Table 3

Management strategies that may reduce renal stone formation

Stone type	Metabolic abnormality	Treatment	Comments
calcium	hypercalciuria	thiazide diuretic	reduces calcium excretion
		indapamide	reduces hypercalciuria
		potassium citrate	increases urine pH and citraturia
	hyperoxaluria	dietary restriction	avoiding high oxalate foods such as tea, coffee, nuts, chocolate, rhubarb and strawberries
		calcium supplement	concurrently with high oxalate food reduces oxalate absorption
		cholestyramine	reduces oxalate absorption
	hypocitraturia	potassium citrate	increases urine pH and citraturia
	hyperuricosuria	potassium citrate	increases urine pH and citraturia
	renal tubular acidosis	potassium citrate/ bicarbonate	increases urine pH and citraturia
uric acid	hyperuricosuria	potassium citrate	increases urine pH and citraturia
		allopurinol	may monitor serum uric acid level to guide dosing
struvite		antibiotic therapy urease inhibitor	limited by toxicity profile
cystine	hypercystinuria	potassium citrate	
		d-penicillamine	forms soluble compound with cysteine
		captopril	forms soluble compound with cysteine