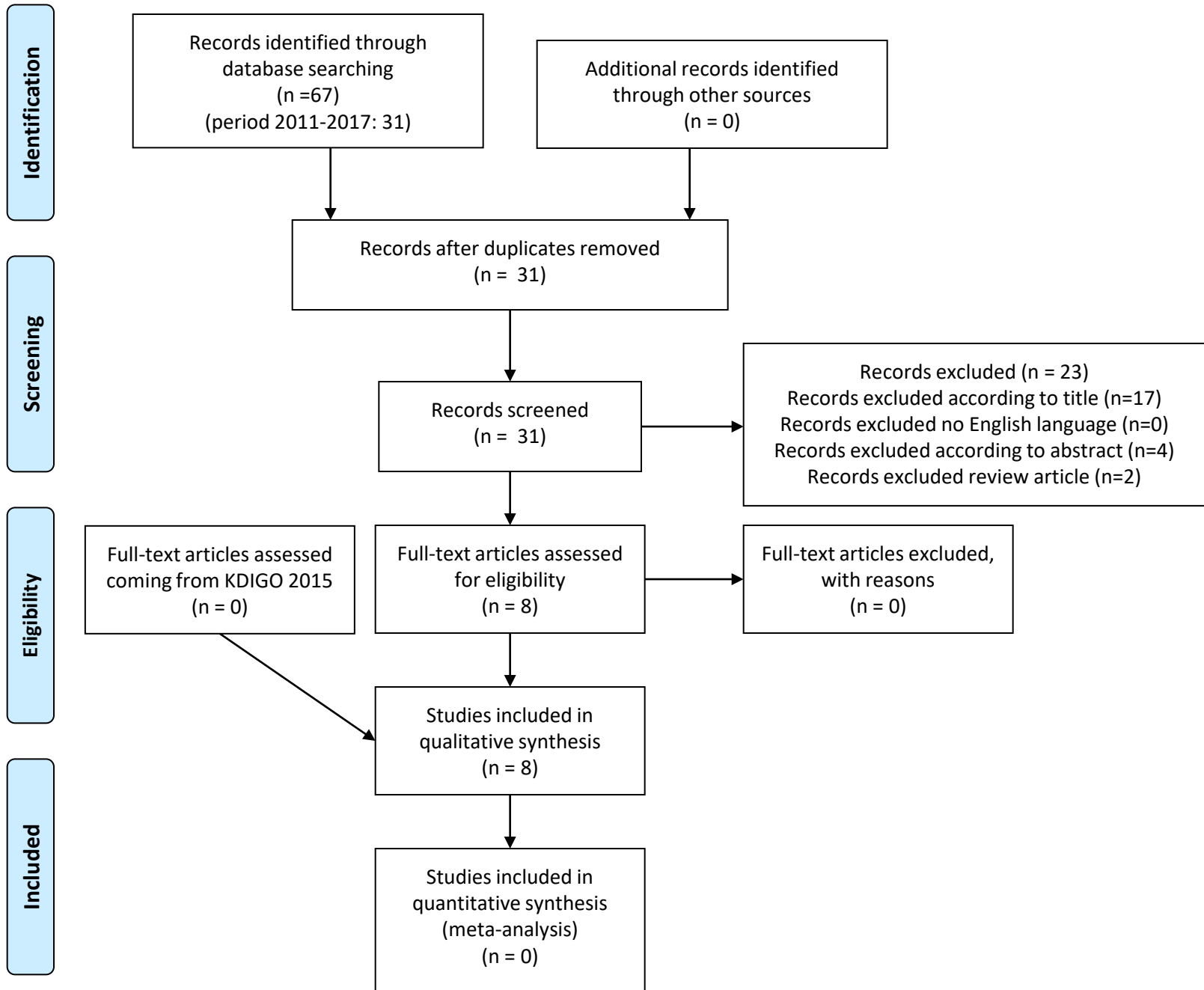
10.19: All donor candidates should be encouraged to abstain from tobacco products to decrease their risks of cancer, cardio-pulmonary disease and ESRD. *(Not Graded)*

10.20: The decision to approve donation in active smokers should be individualized based on their predicted lifetime incidence of ESRD in relation to the transplant center's acceptance threshold. *(Not Graded)*

# Linee Guida KDIGO 2015

## Counseling

10.21: All donor candidates should be counseled on lifestyle interventions to address modifiable risk factors for obesity, prediabetes, dyslipidemia and cardiovascular disease, including healthy diet, regular exercise, moderation of alcohol use, and avoidance of tobacco products. These lifestyle interventions should be initiated prior to donation and maintained lifelong. *(Not Graded)*



# Studi selezionati

## Study

[Kidney-Failure Risk Projection for the Living Kidney-Donor Candidate.](#) Grams ME, Sang Y, Levey AS, Matsushita K, Ballew S, Chang AR, Chow EK, Kasiske BL, Kovesdy CP, Nadkarni GN, Shalev V, Segev DL, Coresh J, Lentine KL, Garg AX; Chronic **Kidney** Disease Prognosis Consortium. N Engl J Med. 2016 Feb 4;374(5):411-21. doi: 10.1056/NEJMoa1510491.

[Effect of Kidney Transplantation on Smoking Habits of Kidney Donors.](#) Keles M, Avsar U, Avsar Z, Emre H, Cankaya E, Cansever Z, Kaya A, Topdagi O, Uyanik A, Aydinli B. Transplant Proc. 2015 Jun;47(5):1302-5. doi: 10.1016/j.transproceed.2015.04.055.

[Cigarette smoking in living kidney donors: donor and recipient outcomes.](#) Underwood PW, Sheetz KH, Cron DC, Terjimanian MN, Englesbe MJ, Waits SA. Clin Transplant. 2014 Apr;28(4):419-22. doi: 10.1111/ctr.12330.

[Associations of smoking with alterations in renal hemodynamics may depend on sex--investigations in potential kidney donors.](#) Guberina H, Baumann M, Bruck H, Feldkamp T, Nürnberger J, Kribben A, Philipp T, Witzke O, Sotiropoulos G, Mitchell A. **Kidney** Blood Press Res. 2013;37(6):611-21. doi: 10.1159/000355741.

[Donor Smoking Negatively Affects Donor and Recipient Renal Function following Living Donor Nephrectomy.](#) Heldt J, Torrey R, Han D, Baron P, Tenggardjaja C, McLarty J, Lindler T, Baldwin DD. Adv Urol. 2011;2011:929263. doi: 10.1155/2011/929263.