Obesità

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

Linee guida ERBP 2013

3.5. On which criteria should we select living kidney donors to optimize the risk–benefit ratio of their donation?

1. We recommend that the simultaneous presence of more than one risk factor (hypertension, obesity, proteinuria, impaired glucose tolerance, haematuria) precludes donation. (Ungraded Statement)

2. We suggest a BMI >35 kg/m2 is a contraindication to donation. (2C)

3. We recommend counseling obese and overweight donors for weight loss before and after donation. (Ungraded statement)

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 Measures of Obesity

10.2: Body mass index (BMI) should be computed during the donor candidate evaluation based on weight and height measured in the clinic, and classified based on World Health Organization (WHO) criteria for the general population or racespecific categories. *(Not Graded)*

10.3: Donor candidates with morbid obesity (BMI ≥40 kg/m2) should be excluded from donation. *(Not Graded)*

10.4: The decision to approve donation in candidates with obesity defined by BMI ≥ 30 to 40 kg/m2 should be individualized based in part on the predicted lifetime incidence of ESRD in relation to the transplant center's acceptance threshold. *(Not Graded)*

Linee Guida KDIGO 2015

Evaluation and Acceptance Related to Measures of Obesity

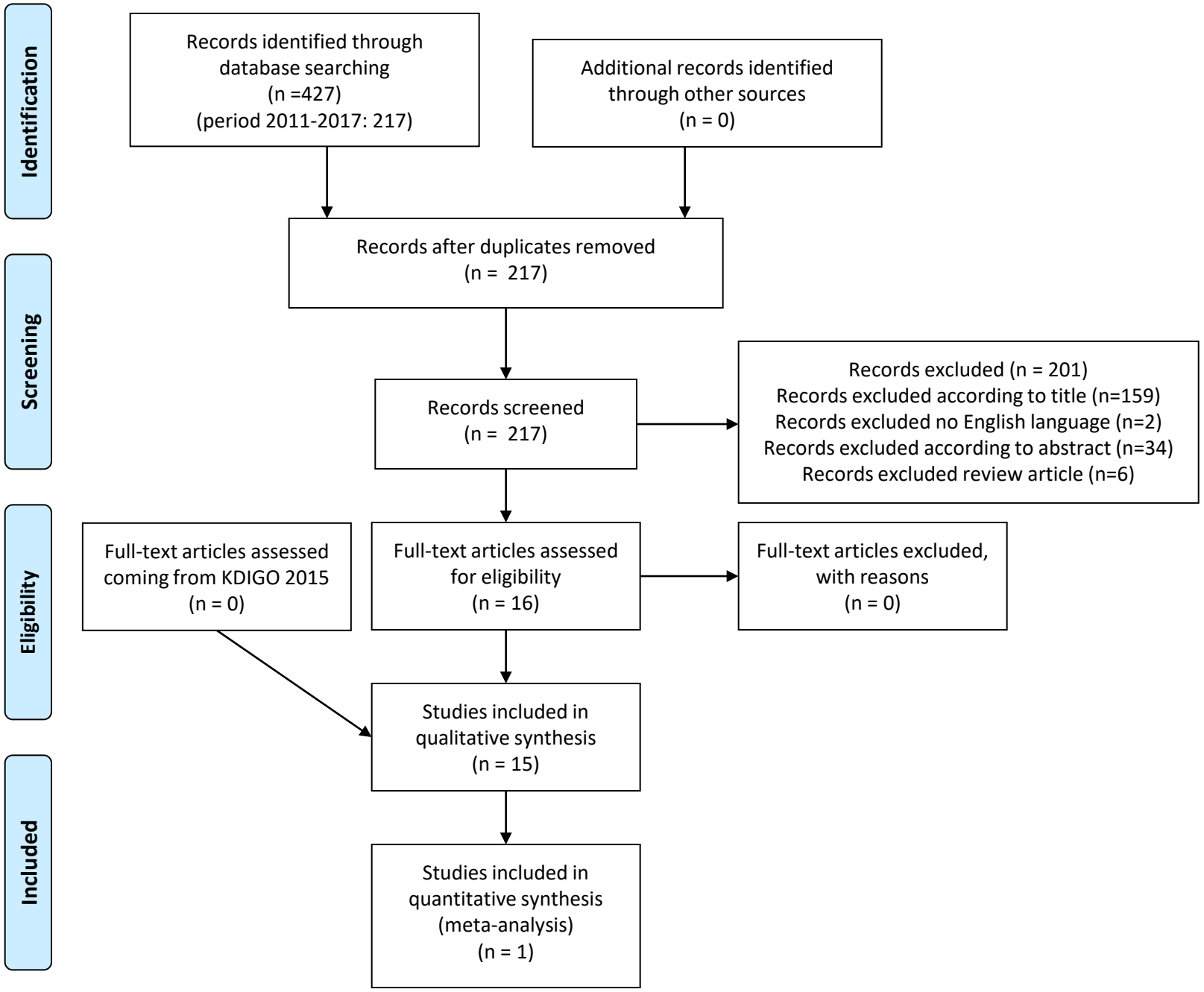
10.5: Donor candidates with a prior history of bariatric surgery should be assessed for risk of nephrolithiasis and nephrocalcinosis by renal imaging and 24-hour urine supersaturation/stone profile. Those with multiple kidney stones or hyperoxaluria should be excluded from donation. *(Not Graded)*

