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# Physiology of Water Metabolism

Michael Heung, M.D.  
M2 Renal Sequence

Fall 2008



# Objectives

- Distinguish between solute and free water clearance
- Understand the differential transport of water and electrolytes in the renal tubules
- Understand countercurrent multiplication and its role in urinary concentration
- Know the regulation of ADH release and its effects on water reabsorption
- Be familiar with the aquaporin family of proteins
- Understand the role of thirst in maintaining water balance

# Volume vs Osmoregulation

	<b>Osmoregulation</b>	<b>Volume regulation</b>
Signal	Plasma osmolality	“Effective” circulating volume
Sensors	Hypothalamic osmoreceptors	Carotid sinus, large vein, atrial, and intrarenal receptors
Effectors	ADH, thirst	Renin/angiotensin, aldosterone, sympathetic nerves, ANP, ADH
Observed responses	Urine osmolality, water intake	Urinary sodium excretion

# Typical Daily Water Balance

<b>Source</b>	<b>Water intake (ml/day)</b>	<b>Source</b>	<b>Water output (ml/day)</b>
Ingested water	1400	Urine	1500
Water content of food	850	Skin	500
Water of oxidation	350	Respiratory tract	400
		Stool	200
<b>Total:</b>	<b>2600</b>	<b>Total:</b>	<b>2600</b>

# Daily Renal Resorptive Workload

<b>Substance</b>	<b>Filtered</b>	<b>Excreted</b>	<b>Reabsorbed</b>	<b>% net reabsorbed</b>
<b>Water (L)</b>	<b>180</b>	<b>1.5</b>	<b>178.5</b>	<b>&gt;99</b>
<b>Sodium (mEq)</b>	<b>25,200</b>	<b>150</b>	<b>25,050</b>	<b>&gt;99</b>
<b>Chloride (mEq)</b>	<b>18,000</b>	<b>150</b>	<b>17,850</b>	<b>&gt;99</b>
<b>Bicarbonate (mEq)</b>	<b>4320</b>	<b>2</b>	<b>4318</b>	<b>&gt;99</b>
<b>Potassium (mEq)</b>	<b>720</b>	<b>100</b>	<b>620</b>	<b>&gt;85</b>
<b>Calcium (mEq)</b>	<b>540</b>	<b>10</b>	<b>530</b>	<b>&gt;98</b>
<b>Urea (g)</b>	<b>56</b>	<b>28</b>	<b>28</b>	<b>50</b>
<b>Glucose (mmol)</b>	<b>800</b>	<b>0</b>	<b>800</b>	<b>100</b>

# Solute vs. Water Clearance

	<b>Patient 1</b>	<b>Patient 2</b>	<b>Patient 3</b>
<b><math>P_{\text{Osm}}</math></b>	300 mOsm/ kg water	300 mOsm/ kg water	300 mOsm/ kg water
<b><math>U_{\text{Osm}}</math></b>	300 mOsm/ kg water	150 mOsm/ kg water	600 mOsm/ kg water
<b>Urine flow (ml/min)</b>	2 mL/min	4 mL/min	1 mL/min

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- What is each patient's solute clearance?
- What is each patient's water balance?



# Free Water Clearance

- Clearance<sub>osm</sub> = (U<sub>osm</sub> x V) / P<sub>osm</sub>

Patient 1: C<sub>Osm</sub> = (300 X 2)/300 = 2 mL/min

Urine flow 2mL/min → ***Even water balance***

Patient 2: C<sub>Osm</sub> = (150 X 4)/300 = 2 mL/min

Urine flow 4mL/min → ***Free water excretion***

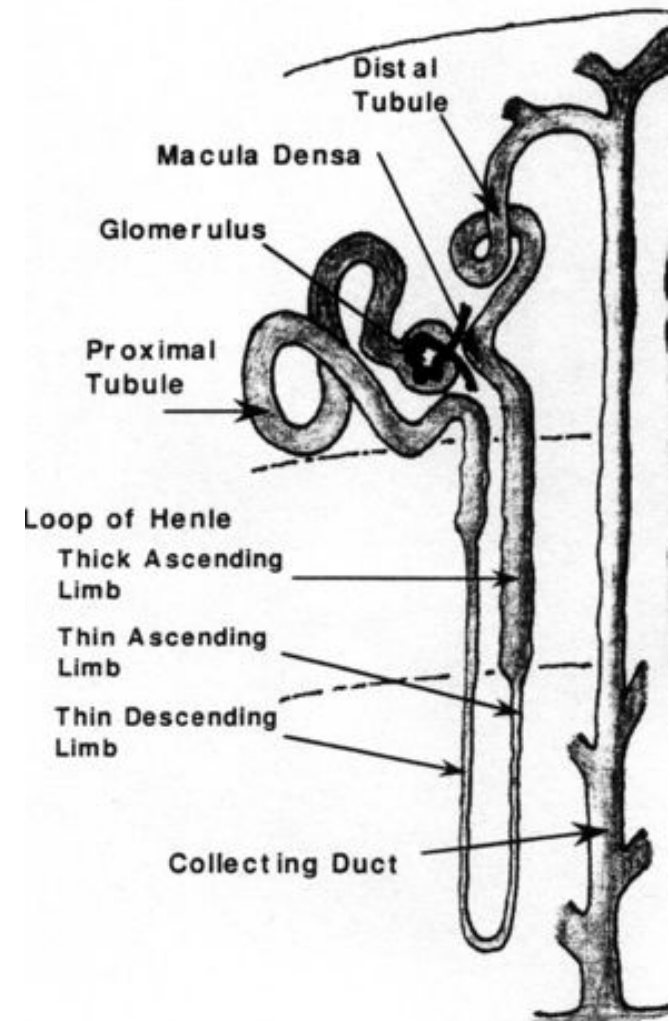
Patient 3: C<sub>Osm</sub> = (600 X 1)/300 = 2 mL/min

