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OLDER KIDNEY DONORS WITH HYPERTENSION MAY HAVE GOOD KIDNEY HEALTH FOLLOWING DONATION

Highlight

- Kidney donors with hypertension had slightly fewer nephrons (the kidney's filtering units) at the time of donation than similarly aged donors with normal blood pressure; however, 6 months following their surgery, hypertensive and non-hypertensive donors both maintained excellent blood pressure control and had similarly robust compensatory kidney responses.

Nearly 6,000 people donate a kidney in the United States each year.

Washington, DC (December 18, 2014) — With proper monitoring, kidney donation may be safe for individuals with high blood pressure, according to a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN). The study found that while hypertension can have negative effects on the kidneys, older adults with the condition appear to have good kidney health following donation.

Living kidney donation is an altruistic act that greatly improves quality of life and lengthens survival for patients with kidney failure. As kidney specialists strive to provide the best care for transplant recipients, they must also make every effort to ensure that living donation is as safe as possible for those who want to donate.

Jane Tan, MD, PhD (Stanford University) and her colleagues looked at the safety of kidney donation for individuals with hypertension because high blood pressure is associated with a reduced number of the kidneys' nephrons, which are filtering units that remove toxins from the blood.

The study included 51 living kidney donors. Ten donors, all of whom were older than 50 years of age, had hypertension at the time of donation. Each participant agreed to undergo a comprehensive evaluation of kidney function before and 6 months after donation. The investigators note that after removal a kidney, the remaining healthy kidney usually does about 40% more work to compensate.

Older donors with hypertension had slightly fewer functioning nephrons at the time of donation than similarly aged donors with normal blood pressure. However, 6 months following their surgery, hypertensive and non-hypertensive donors both maintained

excellent blood pressure control and had similarly robust compensatory kidney responses.

“Overall, these short-term findings are reassuring; however, we do believe that regular post-donation medical follow-up, with an emphasis on continued good blood pressure control, is important for hypertensive kidney donors,” said Dr. Tan.

Study co-authors include Colin Lenihan MB, BCh, PhD, Stephan Busque, MD, Geraldine Derby, RN, Kristina Blouch, PhD, and Bryan Myers, MD.

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The article, entitled “The Association of Predonation Hypertension with Glomerular Function and Number in Older Living Kidney Donors,” will appear online at <http://jasn.asnjournals.org/> on December 18, 2014.

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