



# Renal Physiology Lect-3

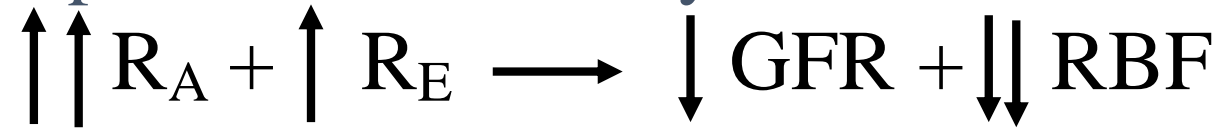
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# Control of GFR and renal blood flow

- Neurohumoral
- Local (Intrinsic)

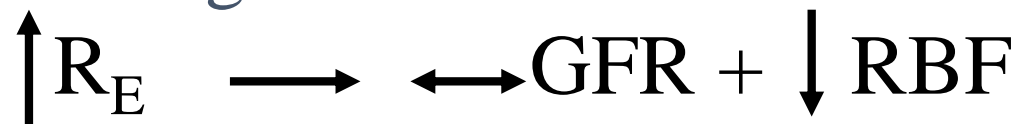
# Control of GFR and renal blood flow

1. Sympathetic Nervous System /catecholamines



e.g. severe hemorrhage

2. Angiotensin II



(prevents a decrease in GFR)

e.g. low sodium diet, volume depletion

# Control of GFR and renal blood flow

3. Prostaglandins

$$\downarrow\downarrow R_A + \downarrow R_E \longrightarrow \uparrow GFR + \uparrow\uparrow RBF$$

Blockade of prostaglandin synthesis  $\rightarrow$   $\downarrow$  GFR

- This is usually important only when there are other disturbances that are already tending to lower GFR
- e.g. nonsteroidal antiinflammatory drugs in a
- volume depleted patient, or a patient with heart failure,
- cirrhosis, etc

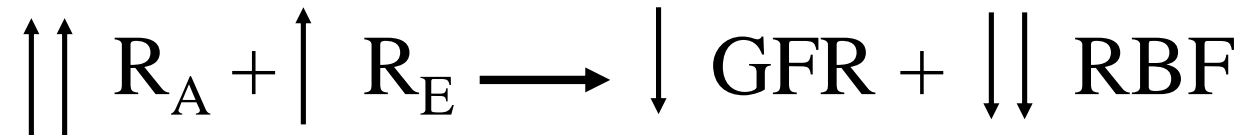
#### 4. Endothelial-Derived Nitric Oxide (EDRF)

$$\Downarrow\Downarrow R_A + \Downarrow R_E \longrightarrow \Uparrow \text{GFR} + \Uparrow\Uparrow \text{RBF}$$

- Protects against excessive vasoconstriction
- Patients with endothelial dysfunction (e.g. atherosclerosis) may have greater risk for excessive decrease in GFR in response to stimuli such as volume depletion