10.6: While the minimum time limit for sustained weight loss in obese donor candidate to ensure safety after donation is not known, it is reasonable to assess the stability of recent weight loss over one to several months prior to donation. *(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)*


Identification
Screening
Eligibility
Included
Records identified through database searching (n =427) (period 2011-2017: 217)
Additional records identified through other sources (n = 0)
Records after duplicates removed (n = 217)
Records screened (n = 217)
Records excluded (n = 201)
Records excluded according to title (n=159)
Records excluded no English language (n=2)
Records excluded according to abstract (n=34)
Records excluded review article (n=6)
Full-text articles assessed coming from KDIGO 2015 (n = 0)
Full-text articles assessed for eligibility (n = 16)
Full-text articles excluded, with reasons (n = 0)
Studies included in qualitative synthesis (n = 15)
Studies included in quantitative synthesis (meta-analysis) (n = 1)

Studi selezionati

Study
Weight trends in United States **living kidney donors**: Analysis of the UNOS database. Sachdeva M, Rosen LM, Varghese J, Fishbane S, Molmenti EP. World J Transplant. 2015 Sep 24;5(3):137-44. doi: 10.5500/wjt.v5.i3.137.
Expanding the **donor** pool: **living donor** nephrectomy in the elderly and the overweight. O'Brien B, Mastoridis S, Sabharwal A, Hakim N, Taube D, Papalois V. Transplantation. 2012 Jun 15;93(11):1158-65. doi: 10.1097/TP.0b013e31824ef1ae.
Shifting paradigms in eligibility criteria for live **kidney donation**: a systematic review. Ahmadi AR, Lafranca JA, Claessens LA, Imamdi RM, IJzermans JN, Betjes MG, Dor FJ. **Kidney** Int. 2015 Jan;87(1):31-45. doi: 10.1038/ki.2014.118. Review.
Systematic review and meta-analysis of the relation between **body mass index** and short-term **donor** outcome of laparoscopic **donor** nephrectomy. Lafranca JA, Hagen SM, Dols LF, Arends LR, Weimar W, Ijzermans JN, Dor FJ. **Kidney** Int. 2013 May;83(5):931-9. doi: 10.1038/ki.2012.485. Review.
Obesity increases the risk of end-stage **renal** disease among **living kidney donors**. Locke JE, Reed RD, Massie A, MacLennan PA, Sawinski D, Kumar V, Mehta S, Mannon RB, Gaston R, Lewis CE, Segev DL. **Kidney** Int. 2017 Mar;91(3):699-703. doi: 10.1016/j.kint.2016.10.014.