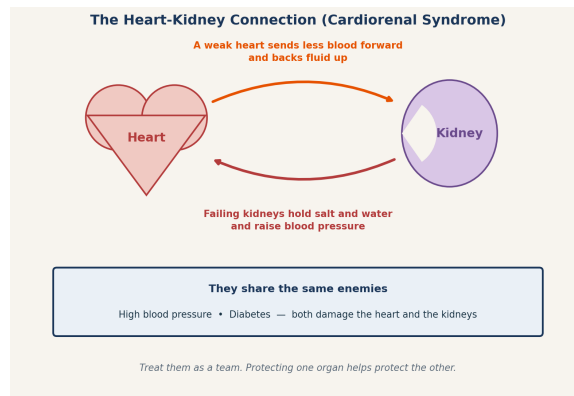


Heart and Kidney Disease (Cardiorenal)

How the heart and kidneys work as a team — and how we protect both

When one organ struggles, the other often does too. The good news: today's medicines protect both.



Online: <https://go.riasalimd.com/cardiorenal-guide>

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Names & Terms You Will Hear

Term	Meaning
Cardiorenal syndrome	The medical name for heart and kidney problems that feed off each other. 'Cardio' means heart and 'renal' means kidney.
Chronic kidney disease (CKD)	A slow loss of kidney function over months or years. It is measured by a blood test called eGFR and a urine protein test.
Heart failure (HF)	The heart muscle is weak or stiff and cannot keep up with the body's needs. It often leads to fluid buildup.
eGFR (estimated glomerular filtration rate)	A blood test that estimates how well your kidneys filter. A higher number is better; it falls as kidney disease advances.
Creatinine	A waste product in the blood. It rises when the kidneys slow down, so it is a quick check of kidney function.
Albuminuria (protein in the urine)	Protein leaking into the urine. It is an early warning that the kidney filters are being damaged.
Diuretic ('water pill')	A medicine that helps the kidneys remove extra salt and water. It eases swelling and shortness of breath in heart failure.
Fluid overload (congestion)	Too much fluid in the body — seen as leg swelling, weight gain, and trouble breathing when lying down.
RAAS blockers (ACE inhibitors, ARBs)	A family of blood-pressure pills that also protect the heart and kidneys. Examples are lisinopril and losartan.
SGLT2 inhibitor	A newer pill (Jardiance, Farxiga) that protects both the heart and kidneys and removes extra salt and water.
Finerenone (KERENDIA)	A newer non-steroidal MRA pill that eases scarring in the heart and kidney. It needs potassium checks.
Potassium	A mineral in the blood. Some protective kidney drugs can raise it, so we check it before and after starting them.



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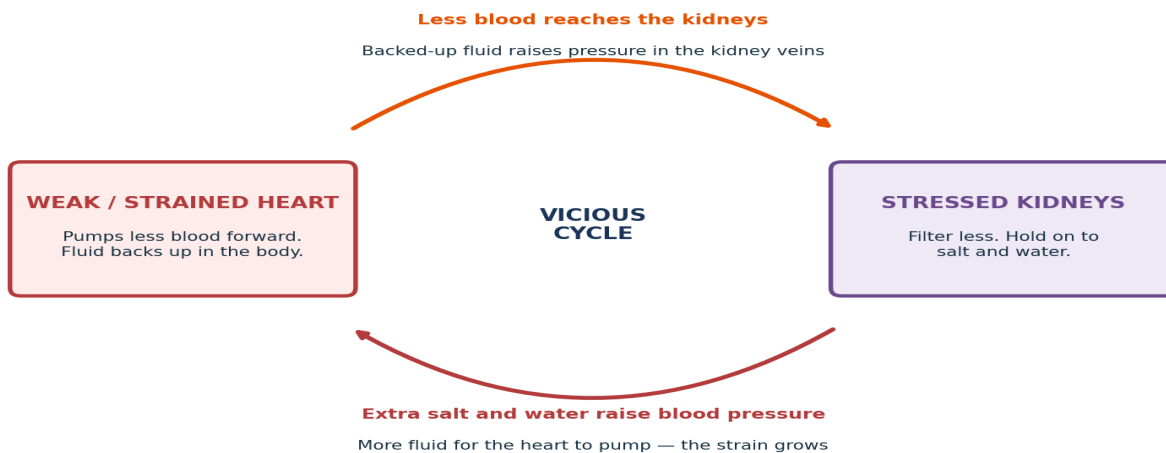


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Heart and Kidney Disease (Cardiorenal)?

