

## **Summary**

Loss of critical mass of renal tissue (approximately 50% nephrons) causes, that the process of renal injury is independently progressing into chronic renal failure even though the activity of underlying disease has extinguished.

Making clear this detrimental processes allow us to intervene therapeutical and slow down the development of chronic renal failure and put off the need of dialysis and renal transplation. The most important factors of progression of chronic renal failure seem to be glomerular hypertension and hypertrophy, systemic hypertension and proteinuria. The endstage histological image is focal segmental glomerulosclerosis and interstitial fibrosis.

Long-term conservative therapy helps delay dialysis treatment. The strategy of conservative therapy of chronic renal insufficiency includes causative treatment of the underlying disease (if possible), effective control of hypertension (both systemic and glomerular), administration of low-protein diet, decrease in proteinuria, treatment of other metabolic disorders (Ca-P metabolism, hyperlipidemia, acidosis, anemia).

Of the most benefit appear to be the ACEi and AT1 blockers. They decrease both the systemic blood pressure and the intraglomerular pressure, thus reducing the rate of proteinuria. The reduction of protein intake in a diet decreases the rate of proteinuria, too.