It's like walking in a bubble: Cognitive Impairment as a **Long-Term Concern for Kidney Transplant Patients**



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ndividuals with end-stage renal disease can opt for kidney transplantation or dilacksquare alysis as a form of renal replacement therapy. However, kidney transplantation is generally preferred due to its potential to improve quality of life and survival rates. Cognitive impairment has been remained a common issue among kidney transplantation recipients which can significantly impact their quality of life in areas such as verbal learning, memory, executive functioning, making it challenging for them to manage their health and well-being effectively [1, 2].

Although kidney transplantation can reverse cognitive impairment and brain alterations resulting from end stage kidney diseases, some of these changes may be irreversible even after transplantation. Furthermore, this kind of treatment can affect employment rates, treatment adherence, hospital admissions, healthcare costs, morbidity, and mortality in the patients. Several risk factors contribute to cognitive impairment, including comorbid illnesses, depression, and lower levels of physical activity [3].

Performing neuropsychological assessments in kidney transplantation patients can help identify any cognitive decline or impairment early, allowing for appropriate intervention.

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Moreover, greater attention should be given to restrictions in social participation and quality of life, preferably before transplantation but during rehabilitation [4].

Therefore, efforts should be made to optimize pre-transplantation cognitive function and manage any comorbidities. Additionally, it is necessary to better understand the impact of modifiable risk factors on long-term cognitive function in kidney transplantation patients. These factors include weight gain, metabolic syndrome, new onset diabetes, hypertension, low physical activity, and immunosuppression [5].

In conclusion, cognitive impairment and changes in brain metabolism are linked to kidney transplantation over the long term, even in younger recipients. Therefore, strategies such as patient education, modification of risk factors of long-term cognitive function and monitoring of medical adherence must be developed to assist kidney transplantation recipients in coping with cognitive deficits.

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