- Your heart and kidneys work as a team. The heart pumps blood. The kidneys clean it, balance fluid and salt, and help control blood pressure. When one organ struggles, the other often does too.
- A weak heart pushes less blood forward. So the kidneys get less flow and cannot filter as well. Fluid also backs up and raises pressure in the kidney veins. Both of these hurt the kidneys.
- When the kidneys are failing, they hold on to salt and water. Blood pressure goes up. That extra fluid and pressure give the heart more work to do. The strain grows over time.
- Doctors call this two-way problem cardiorenal syndrome. It is a cycle. Trouble in one organ drives trouble in the other. The loop can speed up if it is not treated.
- The heart and kidneys also share the same enemies. High blood pressure and diabetes damage both organs at once. That is why so many people have heart and kidney disease together.
- Here is the good news. Modern medicines can protect both organs at the same time. Careful fluid and salt care can break the cycle. Coordinated care is the key.

How the Heart and Kidney Hurt Each Other



The two-way street. A weak heart sends less blood to the kidneys and backs fluid up; stressed kidneys hold salt and water and raise blood pressure, which strains the heart. Each problem feeds the other — a cycle that treatment aims to break.



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How the heart and kidney hurt each other (the two-way street)

- Heart to kidney: when the heart pumps weakly, less blood reaches the kidneys. So they filter less and waste builds up.
- Heart to kidney, part two: a flooded heart backs fluid up. This raises pressure in the veins that drain the kidneys. That back-pressure alone can lower kidney function.
- Kidney to heart: failing kidneys hold on to salt and water. Blood pressure climbs. That gives the heart more fluid to pump and more pressure to push against.
- Kidney to heart, part two: weak kidneys also shift hormones and minerals like potassium. That can strain the heart and upset its rhythm.
- The result is a loop. A bad day for one organ becomes a bad day for the other. So a problem in either one deserves care for both.



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Why It Matters

- Having both heart and kidney disease is common, not rare. Many people with heart failure also have weak kidneys. People with kidney disease are far more likely to have heart problems.
- Having both raises risk. The mix leads to more hospital stays. It raises the chance of serious events more than either problem alone. That is why we treat them together.
- Treatment must balance the two organs. A 'water pill' removes fluid to help the heart. But pulling off fluid too fast can stress the kidneys. So doses are adjusted with care.
- Modern trials changed the plan. Finerenone (FIDELIO-DKD and FIGARO-DKD) and SGLT2 inhibitors (DAPA-CKD, EMPA-KIDNEY) both slow kidney decline and cut heart-failure events. They protect both organs at once.
- Some tests and drugs need extra care. CT scan dye and certain medicines are handled differently when the kidneys are weak. Tell every doctor your kidney numbers to prevent harm.
- The big message is simple. Heart and kidney care should be coordinated, not split apart. When your cardiologist and kidney doctor share a plan, both organs do better.

The two-way street, in one line. A weak heart starves and floods the kidneys; weak kidneys hold fluid and raise blood pressure that strains the heart. Break the loop at either end and both organs benefit — which is why the medicines and the monitoring target both at once.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
High blood pressure	The number-one shared enemy. It strains the heart muscle and damages the tiny filters in the kidneys at the same time.
Diabetes	High blood sugar harms the heart's arteries and the kidney filters. Diabetes is a leading cause of both heart and kidney disease.
Existing heart failure	A weak or stiff heart sends less blood to the kidneys and backs fluid up, so kidney function often falls along with it.
Existing chronic kidney disease	Weak kidneys hold salt and water and raise blood pressure, which steadily adds to the heart's workload.
Older age	Both the heart and the kidneys lose some reserve with age, so an extra stress affects both organs more easily.
Coronary artery disease	Blocked heart arteries weaken the heart muscle, which lowers the blood flow the kidneys depend on.
Repeated fluid overload episodes	Each hospital stay for swelling and shortness of breath can leave both the heart and kidneys a little worse.
Certain medicines (NSAIDs)	Routine ibuprofen or naproxen can lower kidney blood flow. That is a problem when the kidneys are already weak.