# Control of GFR and renal blood flow

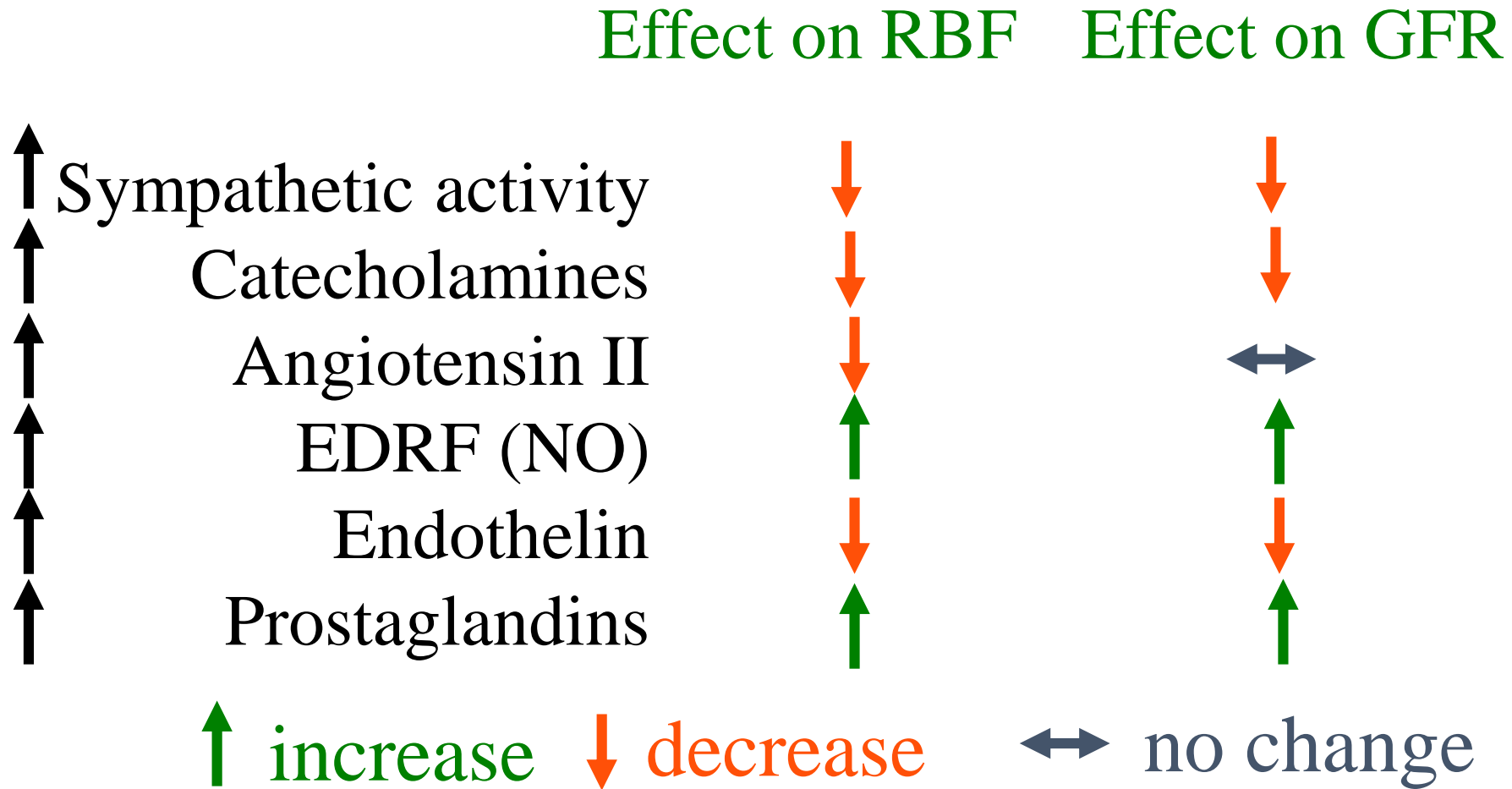
## 5. Endothelin



- Hepatorenal syndrome – decreased renal function in cirrhosis or liver disease?
- Acute renal failure (e.g. contrast media nephropathy)?
- Hypertensive patients with chronic renal failure?

Endothelin antagonists may be useful in these conditions

# Summary of neurohumoral control of GFR and renal blood flow





# Local Control of GFR and renal blood flow

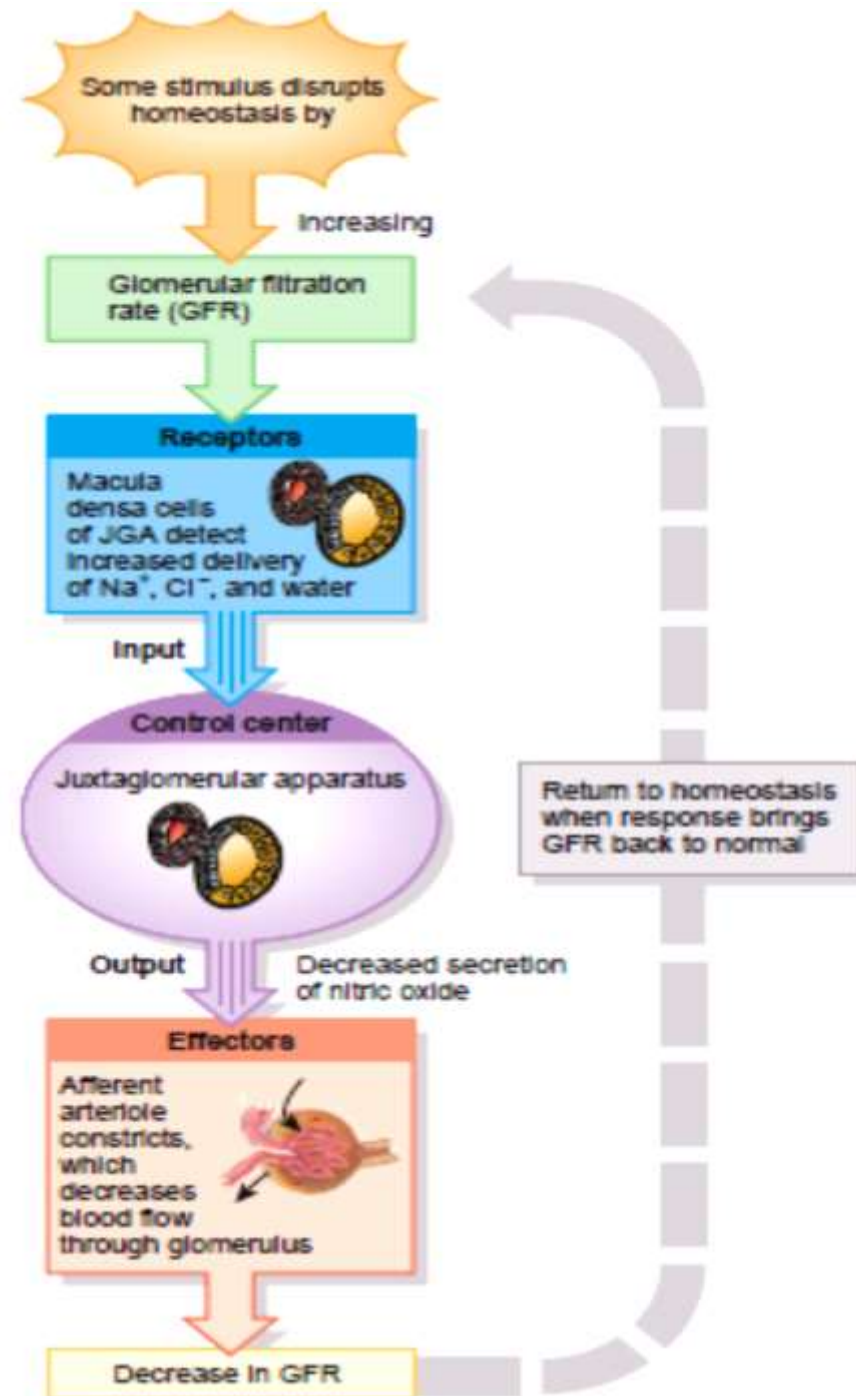
## 7. Autoregulation of GFR and Renal Blood Flow

- Myogenic Mechanism
- Macula Densa Feedback  
(tubuloglomerular feedback)
- Angiotensin II ( contributes to GFR but not RBF autoregulation)

# Renal Autoregulation of GFR

## 2. Tubuloglomerular feedback mechanism:

- Feedback loop consists of a flow rate (increased NaCl in filtrate) sensing mechanism in macula densa of juxtaglomerular apparatus (JGA)
- Increased GFR (& RBF) inhibits release of the vasodilator ; Nitric Oxide (NO)



