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MANY WITH CHRONIC KIDNEY DISEASE DON'T RECEIVE RECOMMENDED MEDICAL CARE

Washington, DC (August 3, 2005) — Many older adults with chronic kidney disease (CKD) don't receive the screening tests and basic preventive care routinely recommended for patients with this condition, reports a study in the October *Journal of the American Society of Nephrology*.

Led by Dr. Annamaria T. Kausz of Tufts-New England Medical Center, Boston, the researchers collected data on nearly 2,500 elderly Medicare recipients with CKD who eventually required dialysis to replace lost kidney function. Records were reviewed to evaluate the patients' routine medical care in the two years before they started dialysis.

The results showed important shortcomings in general health and CKD care. Many diabetic patients with CKD did not receive routine tests to detect other diabetes complications—one-third had no eye examinations during the 2-year study period, while another one-third did not have their cholesterol and blood lipid levels checked. One-fourth of diabetic CKD patients did not undergo hemoglobin A1C testing to assess long-term diabetes control.

Rates of other key tests and preventive measures for CKD patients were low as well, including screening tests for various types of cancer. Just half of the CKD patients underwent recommended tests for anemia, while only 15 percent had testing of parathyroid hormone levels. Patients with CKD were actually less likely than non-CKD patients to receive vaccinations for influenza and pneumococcal infection.

Overall, medical care for patients with CKD was similar to that for a comparison group of approximately 1 million Medicare patients without CKD. It wasn't that health care was "neglected" for patients with CKD; rather, their suboptimal care reflected a "generalized lack of implementation of recommended health care measures" for elderly Medicare recipients. Since both groups were eligible for Medicare, the shortcomings in CKD care did not reflect problems with health care access.

Most CKD patients did not make more than two visits to a nephrologist (kidney specialist) during the two years before starting dialysis. Patients who did make regular nephrologist visits were more likely to receive recommended tests and treatments.

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Patients with CKD have gradual, irreversible declines in kidney function. Affecting nearly 10 million Americans, CKD brings an increased risk of many different health problems, including cardiovascular disease, cancer, and infections. The National Kidney Foundation published extensive recommendations for the medical care of CKD patients in 2002. The new study is the first to assess general medical care for CKD on a nationwide level.

The reasons for the low rates of testing and preventive treatments are unknown—doctors may be unaware of the recommendations for CKD, or patients may lack a single physician coordinating their medical care. "Recognition of CKD by the treating physician and timely nephrology referral are essential components for providing adequate care for CKD patients," Dr. Kausz and coauthors write. Ongoing efforts by the National Kidney Foundation should lead to increased recognition and improved care for CKD. Meanwhile, more research is needed to determine which types of routine medical care can have the greatest impact on the health of CKD patients.

The ASN is a not-for-profit organization of 9,000 physicians and scientists dedicated to the study of nephrology and committed to providing a forum for the promulgation of information regarding the latest research and clinical findings on kidney diseases.

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