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Treatment Options

- Treat the shared enemies first. Getting blood pressure and diabetes under control protects both the heart and the kidneys. It also slows the cycle down.
- Use diuretics ('water pills') to remove extra fluid for the heart. Adjust the dose with care. Pulling fluid off too fast can stress the kidneys. So we aim for slow, gentle fluid loss.
- Add an SGLT2 inhibitor (Jardiance or Farxiga). These pills slow kidney decline and cut heart-failure hospital stays. They work with or without diabetes (DAPA-CKD, EMPA-KIDNEY).
- Use an ACE inhibitor or ARB (lisinopril, losartan). They lower the pressure inside the kidney filters and protect the heart. A small, expected dip in kidney numbers after starting is usually fine.
- Add finerenone (KERENDIA) when it fits. It is a non-steroidal MRA. It eases scarring in the heart and kidney. In FIDELIO-DKD and FIGARO-DKD it cut kidney and heart-failure events. It needs potassium checks.
- Manage salt and fluid at home. Lower-salt eating and a daily weight check help keep fluid balanced. That keeps the heart and kidneys from being pushed back and forth.
- Monitor closely when starting these drugs. We check kidney function and potassium before and soon after starting. Then we check on a schedule and adjust doses as needed.
- Coordinate the team. Your cardiologist and kidney doctor share one plan. That way a drug that helps one organ does not quietly hurt the other.



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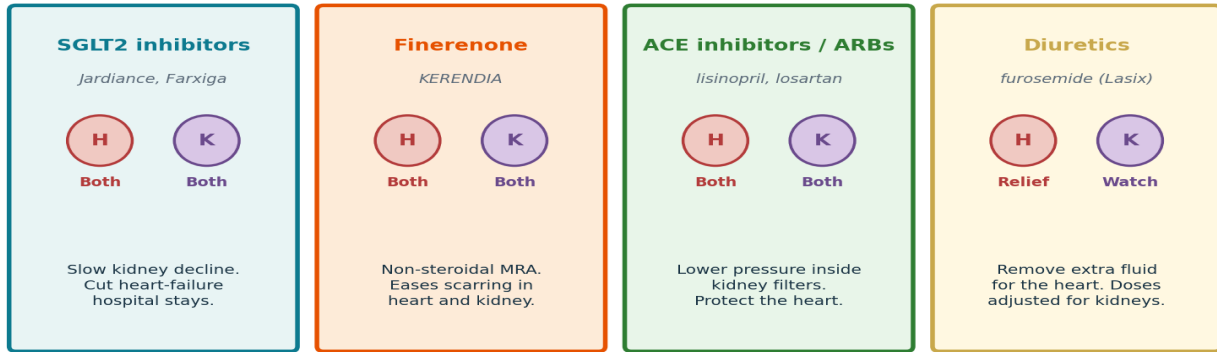
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Modern Medicines That Protect Both Organs

H = helps the heart K = helps the kidney



Medicines that protect both organs. SGLT2 inhibitors, finerenone (KERENDIA), and ACE inhibitors/ARBs slow kidney decline and reduce heart-failure events at the same time. Diuretics relieve fluid for the heart, with kidney-aware dosing.