# Renin secretion regulation

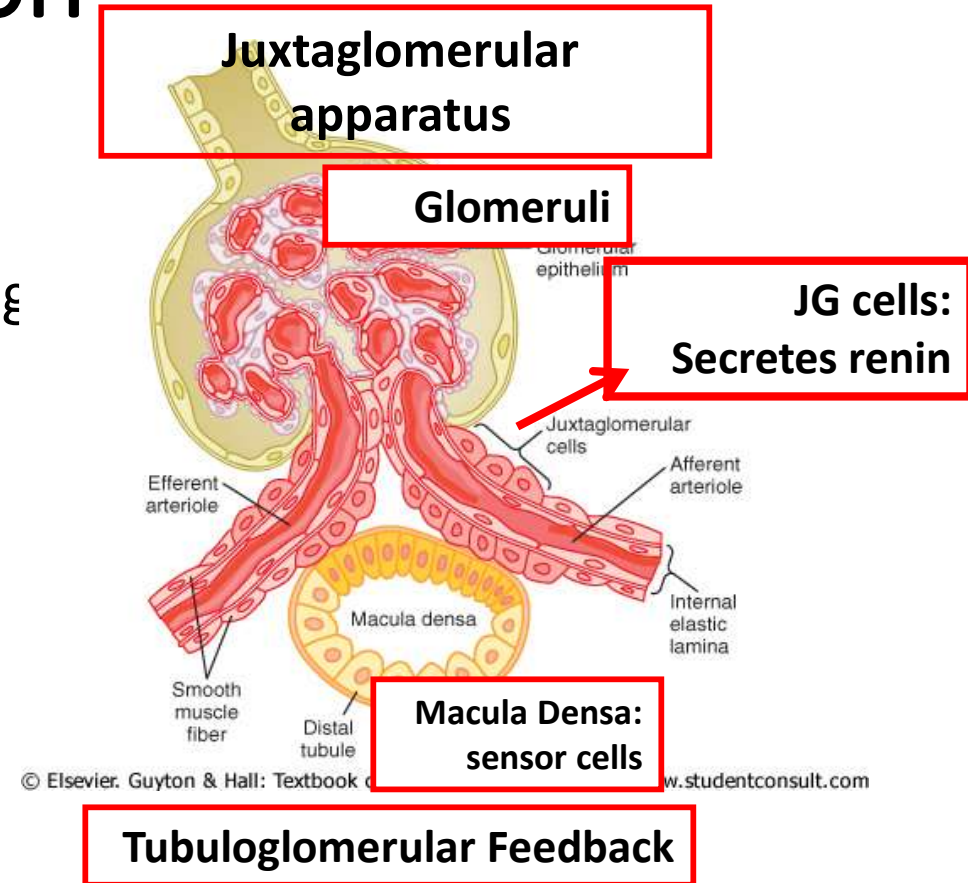
## 1- Perfusion Pressure

low perfusion in afferent arterioles stimulates renin secretion while high perfusion inhibits renin secretion.

