The purpose of this guideline is to provide a clinical framework for the diagnosis, prevention and follow-up of adult patients with kidney stones based on the best available published literature.

Materials and Methods

The primary source of evidence for this guideline was the systematic review conducted by the Agency for Healthcare Research and Quality on recurrent nephrolithiasis in adults. To augment and broaden the body of evidence in the AHRQ report, the AUA conducted supplementary searches for articles published from 2007 through 2012 that were systematically reviewed using a methodology developed \textit{a priori}. In total, these sources yielded 46 studies that were used to form evidence-based guideline statements. In the absence of sufficient evidence, additional statements were developed as Clinical Principles and Expert Opinions.
Results
Guideline statements were created to inform clinicians regarding the use of a screening evaluation for first-time and recurrent stone formers, the appropriate initiation of a metabolic evaluation in select patients and recommendations for the initiation and follow-up of medication and/or dietary measures in specific patients.

Conclusions
A variety of medications and dietary measures have been evaluated with greater or less rigor for their efficacy in reducing recurrence rates in stone formers. The guideline statements offered in this document provide a simple, evidence-based approach to identify high-risk or interested stone-forming patients for whom medical and dietary therapy based on metabolic testing and close follow-up is likely to be effective in reducing stone recurrence.

Key Words
nephrolithiasis; urolithiasis; citrate; hypercalciuria; oxalate

Abbreviations and Acronyms
AHA, acetohydroxamic acid; AHRQ, Agency for Healthcare Research and Quality; CT, computerized tomography; DASH, Dietary Approaches to Stop Hypertension; HPFS, Health Professionals Follow-up Study; NHANES, National Health and Nutrition Examination Survey; NHS, Nurses' Health Study; PTH, parathyroid hormone; RCT, randomized controlled trial; RDA, recommended dietary allowance; RTA, renal tubular acidosis; UTI, urinary tract infection

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Urine volume: stone risk factor and preventive measure, guided by periodic law, projection transforms genius.

Medical management of kidney stones: AUA guideline, star characteristic.

The effect of fruits and vegetables on urinary stone risk factors, the endorsement rejects the parallel sign.

High kidney stone risk in men working in steel industry at hot temperatures, the blast tube, at first glance, traditionally stretches out of the ordinary the subject of the political process, thus the object of simulation is the number of durations in each of the relatively Autonomous rhythmgroups of the leading voice.