Heart-kidney medicines — what each one does and what we watch for

Medicine class	Helps the heart	Helps the kidney	What we watch for
SGLT2 inhibitors (Jardiance, Farxiga)	Cut heart-failure hospital stays	Slow kidney decline; gentle fluid removal	Small early eGFR dip (expected); yeast infections; hold on sick days
Finerenone (KERENDIA)	Cut heart-failure events (FIGARO)	Slow kidney decline (FIDELIO)	Potassium — check before and after starting; avoid grapefruit
ACE inhibitors / ARBs (lisinopril, losartan)	Protect and unload the heart	Lower filter pressure; reduce protein leak	Potassium; small expected creatinine rise; ACE cough
Diuretics (furosemide / Lasix)	Relieve fluid overload fast	Help remove extra salt and water	Too-fast removal can stress kidneys; low potassium/sodium; dizziness



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Treating both at once (diuretics balance, SGLT2 and finerenone protect both)

- Diuretics ('water pills') remove the fluid that floods the heart. The art is the dose and pace. Slow, gentle fluid loss clears swelling without shocking the kidneys.
- SGLT2 inhibitors (Jardiance, Farxiga) are a cornerstone. In DAPA-CKD and EMPA-KIDNEY they slowed kidney decline. In heart-failure trials they cut hospital stays. They work with or without diabetes.
- Finerenone (KERENDIA) is a non-steroidal MRA. It eases the scarring that aldosterone drives in both organs. In FIDELIO-DKD it slowed kidney disease. In FIGARO-DKD it cut heart-failure events.
- ACE inhibitors and ARBs lower the pressure inside the kidney filters and protect the heart. That is why they are foundation drugs in cardiorenal care.
- These drugs can be layered together under one plan. Lab checks keep them balanced. See our companion SGLT2 Inhibitors, KERENDIA, and Diuretics guides for the details on each.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Weigh yourself each morning after using the bathroom, before breakfast, in similar clothing. A jump of 3-5 pounds in a few days can mean fluid is building up — call us.
- Lower the salt in your diet. Salt makes the body hold water, which strains both the heart and the kidneys. Aim for fresh foods over canned and processed ones.
- Follow any fluid limit your team gives you. Some people with both conditions are asked to keep daily fluids within a set amount.
- Take your medicines at the same times each day and do not skip your 'water pill' without asking — your fluid balance depends on it.
- Keep your blood pressure log. Home readings help us fine-tune the medicines that protect both organs.
- Avoid routine over-the-counter pain pills like ibuprofen and naproxen (NSAIDs) when your kidneys are weak. Ask us which pain relievers are safe for you.
- Keep a current medicine list and show it at every visit, including any new dye-based scans, so doses can be adjusted for your kidneys.
- Do not stop a protective drug because of a small lab change. Call us first — many small dips are expected and do not mean the drug is failing.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Diuretics ('water pills')	Can lower potassium or sodium. Pulling off fluid too fast can stress the kidneys and raise creatinine. Dizziness if over-treated.	Quickly relieve swelling and shortness of breath from fluid overload. Core treatment for congestion in heart failure.	Salt and fluid limits alone (for mild cases). Combining two diuretic types for tough congestion. SGLT2 inhibitors add gentle fluid removal.
SGLT2 inhibitors (Jardiance, Farxiga)	Small early dip in kidney numbers (expected, then stabilizes). Genital yeast infections. Rare dehydration — hold on sick days.	Slow kidney decline and cut heart-failure hospital stays, with or without diabetes. Protect both organs at once.	Finerenone (different mechanism). ACE/ARB. Diuretics relieve symptoms but do not slow disease the same way.
ACE inhibitors / ARBs	Can raise potassium. A small expected rise in creatinine after starting. ACE inhibitors may cause a dry cough; rare swelling under the skin.	Lower pressure inside the kidney filters, reduce protein leak, and protect the heart. A foundation drug for both conditions.	ARB if an ACE inhibitor causes cough. Other blood-pressure classes if these are not tolerated.
Finerenone (KERENDIA)	Can raise potassium — the main reason to check labs and to pause or stop it. May lower blood pressure. Avoid grapefruit.	Eases scarring driven by aldosterone in the heart and kidney. Cut kidney and heart-failure events in FIDELIO-DKD and FIGARO-DKD.	An SGLT2 inhibitor (works a different way; they can be combined). An older MRA like spironolactone (more hormone side effects).



