American Association of Kidney Patients
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Meet Pediatric Nephrologist, Dr. Ken Sutha and Learn about New Pediatric Hypertension Guidelines

Written for AAKP by Dr. Ken Sutha

As a pediatric nephrologist with personal experience growing up myself with kidney disease, pediatric kidney health is a topic near and dear to my heart. . . and kidneys! First, a little about my background. I was diagnosed with nephrotic syndrome at the age of 10 after abnormal amounts of protein were found in my urine. I ultimately underwent a kidney biopsy that showed it was being caused by something called Focal Segmental Glomerulosclerosis (FSGS). I became very familiar with taking daily medications, frequent lab tests, and regular doctors visits. Unfortunately, there were no great treatments, and by the time I was graduating from college, I knew that I would need to start dialysis or receive a transplant to survive. In 2006, at the age of 24, I was fortunate to receive a pre-emptive, living donor transplant from my dad, saving me from having to start dialysis. Thanks to his gift I've gone on to accomplish more than I could have dreamed over the past decade: competing in a half marathon and triathlons, attending the Transplant Games and actually winning gold medals, graduating from medical school with an MD and a PhD, and now training to be a pediatric nephrologist myself. However, kidney disease is a lifelong battle, and though transplants are great, they are just another treatment with their own set of complications, not a real cure. I have had some bumps along the road since my first transplant, and so I am now back waiting for another transplant and on dialysis. Thankfully peritoneal dialysis has allowed me enough flexibility in my schedule to continue working full time and hasn't stopped me from living my life.

People often ask me if my own kidney disease led me to my career path in medicine. Yes and no, indirectly. After growing up with kidney disease and receiving a transplant, I knew I wanted to give back. I did this by volunteering at a summer camp for kids with kidney disease, on dialysis, and with transplants. I was amazed not only at the power of modern medicine to save these children's lives but also at these kids' resilience in the face of their struggles. After several years going to camp, I knew pediatrics was the field for me. As a nephrologist now, I am amazed at the advances made possible through research, with new treatments for FSGS that didn't exist when I was diagnosed and ever improving immunosuppressive regimens prolonging the survival of transplants. As a physician scientist, I hope to contribute one day myself to advancing our knowledge of treating kidney disease. I don't always share my personal story with my patients and their families, but I do think it helps that I can identify with what they are going through, making me a better physician. For those who do know about my journey with kidney disease, I

hope that I can be an example for them that, though there will be bumps in the road, kidney disease doesn't have to stop them from reaching for and attaining their goals.

I'm very excited to be contributing to the AAKP Pediatric Kidney Pals newsletter by bringing to your attention exciting news in pediatric kidney health. Please let me know if there are any questions or topics you would like for me to address!

This quarter, I would like to highlight the new pediatric hypertension guidelines from the American Academy of Pediatrics that were recently revised in 2017 based on an updated review of research in the area. Hypertension, or high blood pressure, can be one of the first signs of kidney disease, and when left uncontrolled, it can damage the kidneys and itself lead to kidney disease. 3% of otherwise healthy children have hypertension, and it is even more common in children with kidney disease. Identifying children with high blood pressure is important because children with high blood pressure have increased risk of growing up to be adults with high blood pressure, which in turn puts them at further risk for developing cardiovascular disease. In kids, normal blood pressures are defined by the child's height, age, and sex. Healthy children over 3 years old can have their blood pressure screened just at annual well child visits, but it is recommended that children with known kidney disease have their blood pressure checked at all health care encounters. The guidelines also provide recommendations to pediatricians on the proper technique for checking blood pressure, evaluation of the cause for elevated blood pressure, and initial treatments if indicated. The first step for treatment is usually diet modification by limiting salt and increasing exercise.

For more detailed information, please see:
https://www.healthychildren.org/English/health-issues/conditions/heart/Pages/High-Blood-Pressure-in-Children.aspx