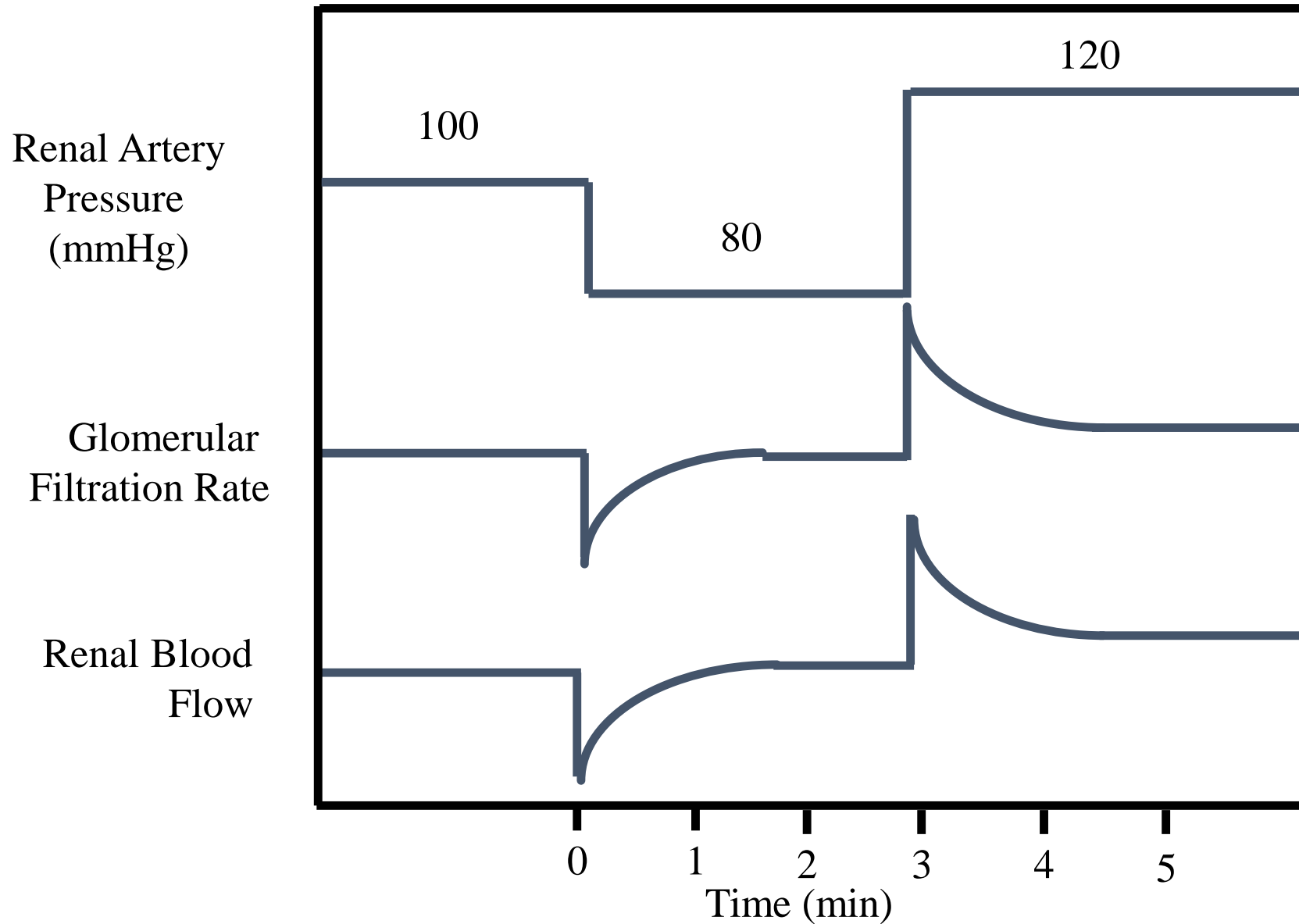
## 2-Sympathetic nerve activity

Activation of the sympathetic nerve fibers in the afferent arterioles increases renin secretion.

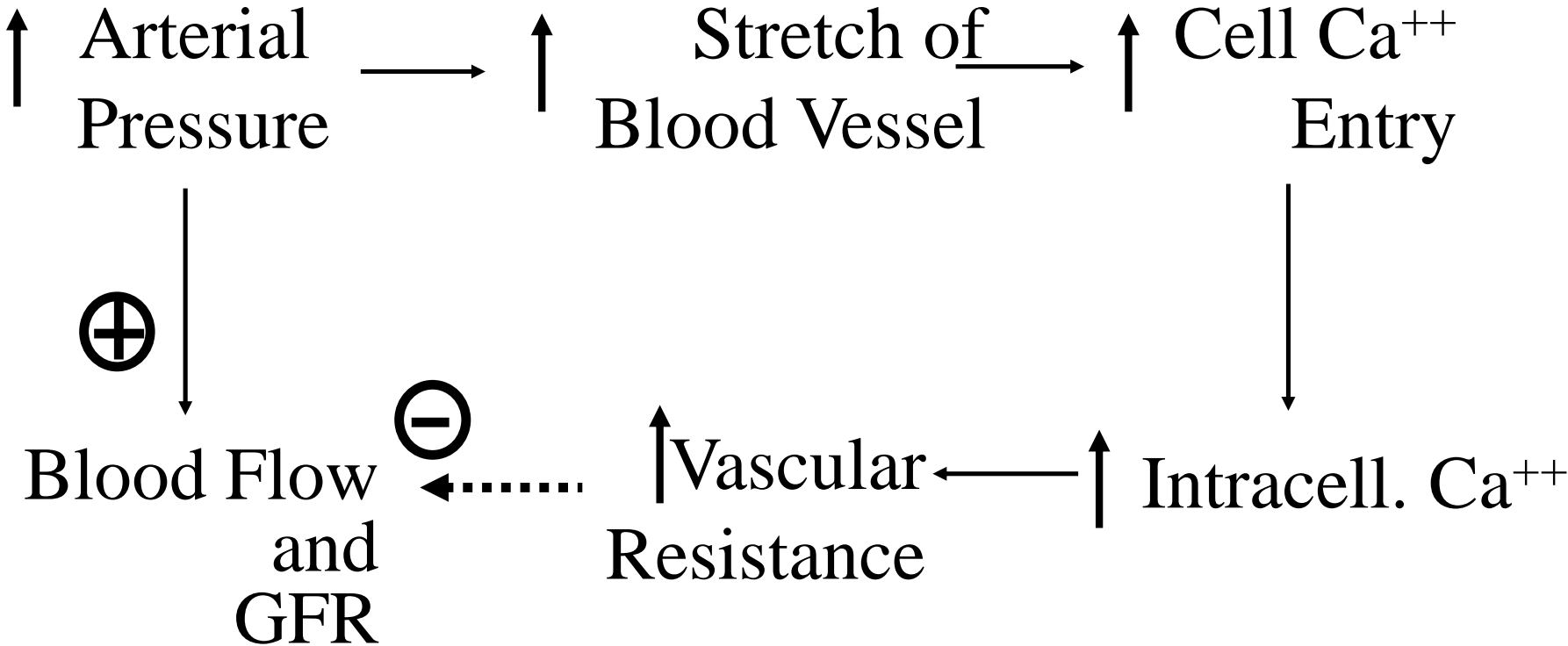
3- NaCl delivery to macula densa: When NaCl is decreased, Renin secretion is stimulated and vice versa. (**Tubuloglomerular Feedback**)