Urine flow 1mL/min → ***Free water retention***

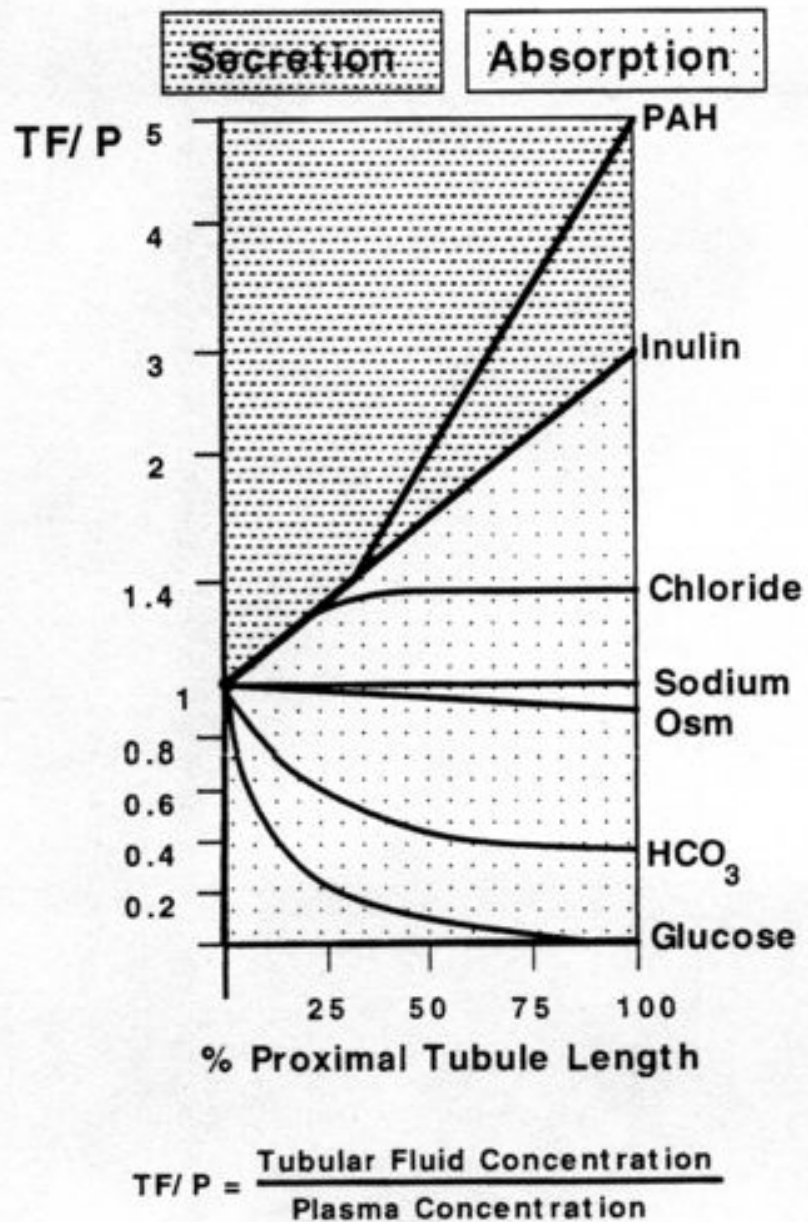
- *Solute clearance is identical, but water clearance is divergent*

# Renal Water Handling

- For renal excretion to vary between filtered substances, there must be differential transport within the tubular epithelium
- Although there is overlap, water and sodium handling are independently regulated



