

## Underlying Pathophysiological Mechanisms of Cardiovascular-Kidney Metabolic Syndrome



MECHANISM	MEDIATOR	End-organ Outcom HEART	KIDNEY
Increased central venous and intra-abdominal pressures	<ul><li>Increased salt/water retention</li><li>Activation of RAAS/SNS</li></ul>	<ul><li>Acute/chronic HF</li><li>Adverse remodeling of heart and lungs</li></ul>	<ul><li>Renal venous congestion</li><li>Reduced GFR</li></ul>
Reduced cardiac output and cardiac index	<ul> <li>Peripheral vasodilation/ reduced vascular resistance</li> <li>Reduced perfusion pressure</li> </ul>	<ul> <li>Activation of RAAS/SNS detrimental to heart</li> <li>Cardiac ischemia from reduced perfusion</li> </ul>	<ul><li>Reduced renal perfusion</li><li>Renal ischemia</li></ul>
Neurohormonal dysregulation RAAS activation SNS activation Adenosine/AVP	<ul> <li>Impaired baroreceptor reflexes</li> <li>Increased renin secretion</li> <li>Increased Ang II secretion</li> <li>Increased aldosterone secretion</li> <li>Increased ET-1 expression</li> <li>Oxidative stress</li> </ul>	<ul> <li>Myocyte hypertrophy, left ventricular dysfunction</li> <li>Proinflammation, profibrotic effect</li> <li>Hypertension</li> </ul>	<ul> <li>Arteriolar vasoconstriction</li> <li>Reduced GFR</li> <li>Enhanced reabsorption of sodium/water</li> <li>Proinflammation, profibrotic effect</li> </ul>
Oxidative stress	<ul> <li>Increased reactive oxygen species formation</li> <li>Ang II-enhanced NADPH- oxidase activity</li> <li>Uremic toxin-mediated cytokine release</li> </ul>	<ul> <li>Left ventricular hypertrophy</li> <li>Accelerated atherosclerosis</li> <li>Endothelial dysfunction</li> <li>Inflammation</li> <li>Fibrosis</li> </ul>	<ul> <li>Endothelial dysfunction</li> <li>Accelerated atherosclerosis</li> <li>Inflammation</li> <li>Interstitial fibrosis</li> </ul>
Inflammatory mediators	<ul><li>TNF-a</li><li>TWEAK</li><li>Members of IL-1 family</li><li>IL-6</li><li>CRP</li></ul>	<ul> <li>Atherosclerosis</li> <li>Inflammation</li> <li>Left ventricular dysfunction</li> <li>Cardiac hypertrophy</li> <li>Myocardial cell death</li> <li>Fibrosis</li> </ul>	<ul><li>Inflammation</li><li>Fibrosis</li><li>Atherosclerosis</li><li>Glomerular damage by mesangial cell apoptosis</li></ul>
Renal failure-disturbances	<ul> <li>PBUTs (indoxyl sulfate, p-cresyl sulfate)</li> <li>Chronic inflammatory cytokines</li> <li>Oxidative stress</li> <li>FGF-23</li> <li>Calcium/phosphate-mediated inflammation</li> <li>Anemia</li> </ul>	<ul> <li>Endothelial dysfunction</li> <li>Atherosclerosis</li> <li>Left ventricular dysfunction</li> <li>Cardiac hypertrophy</li> </ul>	<ul> <li>Atherosclerosis</li> <li>Inflammation</li> <li>Increased interstitial and perivascular fibrosis</li> </ul>

Table adapted from Kumar, et al. 2019.