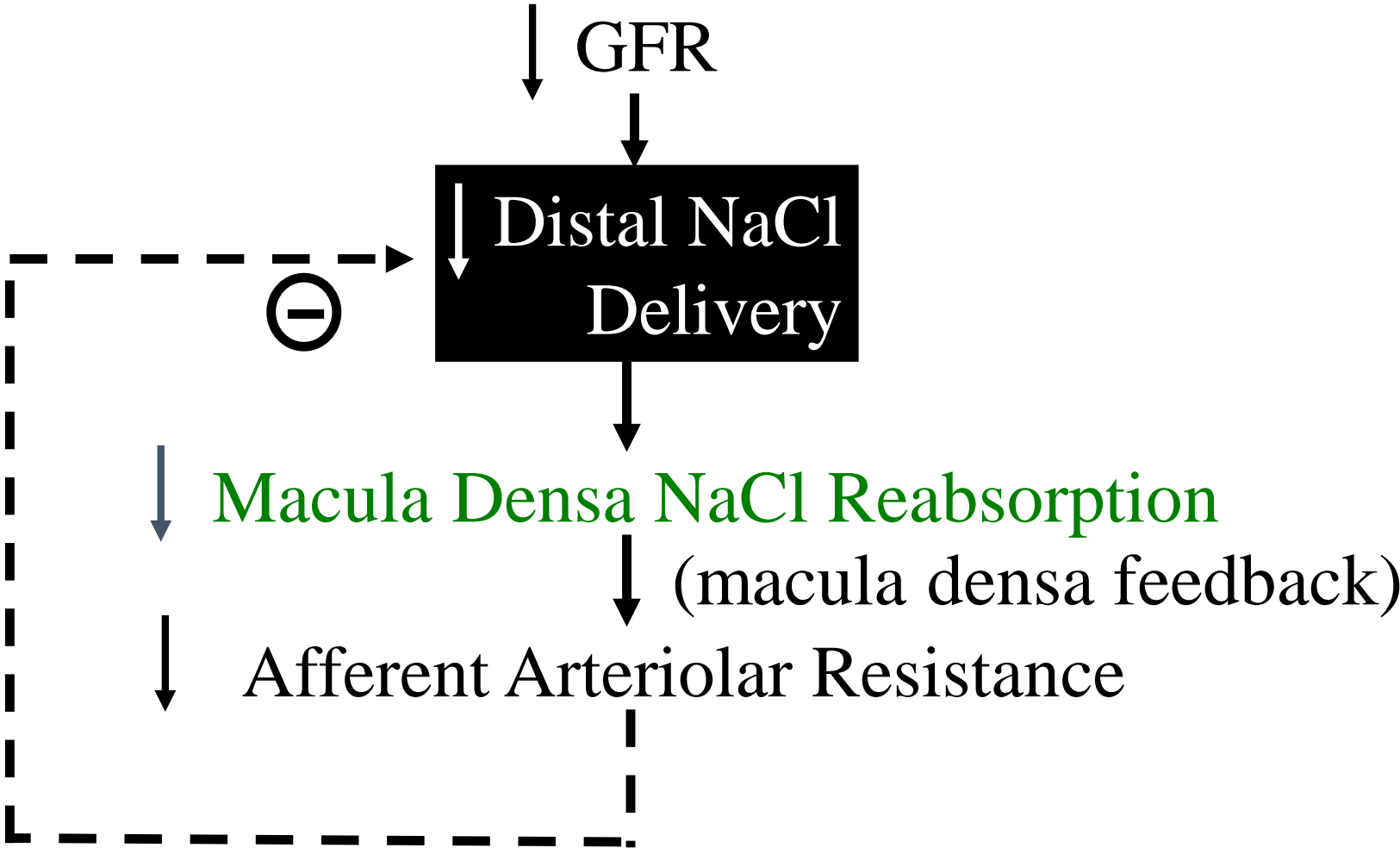
# Renal Autoregulation



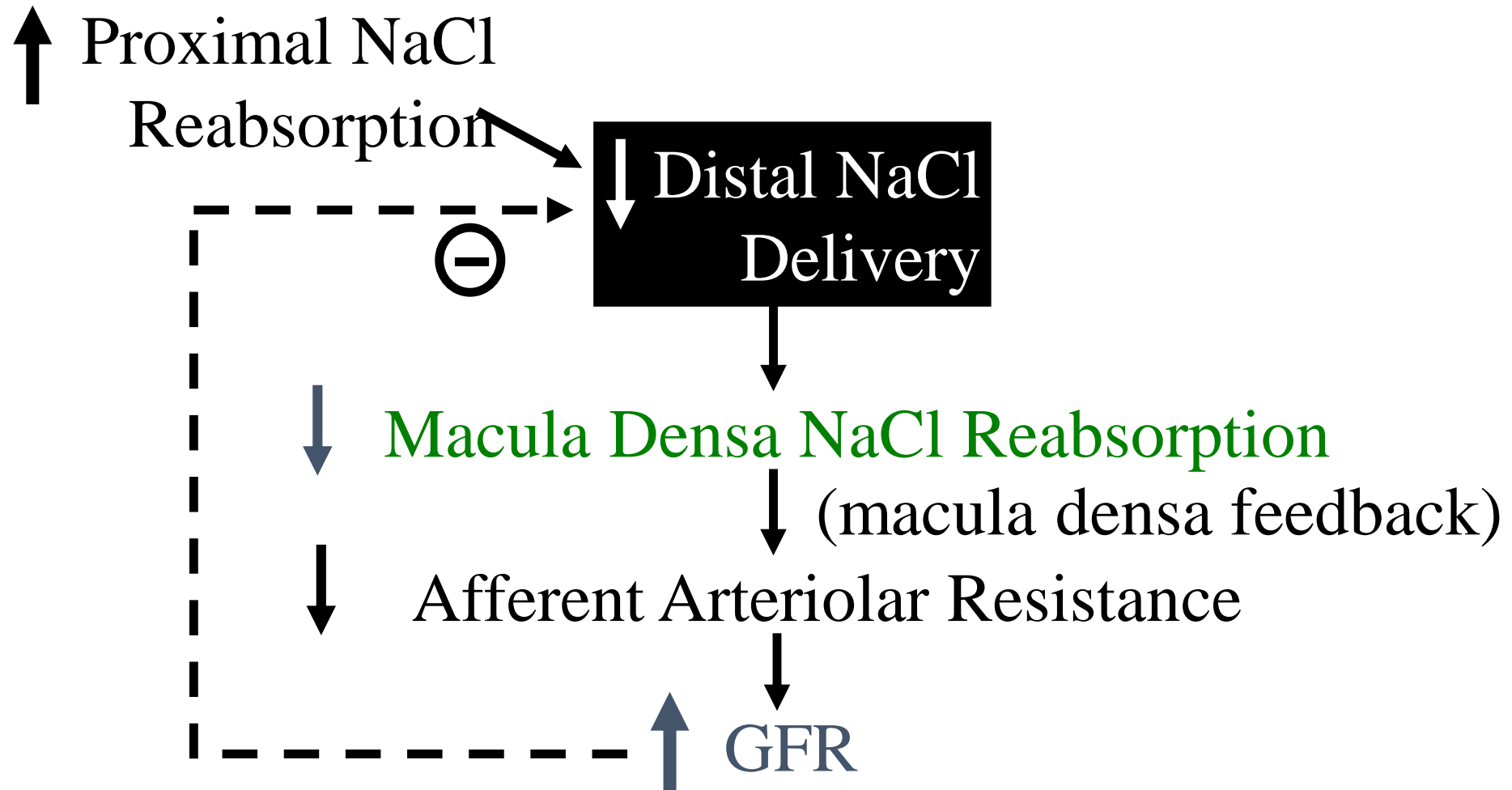
# Myogenic Mechanism



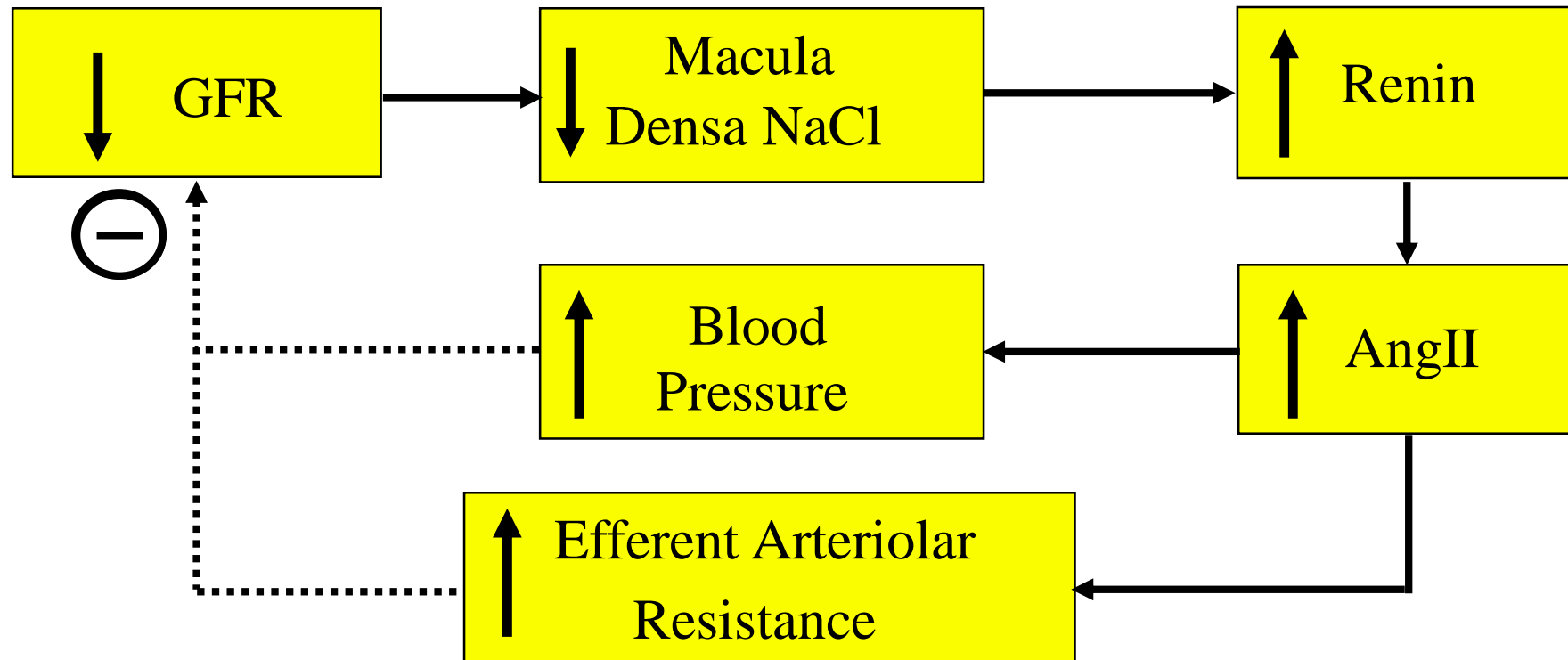
# Macula Densa Feedback



# Macula Densa Feedback

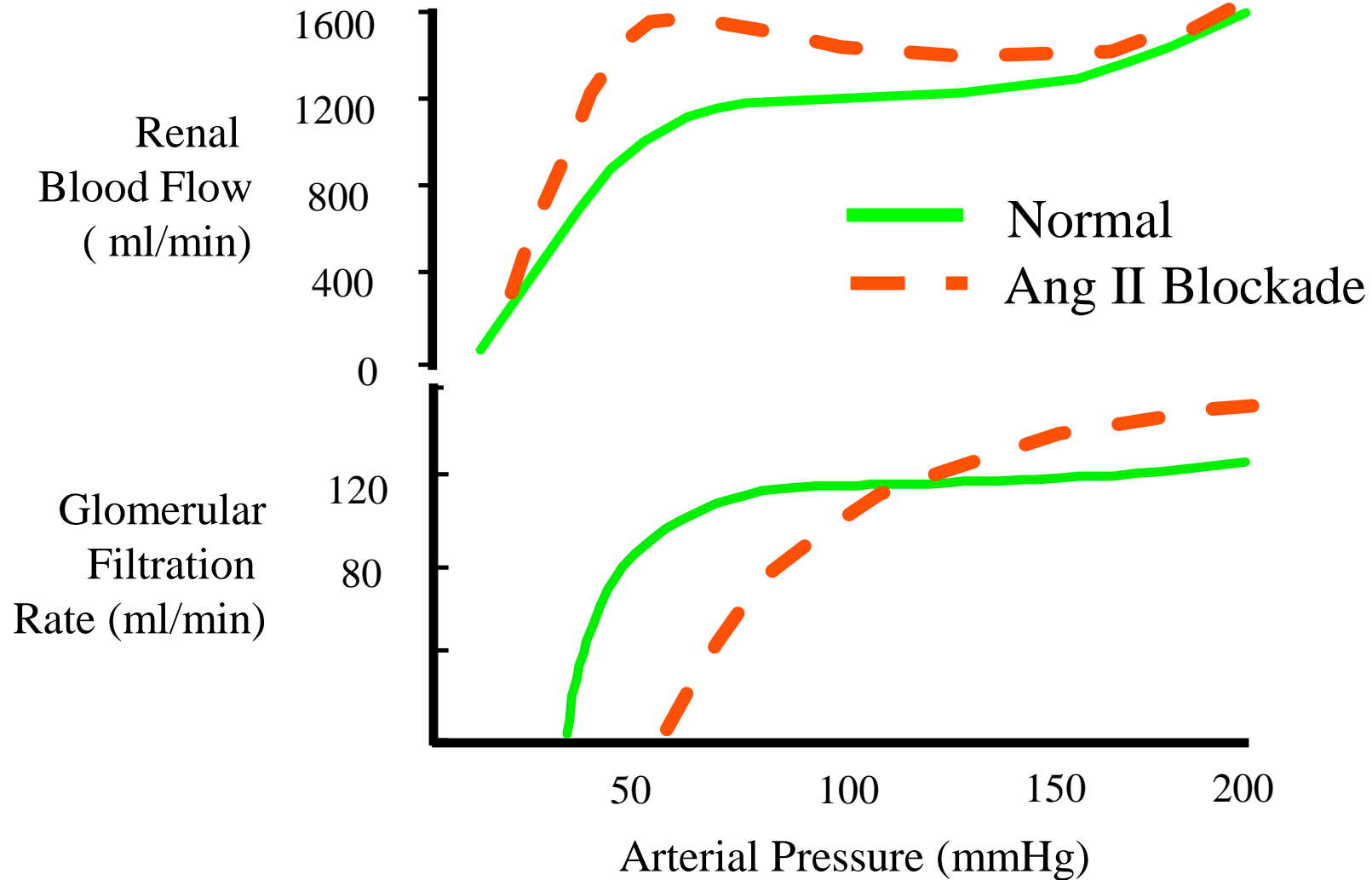