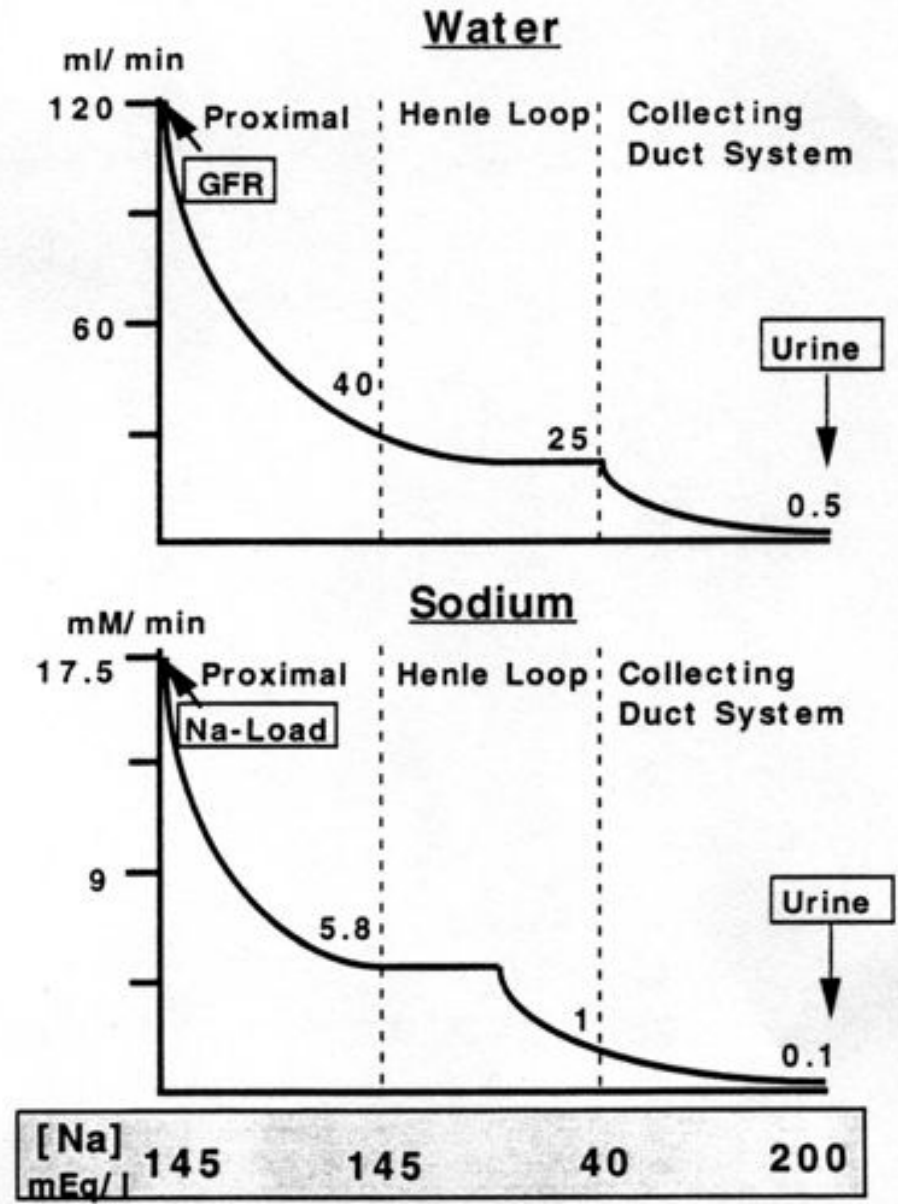
# Proximal Tubule



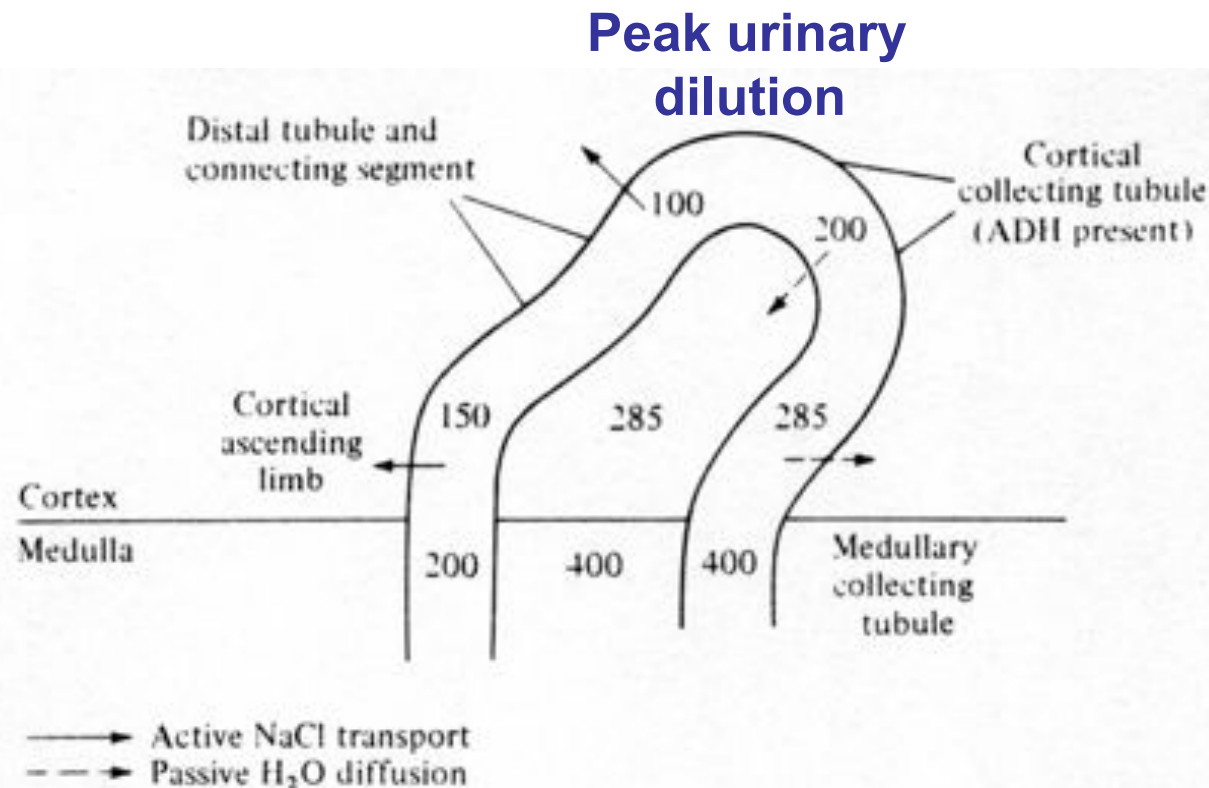
- 67% of filtered load
- Sodium and water are absorbed iso-osmotically
- Water flow is passive and follows the osmotic gradient established by Na reabsorption

# Loop of Henle

- Descending thin limb
  - 15% of filtered load
  - Passive reabsorption
- Thick ascending limb
  - Impermeable to water
  - Diluting segment



