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compounds arterial stiffness and plaque burden. Furthermore, CKD-related hypertension and dyslipidemia, including high levels of low-density lipoprotein (LDL) cholesterol, exacerbate atherosclerosis. Heightened cardiovascular risk leads to a higher incidence of cardiovascular events, such as heart attacks and strokes, in CKD patients, contributing to increased morbidity and mortality [3].

Effects of atherosclerosis on CKD

Atherosclerosis can adversely affect CKD by compromising renal perfusion and contributing to the progression of kidney damage. The buildup of atherosclerotic plaques in the renal arteries impairs blood

dyslipidemia, and diabetes, is crucial for slowing the progression of both CKD and atherosclerosis. Integrated treatment strategies that address both conditions simultaneously can significantly improve patient outcomes and quality of life. Continued research into targeted therapies and patient-centered approaches will be essential for advancing care and managing the complex interplay between CKD and cardiovascular disease.

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None

Conflict of Interest

None

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