# Regulation of GFR by Ang II





# Ang II Blockade Impairs GFR Autoregulation



# Macula densa feedback mechanism for regulating GFR

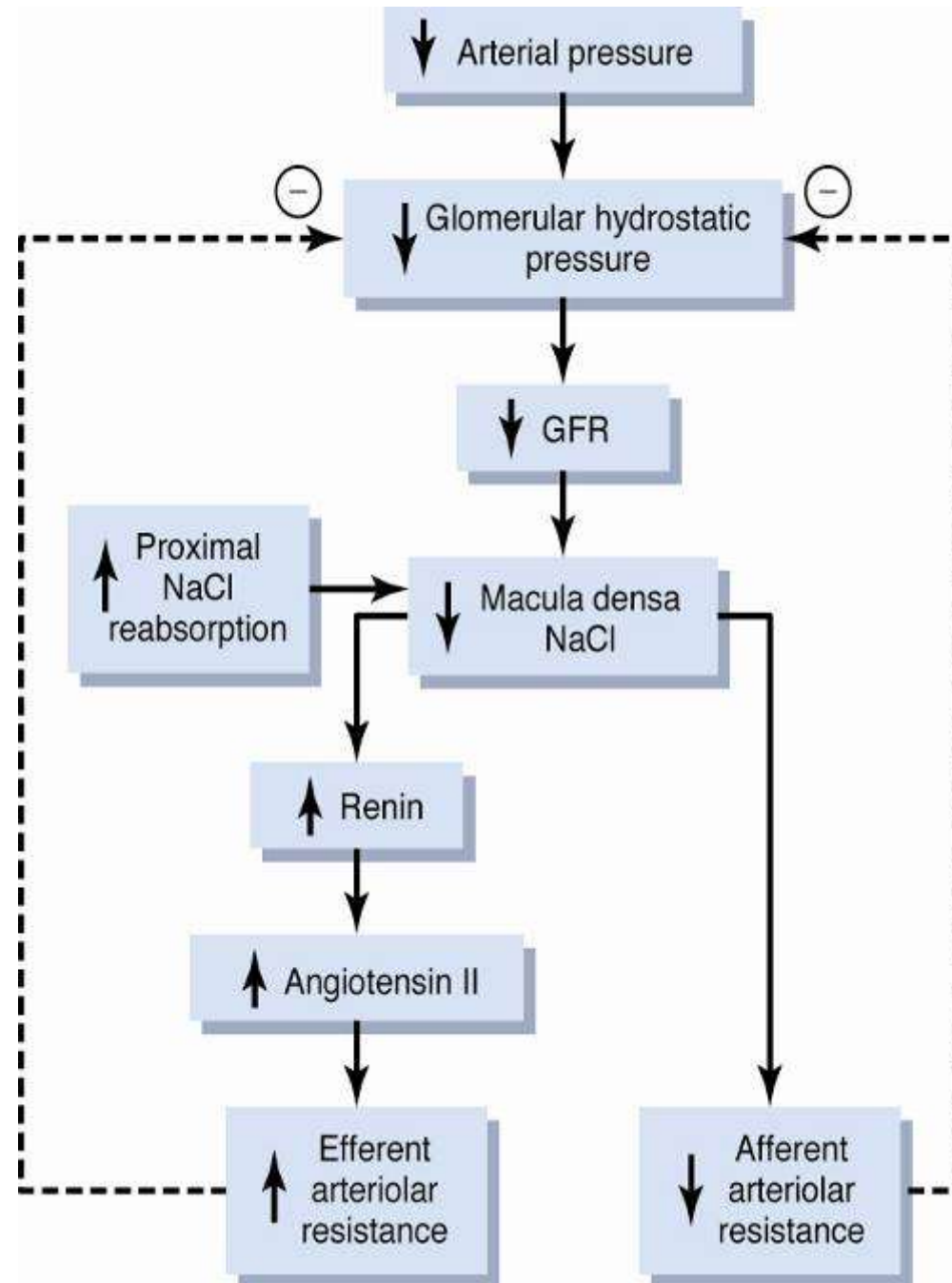
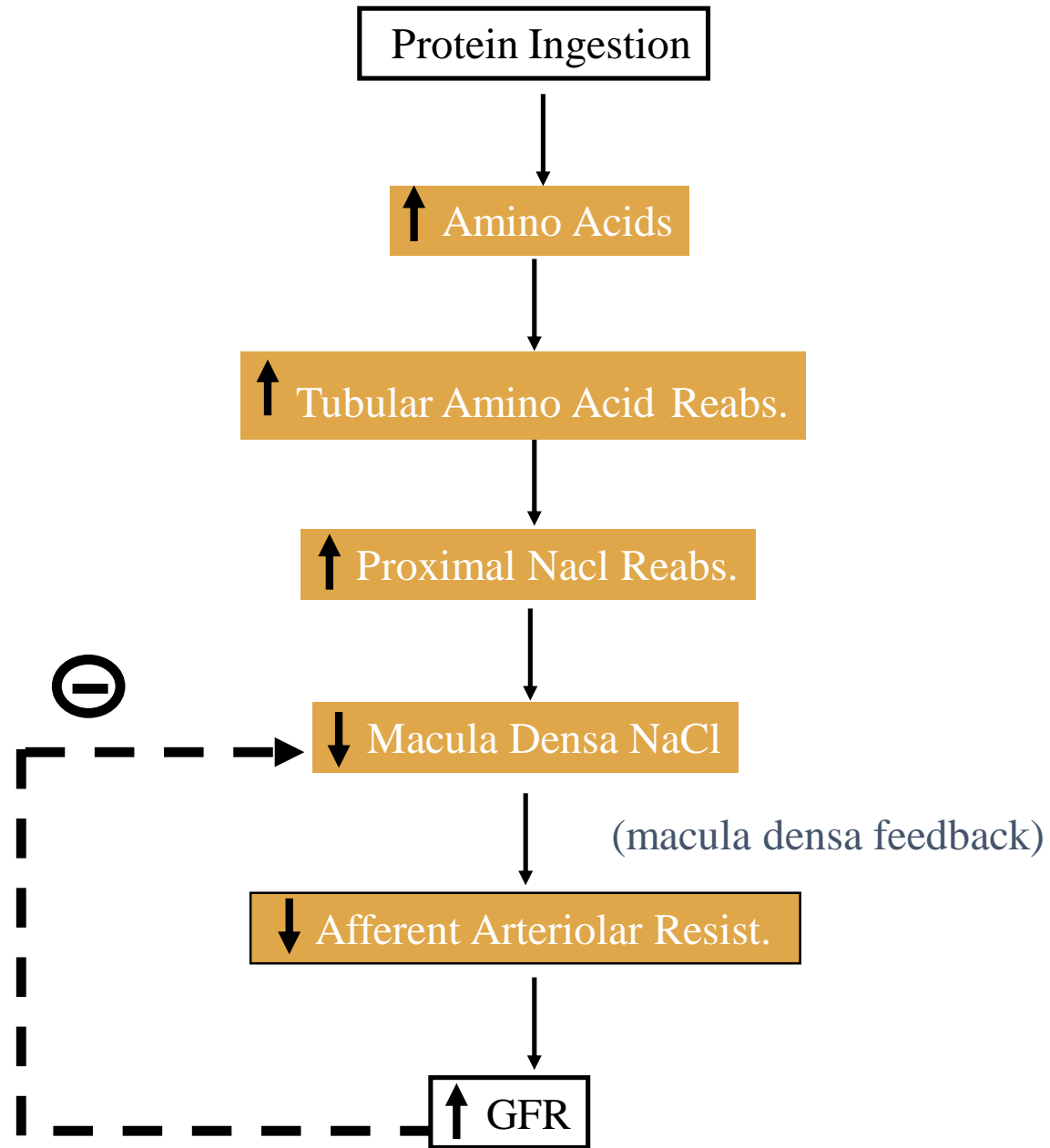


Figure 26-19

# Other Factors That Influence GFR

- **Fever, pyrogens:** increase GFR
- **Glucocorticoids:** increase GFR
- **Aging:** decreases GFR 10% / decade after 40 yrs
- **Hyperglycemia:** increases GFR (diabetes mellitus)
- **Dietary protein:** high protein increases GFR  
low protein decreases GFR



# Importance of Autoregulation

Arterial Pressure	GFR	Reabsorption	Urine Volume
Poor Autoregulation + no change in tubular reabsorption			
100	125	124	1.0
120	150	124	26.0 = 37.4 L/day!
Good Autoregulation + no change in tubular reabsorption			
120	130	124	5.0
Good Autoregulation+adaptive increase in tubular reabsorption			
120	130	128.8	1.2