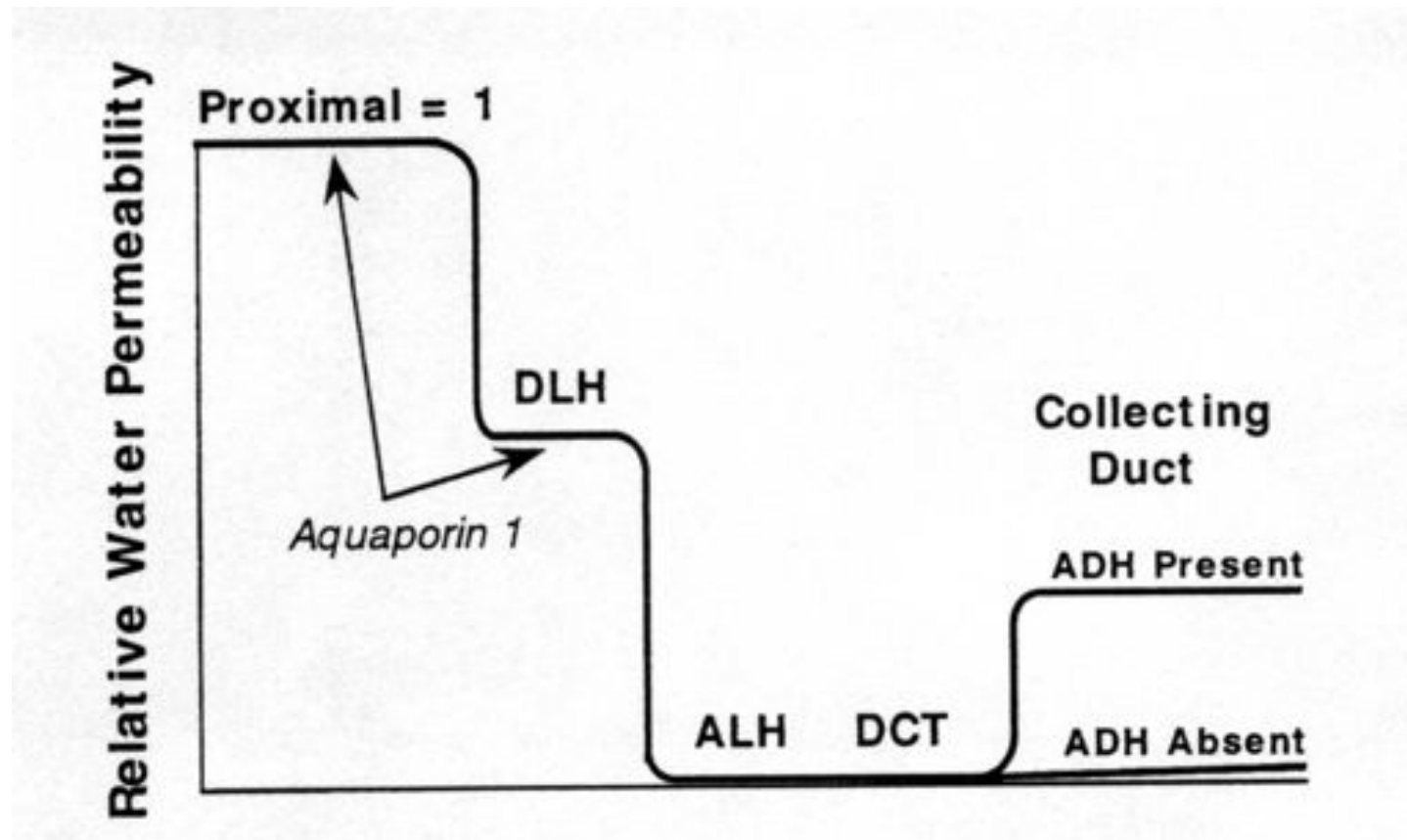
# Distal Tubule and Collecting Duct



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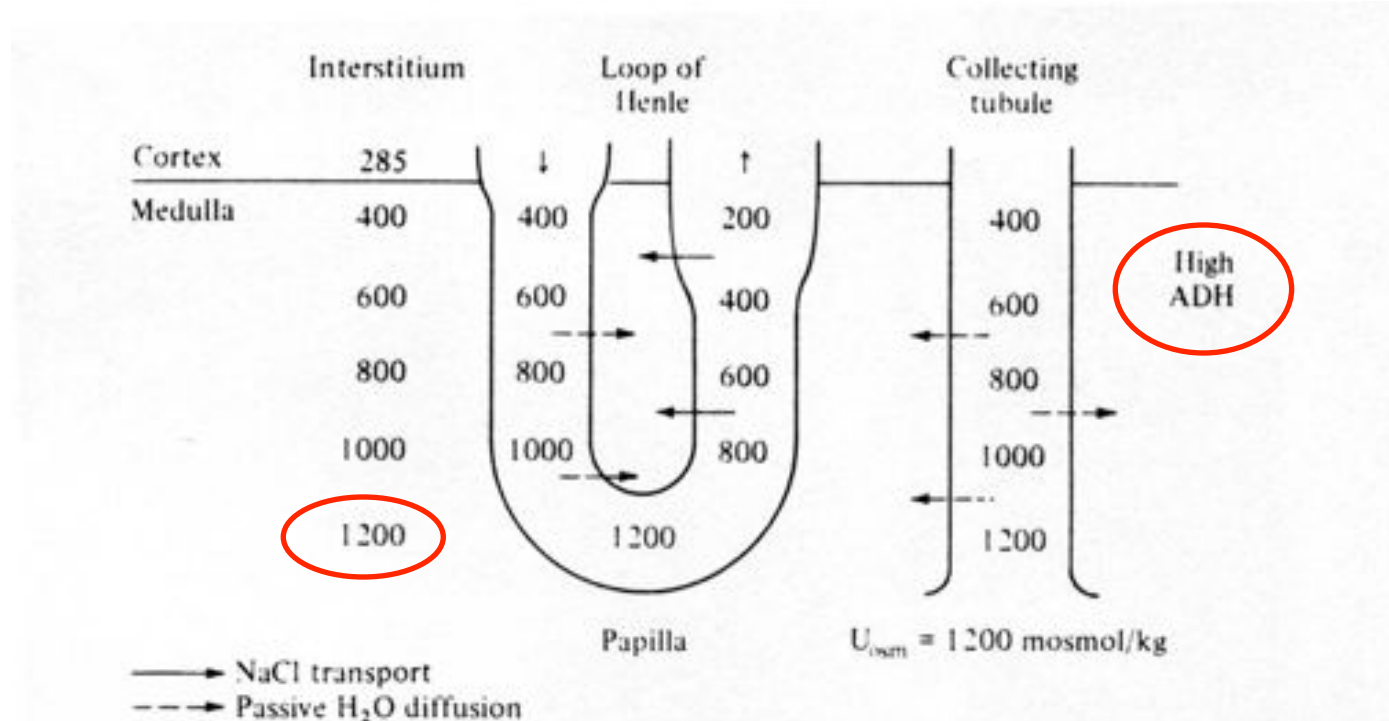
- Early DT is water impermeable: further urinary dilution
- Late DT and CD account for 8-17% of filtered load
  - Permeability is ADH dependent