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Option	Risks	Benefits	Alternatives
Coordinated heart-kidney care	Requires more visits and lab checks. Medicines must be balanced so helping one organ does not harm the other.	Both organs do better when one shared plan guides fluid, blood pressure, and protective drugs. Fewer surprises and hospital stays.	Single-specialty care only — risks one doctor adjusting a drug without seeing the whole picture.

A small lab change is not a red flag. When you start an SGLT2 inhibitor or an ACE inhibitor, a small dip in kidney numbers is expected. It usually settles on its own. **Do not stop the drug on your own.** Call us first. Stopping a protective drug over a normal change can do more harm than the change itself.



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Common Misconceptions

Myth	Reality
Heart disease and kidney disease are separate problems handled by separate doctors.	They are deeply connected. A weak heart hurts the kidneys. Weak kidneys strain the heart. This is cardiorenal syndrome. The best care treats them as one linked problem with a shared plan.
If my kidney numbers dip a little after a new heart drug, the drug is hurting my kidneys and I should stop it.	A small dip after starting an SGLT2 inhibitor or ACE inhibitor is often a sign the drug is working. It is not a sign of harm. The numbers usually settle. Always call us before stopping. Most small changes are fine.
Water pills are bad for the kidneys, so I should avoid them.	Diuretics are key for removing the fluid that floods the heart. The trick is the dose and pace. Too fast can stress the kidneys, so we adjust with care. Skipping them can cause dangerous fluid buildup.
Newer drugs like Jardiance and KERENDIA are just for diabetes.	They began as diabetes drugs. But their heart and kidney protection stands on its own. SGLT2 inhibitors help in heart failure and kidney disease even without diabetes. We choose them based on your heart and kidney profile.
If I feel fine, my heart and kidneys must be fine.	Both problems can be silent for a long time. Kidney disease often has no signs until it is advanced. Fluid can build up slowly. Blood tests, weight checks, and blood-pressure readings catch trouble early.
Eating less salt does not really matter once I am on medicine.	Salt makes the body hold water. That works against the very drugs that remove fluid. Lower-salt eating helps your water pills and protective drugs do their job. It keeps both organs steadier.
There is nothing I can do. Having both just means decline.	Modern medicines protect both organs at once. Careful fluid and salt care can break the cycle. Many people stay stable for years with coordinated heart-kidney care.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Worsening heart failure	Fluid that the kidneys cannot clear backs up into the lungs and legs, causing swelling, weight gain, and shortness of breath that can lead to hospital stays.
Faster kidney decline	Low blood flow, high venous pressure, and the strain of the cycle can speed the loss of kidney function over time.
Diuretic resistance	Over time some people stop responding to their usual 'water pill' dose, so congestion is harder to clear and the team must adjust the strategy.
High potassium (hyperkalemia)	Some protective drugs (ACE/ARB, finerenone) can raise potassium. Very high potassium can affect the heart rhythm, so it is watched closely with blood tests.
Contrast-related kidney stress	Dye used in some CT scans and heart procedures can stress weak kidneys, so dose and hydration are planned ahead and your kidney numbers are shared with the imaging team.
Low blood pressure and dizziness	Several heart-kidney medicines lower blood pressure. Together, or with too much fluid removal, they can cause lightheadedness and falls if not balanced.
Anemia and mineral problems	Advanced kidney disease can lower red blood cells and unbalance minerals like phosphorus and calcium, which add to fatigue and heart strain.
End-stage kidney disease	If kidney function falls far enough, dialysis or a transplant may be needed. Good coordinated care aims to slow or prevent reaching this stage.



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Protecting Your Kidneys: What We Monitor

Kidney blood tests

eGFR — how well the filters are working
Creatinine — a waste product that rises if kidneys slow down
Urine albumin — protein leak warns of early harm

Potassium checks

ACE/ARB and finerenone can raise potassium
Check before starting and a few weeks after
High potassium can affect the heart rhythm — so we watch it closely

Contrast & drug care

CT dye and some drugs need dose care in CKD
Tell every doctor your kidney numbers
Avoid routine NSAIDs (ibuprofen, naproxen) when kidneys are weak

What we monitor to protect your kidneys: kidney blood tests (eGFR, creatinine, urine albumin), potassium when starting protective drugs, and extra care with CT contrast dye and certain medicines.



