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## **1. Today is World Kidney Day. What is the relationship between cardiology and nephrology?**

There is a tremendous link between the two specialties, of course. From the physiological point of view, the two systems – the cardiac and the renal system – are closely related, with one impacting the other. For example, heart function has an enormous impact on renal blood flow. Conversely, the kidneys influence blood pressure and thus indirectly the workload of the heart, via RAAS. But this is only one example of the overlap between the two systems. Heart failure is another condition involving reciprocally kidney and heart, leading to the so-called renal-cardiac/cardiorenal syndrome.

Nephrologists and cardiologists cannot ignore this pathophysiological interrelationship, especially since the treatment of one organ always impacts the other.

## **2. How important is the monitoring of kidney function in patients with cardiac insufficiency?**

It is very important – and we cannot leave out such monitoring. We use medications that have a strong impact on kidney function, such as diuretics, which reduce renal blood flow and raise RAAS activity. Sometimes this causes the parameters of renal function to deteriorate. When the blood flow in the body is reduced, the heart produces great amount of hormones called natriuretic peptides. These have a substantial impact on the kidneys, because they affect the adsorption of sodium and water – and directly influence RAAS. Cardiologic interventions always impact the kidneys, which is why we have to monitor renal function regularly in our patients.

## **3. Interdisciplinarity is vital these days, especially in problematic patients who suffer from the cardio-renal syndrome. When do cardiologists involve nephrologists?**

I can only speak from my own personal experience. In our clinic, we work closely with nephrologists in the management of our heart failure patients. Of course, cardiologists and nephrologists need to have a certain understanding of the other discipline, too, but I think there should be a ‘culture’ of talking to each other, collaborating and pooling expert knowledge. In certain situations, the involvement of a nephrologist is essential, e.g. in severe deterioration of kidney functions in our heart failure patients or when we need ultrafiltration in our patients with decompensated heart failure and cardiorenal syndrome.

## **4. As you pointed out the importance of collaboration: Do the European Society of Cardiology and the ERA-EDTA work together?**

Actually, we had some joint sessions with the ESC bodies and the ERA-EDTA at the ESC congress, which were very successful. But this is not yet a constant, whereas it should be. As Council on Hypertension, we may promote joint researches and educational activities and, especially, receive proposals. This possibility can be extended to all ESC bodies.

- 5. Given the considerable overlap between cardiology and nephrology, do you support further collaboration with nephrologists and the ERA-EDTA?**

Sure I do! Every initiative from the ERA-EDTA is more than welcome. Both societies should have the heart to collaborate more closely!