# Summary: Tubular Water Permeability



**\*\* ADH is the most important regulator of water balance**

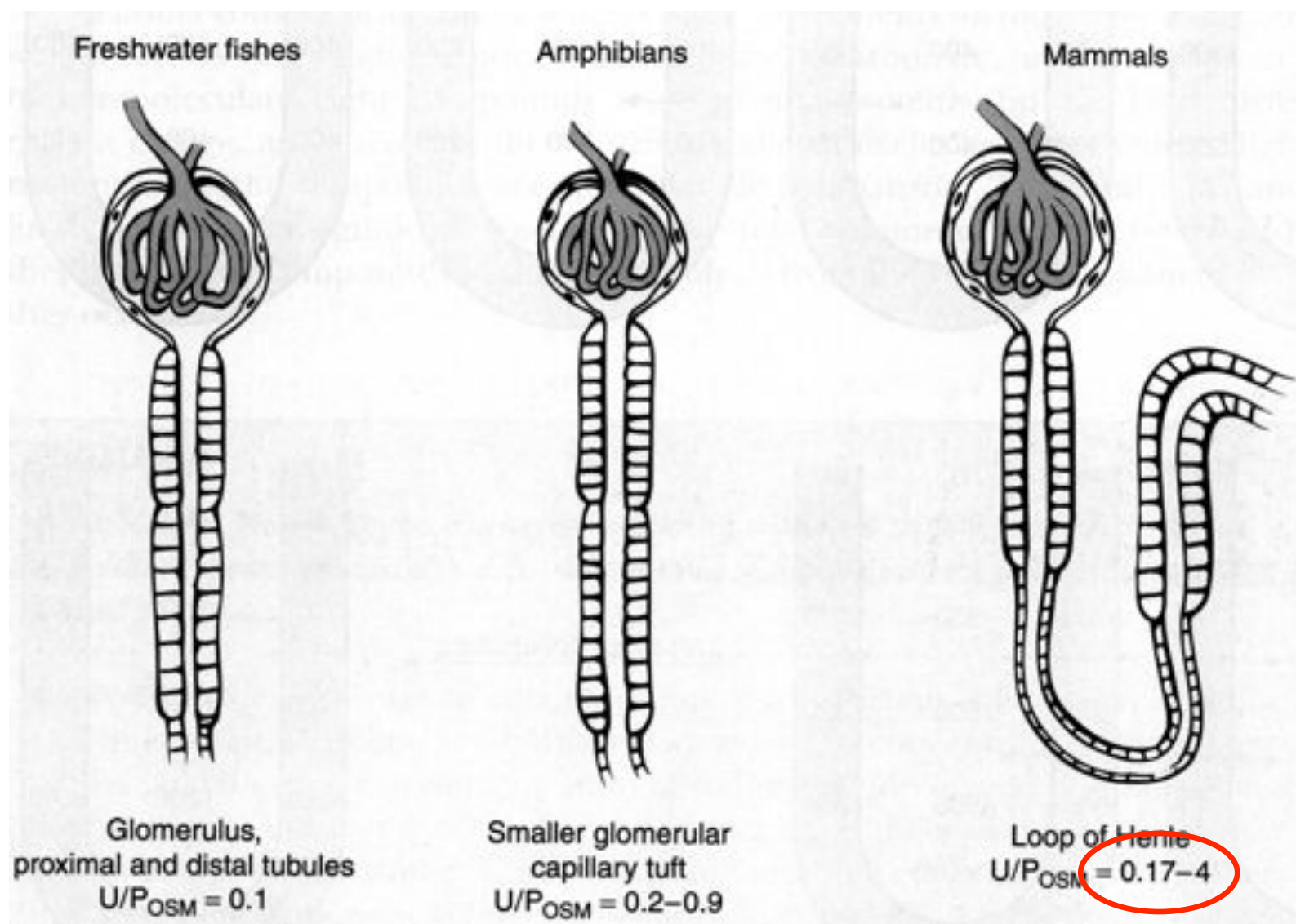
# Final Urinary Concentration



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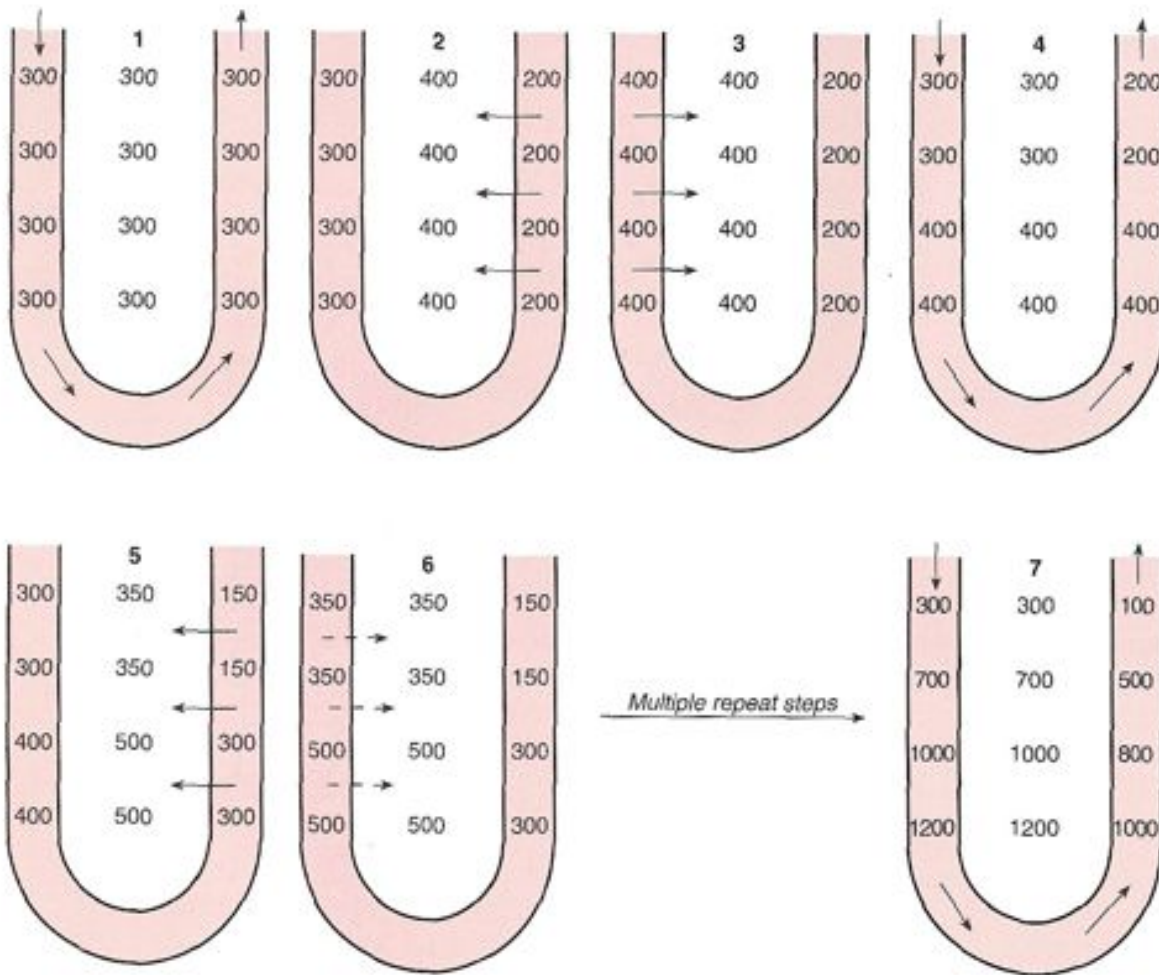
- Concentration is dependent on: 1. Interstitial gradient  
2. ADH effect
- Maximal concentration ~**1200** mOsm/kg water
- Minimal concentration ~**50** mOsm/kg water

# Why Do Our Nephrons Have Loops?





# Countercurrent Multiplication: Establishing An Osmotic Gradient



- Active Na transport  
in ascending limb

- Passive water  
reabsorption in  
descending limb

# ADH Regulation

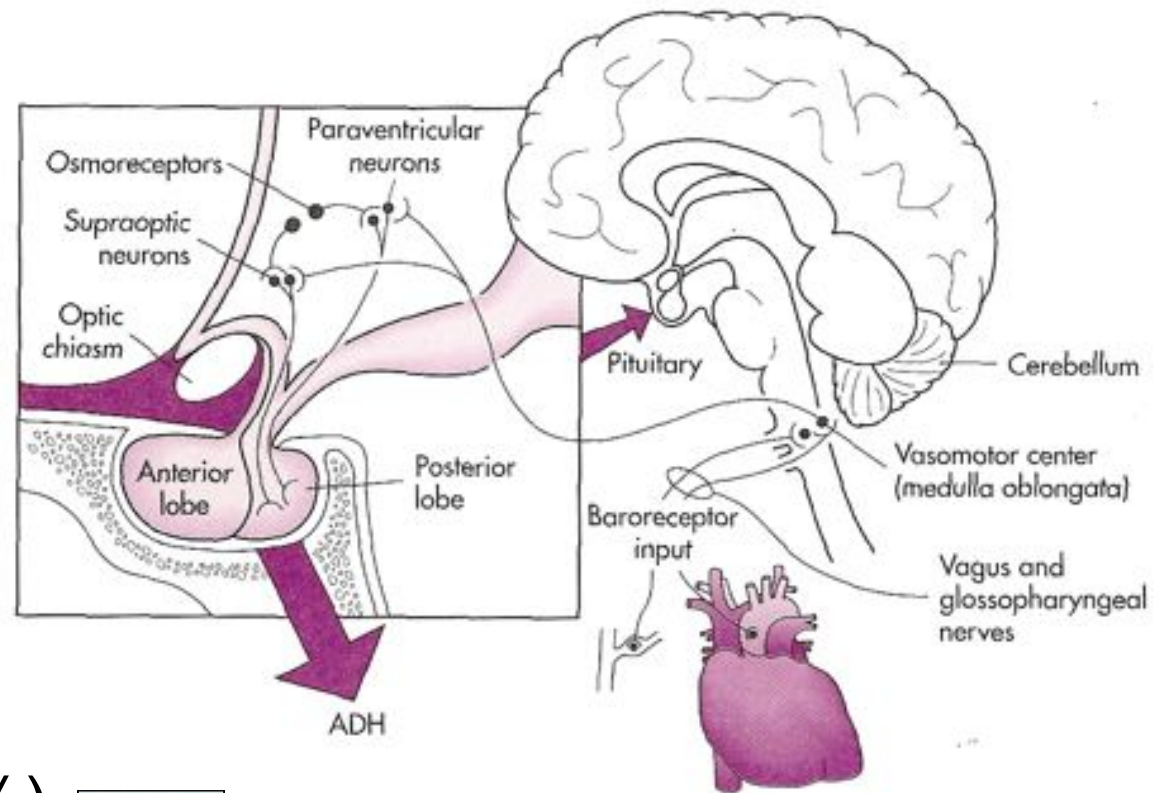
## Primary stimuli:

### 1. Osmolality

- Hypothalamic osmoreceptors
- Sensitive (1%)
- Setpoint

### 2. Hemodynamic

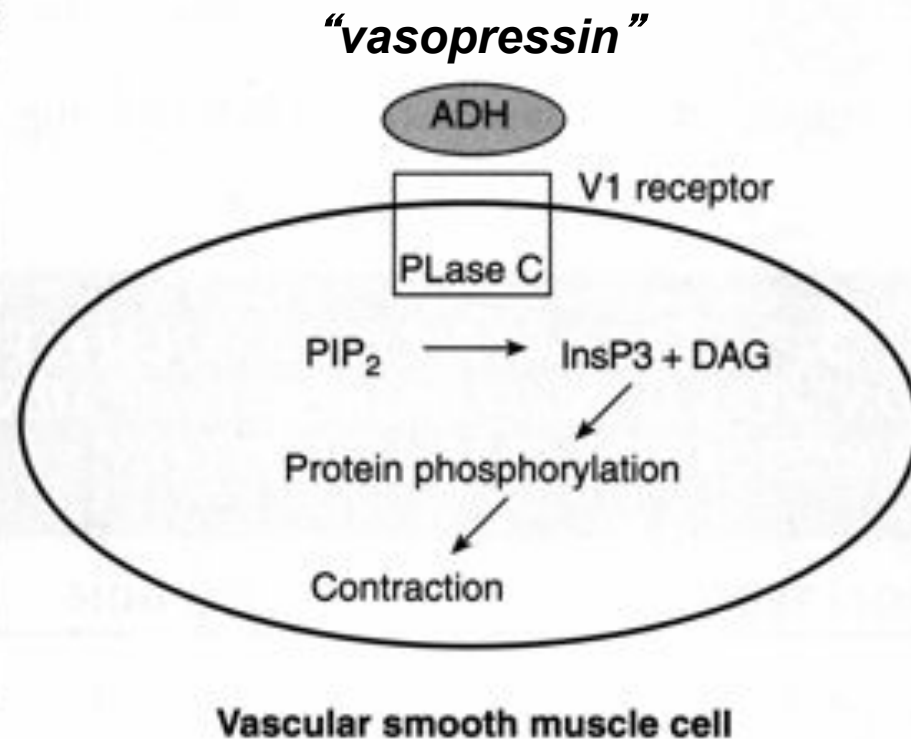
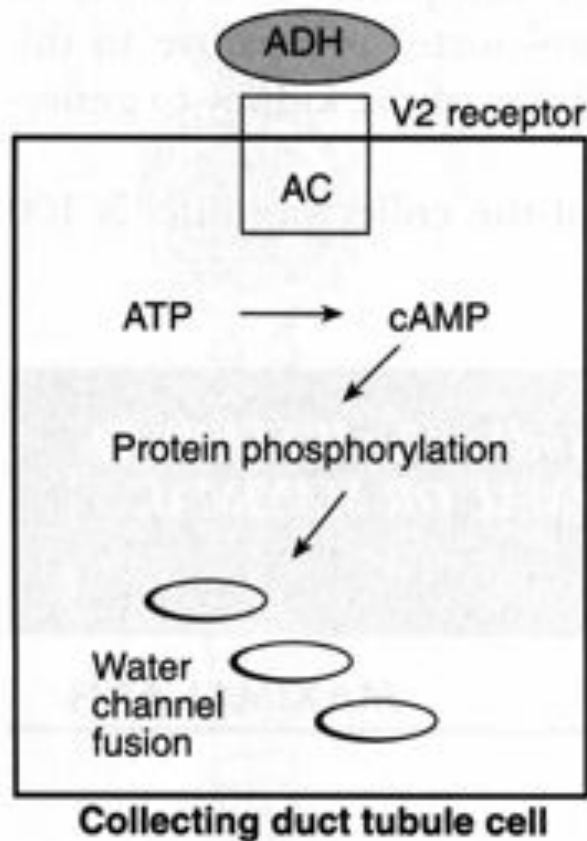
- Baroreceptors
- Insensitive (5-10%)  
but overriding



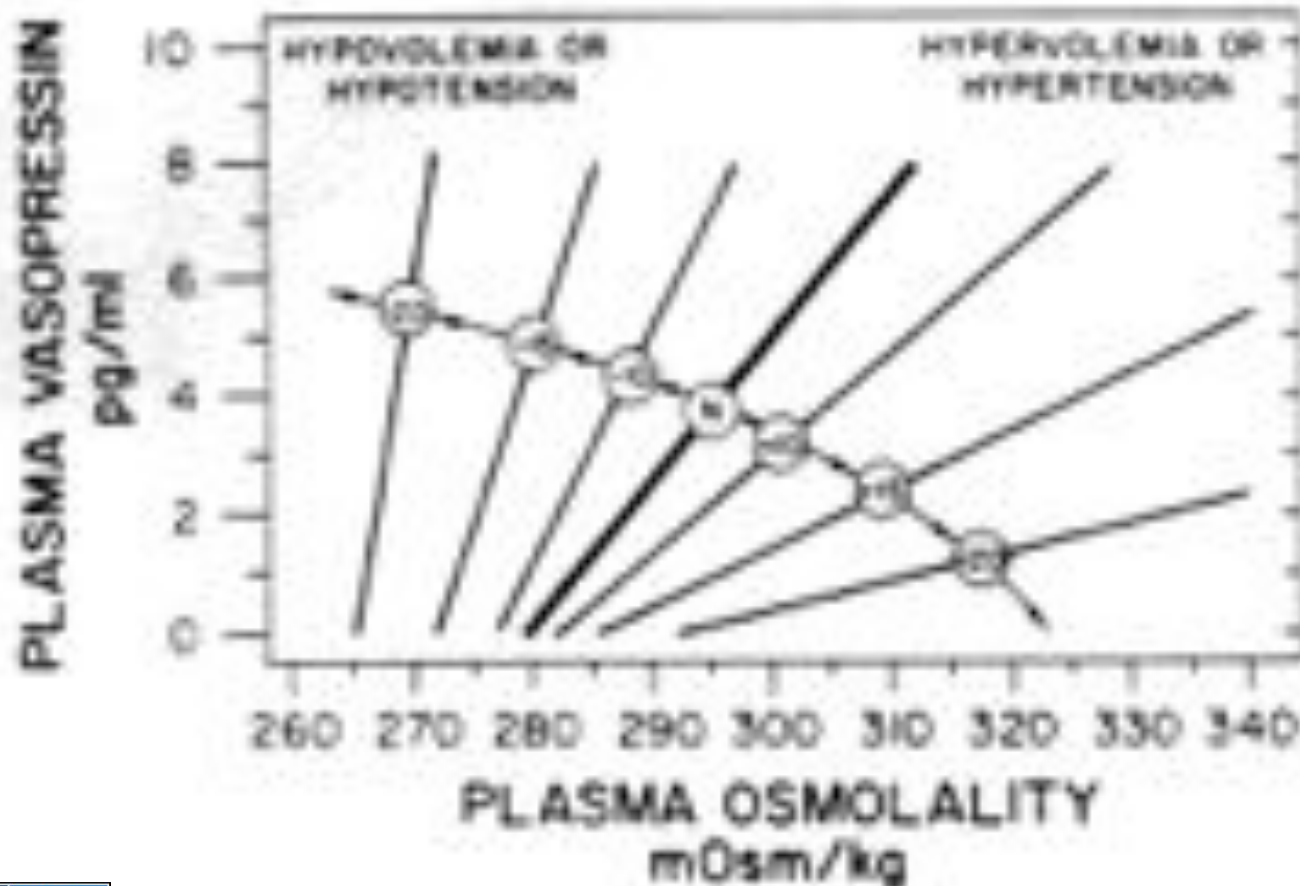
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# ADH Actions

- 2 main stimuli, 2 different receptors (and 2 names!)