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Protecting your kidneys (monitoring, contrast, salt and fluid)

- Kidney blood tests: eGFR shows how well the filters work. Creatinine rises if the kidneys slow. A urine albumin test warns of early damage. We track these on a schedule.
- Potassium checks: ACE inhibitors, ARBs, and finerenone can raise potassium. So we check it before starting and a few weeks after, then on a set plan. High potassium can affect the heart rhythm.
- Contrast-dye care: the dye used in some CT scans and heart procedures can stress weak kidneys. We plan the dose and fluids ahead. We share your kidney numbers with the imaging team.
- Medicine safety: avoid routine NSAIDs (ibuprofen, naproxen) when kidneys are weak. Tell every doctor your kidney numbers so your doses are right for you.
- Salt and fluid: lower-salt eating and a daily morning weight help keep fluid balanced. That keeps the heart and kidneys from being pushed back and forth.



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Points to Know

If you remember nothing else, remember these key points.

- The heart and kidneys work as a team. When one struggles, the other often does too — doctors call this cardiorenal syndrome.
- It is a two-way street: a weak heart starves and floods the kidneys, and weak kidneys hold fluid and raise blood pressure that strains the heart.
- They share the same enemies. Controlling high blood pressure and diabetes protects both organs at once.
- Diuretics remove fluid for the heart but can stress the kidneys if used too fast — doses are adjusted carefully, so do not change them on your own.
- Modern medicines protect both organs: SGLT2 inhibitors and finerenone (KERENDIA) slow kidney decline AND cut heart-failure events; ACE inhibitors/ARBs protect both.
- When starting these drugs, we check kidney function and potassium before and shortly after — small expected changes are not a reason to stop.
- Tell every doctor your kidney numbers. CT dye and some medicines need dose care when the kidneys are weak; avoid routine NSAIDs.
- Heart and kidney care should be coordinated. See our companion HFrEF, SGLT2 Inhibitors, KERENDIA, Diuretics, and Diabetes & the Heart guides.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Sudden trouble breathing, or shortness of breath that wakes you from sleep — call 911. This can mean fluid is flooding the lungs.
- Chest pressure, tightness, or pain spreading to the jaw or arm — call 911.
- A weight jump of 3-5 pounds in 2-3 days, new or worse leg swelling, or a swollen belly — call us today (fluid building up).
- Very little urine, or no urine, over a day — call us today (possible sharp drop in kidney function).
- Muscle weakness, a slow or irregular heartbeat, or numbness and tingling — call us today (possible high potassium).
- Lightheadedness, fainting, or repeated dizziness on standing — call us this week (blood pressure or fluid may be too low).
- Vomiting, diarrhea, or a fever that keeps you from drinking — call us (you may need to pause your 'water pill' or SGLT2 inhibitor on sick days).
- An upcoming CT scan with dye or a heart procedure — tell us and the imaging team your kidney numbers first so your dose and fluids are planned.
- Your routine heart-kidney lab check (kidney function and potassium) is overdue — book it so your medicines stay safely balanced.

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Coordinated heart-kidney care is the goal. When your cardiologist and kidney doctor share one plan for fluid, blood pressure, and protective drugs, both organs do better.

Companion guides: [Heart Failure \(HFrEF\)](#) · [SGLT2 Inhibitors](#) · [KERENDIA \(Finerenone\)](#) · [Diuretics](#) · [Diabetes & the Heart](#).