# ADH Set Point: Variation with Volume/Pressure



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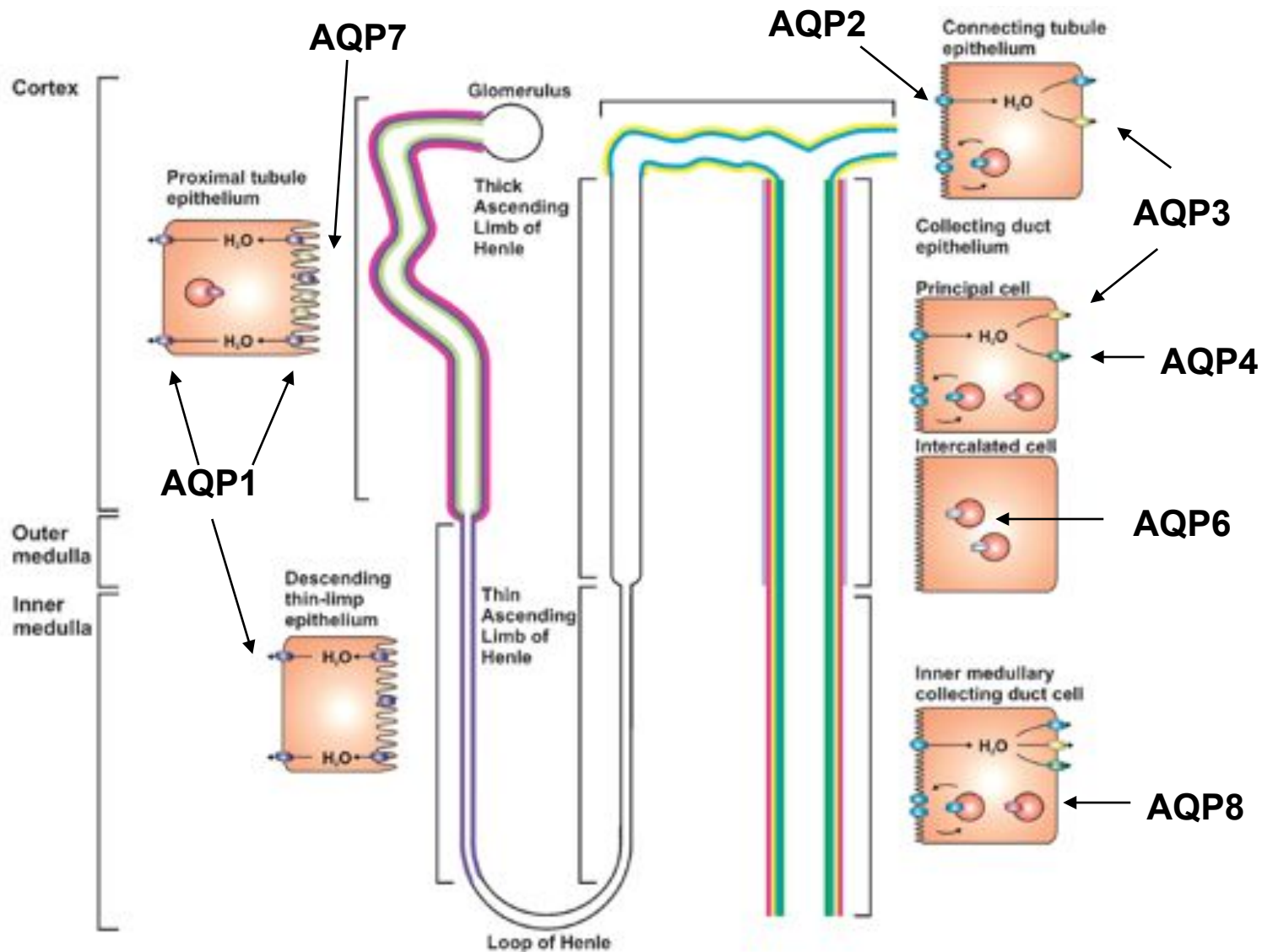
- Can also be altered in pregnancy, cancer, psychosis

# Effect of ADH on Tubular Fluid Osmolality

Nephron segment	No ADH	Max ADH
Proximal tubule	300	300
Start of descending thin limb	300	300
Start of ascending thin limb	1200	1200
End of TAL	100	100
End of cortical collecting duct	50-100	300
Final urine	50	1200

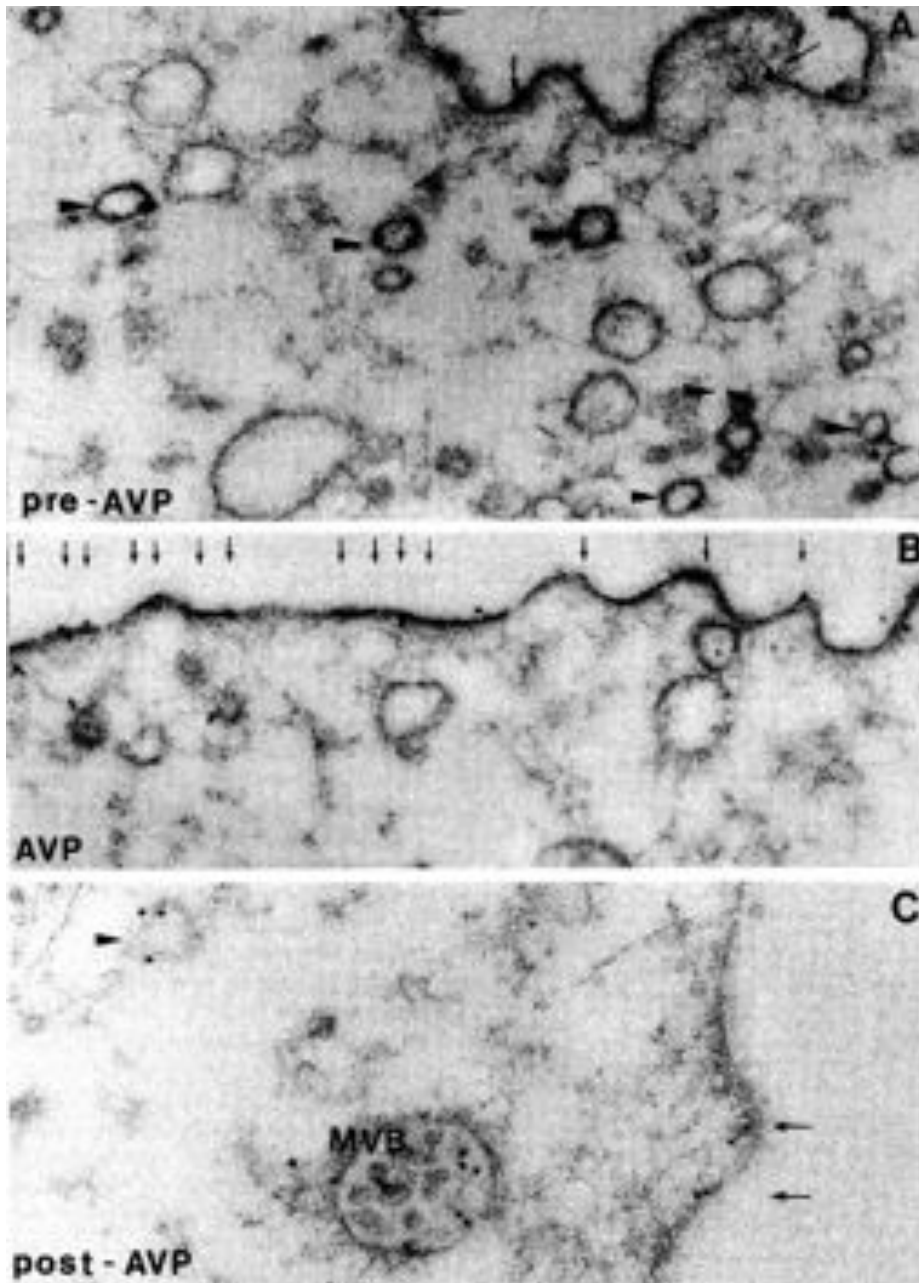
*The most important measure of ADH effect is **urine osmolality**.*

# The Aquaporin Family

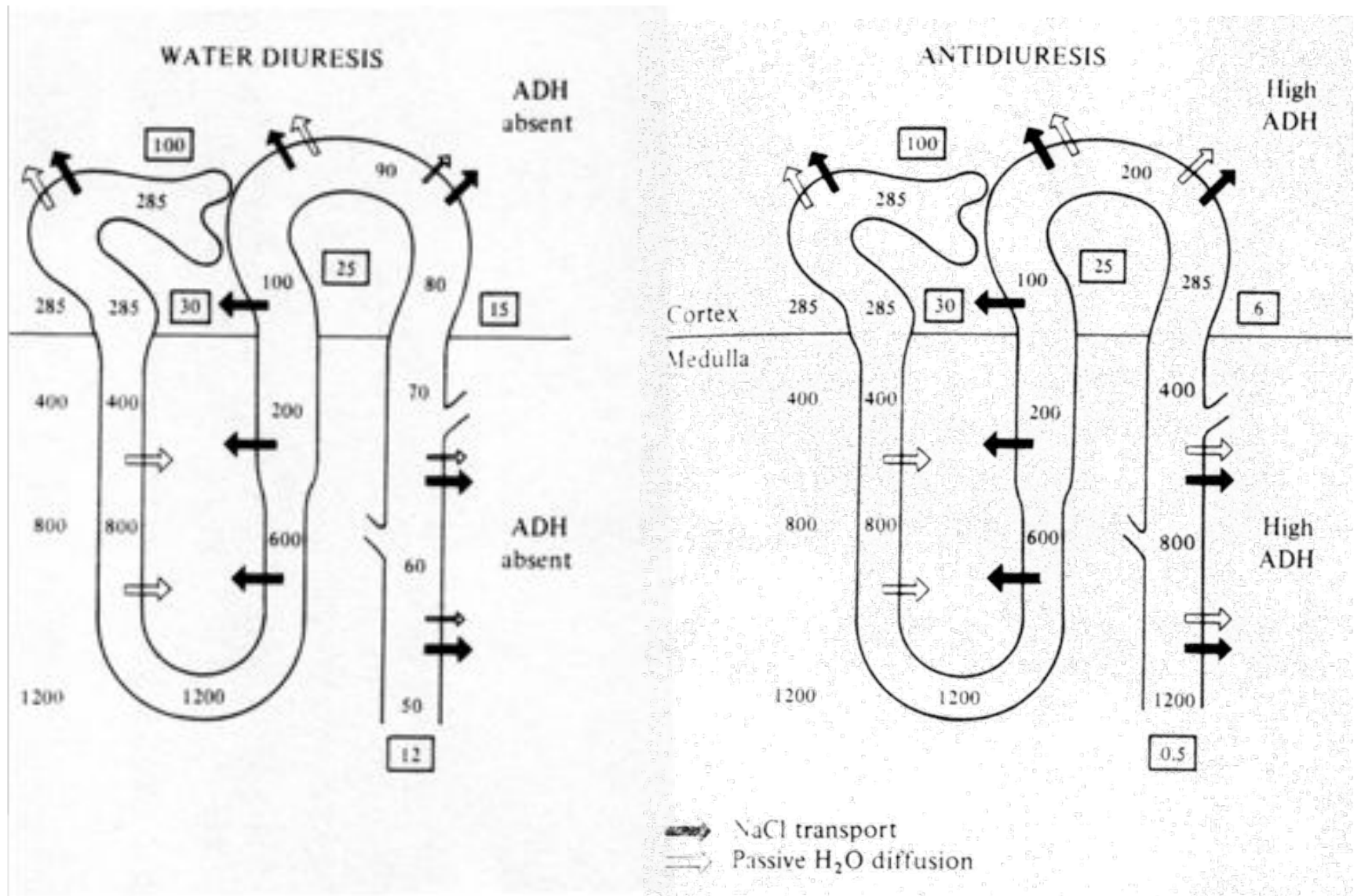


# Aquaporin 2

- Stored in intracellular vesicles in collecting duct epithelium
- Through cAMP-mediated signaling, vesicles move to apical membrane
- In absence of ADH, water channels are re-internalized



# Summary: Water Transport During Diuresis and Anti-Diuresis





# Defining Oliguria

Oliguria: the minimal required urine output to excrete the daily obligate solute load (eg. Na ingestion, protein metabolism)

An average obligate waste solute load is 600 mosm/day. The kidneys' maximal urinary concentration is 1200 mosm/kg H<sub>2</sub>O.

Excretion = urine volume x [waste]

- What is the minimal amount of water clearance (i.e. urine output) to excrete the daily waste load?

$$\begin{aligned} 600\text{mosm/day} / 1200\text{mosm/kg H}_2\text{O} &= 0.5\text{kg H}_2\text{O/day} \\ &= 500\text{mL/day} \end{aligned}$$

- What would be the minimal amount of urine output if we could only concentrate our urine to 300mosm/kg H<sub>2</sub>O?

$$600\text{mosm/day} / 300\text{mosm/kg H}_2\text{O} = 2000\text{mL/day!}$$

# Is there a *maximal* urine output?

Rule: You can't pee pure water!

An average obligate waste solute load is 600 mosm/day. The kidneys' maximal urinary dilution is 50 mosm/kg H<sub>2</sub>O.

Excretion = urine volume x [waste]

What is the maximal amount of urine that can be produced?

$$\begin{aligned} 600\text{mosm/day} / 50\text{mosm/kg H}_2\text{O} &= 12\text{kg H}_2\text{O/day} \\ &= 12\text{L/day urine output} \end{aligned}$$

What happens if you drink more than 12L of water in a day?

Water intoxication → hyponatremia

# Regulating Water Ingestion

- Excess water ingestion is managed by increased renal free water excretion
- Free water depletion is managed by both increased renal water reabsorption and water ingestion
- *An intact thirst mechanism alone can prevent the development of significant free water depletion*
- Thirst mechanism: 1. Thirst sensation  
2. Access to water

# Thirst

- Regulated by hypothalamic receptors:
  - Subfornical organ
  - Organum vasculosum
- Signals: 1. Osmolality  
2. Hemodynamic sensing
  - Independent from (but synergistic with) ADH secretion
  - Also stimulated by angiotensin II
- Receptors in oropharynx and upper GI tract sense water intake
  - Relief even before correction of osmolality



 [Bottled Water](#) by greggoconnell

Questions?

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