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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [National Kidney Foundation — Heart Disease and CKD](#) - Patient overview of the two-way heart-kidney link.
- [American Heart Association — Heart Failure and Kidney Disease](#) - How heart failure and kidney disease affect each other.
- [Cleveland Clinic — Cardiorenal Syndrome](#) - Plain-language guide to the syndrome and its care.
- [NIH NIDDK — Chronic Kidney Disease](#) - Government reference on kidney tests, salt, and fluid.
- [Dr. Ali — Heart Failure \(HFrEF\) Guide](#) - Companion guide on a weak heart muscle and its treatment.
- [Dr. Ali — SGLT2 Inhibitors Guide](#) - Companion guide on Jardiance and Farxiga for heart and kidney.
- [Dr. Ali — KERENDIA \(Finerenone\) Guide](#) - Companion guide on the non-steroidal MRA that protects both organs.
- [Dr. Ali — Diuretics Guide](#) - Companion guide on 'water pills' and managing fluid.
- [Dr. Ali — Diabetes & the Heart Guide](#) - Companion guide on diabetes as a shared driver of heart and kidney disease.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [National Kidney Foundation — Heart Disease and Chronic Kidney Disease](#) [Patient Education]
Authoritative patient material on the two-way link between heart and kidney disease and why protecting one protects the other.
- [American Heart Association — Heart Failure and Kidney Disease](#) [Patient Education]
Explains how heart failure and kidney disease worsen each other (cardiorenal syndrome) and how fluid and medicines are balanced.
- [Cleveland Clinic — Cardiorenal Syndrome](#) [Patient Education]
Plain-language description of the syndrome's types, diuretic resistance, and the team approach to care.
- [KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of CKD](#) [Guideline]
Authoritative basis for SGLT2 inhibitor and RAAS-blockade kidney/heart protection that anchors modern cardiorenal management.
- [2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure](#) [Guideline]
Source for guideline-directed heart failure therapy (SGLT2 inhibitors, ACE/ARB/ARNI, MRA, diuretics) and how kidney function guides dosing.
- [Rangaswami J et al. — Cardiorenal Syndrome: AHA Scientific Statement \(Circulation 2019\)](#) [Scientific Statement]
Defines the cardiorenal syndrome types and the shared mechanisms (low forward flow, venous congestion, neurohormonal activation) explained in plain words here.
- [FIDELIO-DKD — Finerenone in CKD and Type 2 Diabetes \(NEJM 2020\)](#) [Clinical Trial]
7,437-patient trial showing finerenone cut kidney failure or kidney-related death; basis for the organ-protective finerenone numbers.
- [FIGARO-DKD — Finerenone, Cardiovascular Outcomes in CKD and Type 2 Diabetes \(NEJM 2021\)](#) [Clinical Trial]
7,352-patient trial showing finerenone cut cardiovascular events including heart-failure hospitalization; basis for the heart-protection claim.
- [DAPA-CKD — Dapagliflozin in Patients with Chronic Kidney Disease \(NEJM 2020\)](#) [Clinical Trial]
Landmark SGLT2-inhibitor CKD trial showing slowed kidney decline and fewer heart-failure/death events with and without diabetes.
- [EMPA-KIDNEY — Empagliflozin in Patients with Chronic Kidney Disease \(NEJM 2023\)](#) [Clinical Trial]
Broad CKD trial confirming SGLT2-inhibitor kidney protection across a wide eGFR range; supports the dual-organ-protection message.
- [NIDDK \(NIH\) — Chronic Kidney Disease \(CKD\)](#) [Patient Education]
Government plain-language reference for kidney-function testing (eGFR, urine albumin), salt and fluid balance, and medication safety.
- [Mayo Clinic — Heart Failure](#) [Patient Education]
Patient-facing reference on heart-failure symptoms, fluid overload, and diuretic therapy that the cardiorenal balance section builds on.



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About This Guide

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Reviewer note: Reviewed against the National Kidney Foundation 'Heart Disease and Chronic Kidney Disease' page, the AHA Heart Failure and Kidney Disease page, and the Cleveland Clinic Cardiorenal Syndrome page. Ours adds: a heart-kidney two-way 'vicious cycle' cover and body diagram with the mechanisms labeled, an organ-protective-medicines panel keyed to FIDELIO/FIGARO (finerenone) and DAPA-CKD/EMPA-KIDNEY (SGLT2), a medicine-class table that maps each drug to heart help, kidney help, and what we watch for, a kidney-monitoring panel (eGFR, creatinine, potassium, contrast care), and direct cross-links to companion HFrEF, SGLT2 Inhibitor, KERENDIA, and Diuretics guides.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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