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FEW PATIENTS HOSPITALIZED WITH ACUTE KIDNEY INJURY RECEIVE RECOMMENDED FOLLOW-UP CARE

Highlights

- Most surveyed Canadian kidney specialists recommended follow-up kidney evaluations for the majority of patients hospitalized with acute kidney injury.
- Real-world practice showed that only a minority of such patients in Alberta currently receive follow-up with a kidney specialist.

Approximately 500 of every 100,000 adults are hospitalized with acute kidney injury each year in North America.

Washington, DC (October 12, 2017) — A new study indicates that after hospitalization with acute kidney injury (AKI), most patients are not receiving the follow-up care that kidney specialists recommend. The findings appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN).

AKI, an abrupt decline in kidney function, often arises after major surgeries or severe infections. Some patients who develop AKI recover promptly while others get worse and develop chronic kidney disease (CKD). Recent guidelines suggest that patients' kidney health should be re-evaluated several months after AKI, but little is known about the factors that influence follow-up of patients or about the characteristics of patients who do vs. do not receive subsequent re-evaluation. This information might be useful for developing strategies to improve the transition of care between the hospital and the community after an episode of AKI.

To investigate, a team led by Matthew James, MD, PhD and Divya Karsanji, MSc, MD (Cumming School of Medicine at the University of Calgary, in Alberta, Canada) asked 145 Canadian kidney specialists, or nephrologists, about the factors that influence their likelihood to recommend follow-up for patients after a hospitalization with AKI. The researchers then compared these responses with administrative health data on rates of community follow-up with nephrologists for patients hospitalized with AKI in Alberta between 2005 and 2014.

Nephrologists indicated they would definitely or probably re-evaluate patients in 87% of the scenarios provided, with a higher likelihood of follow-up for patients with a history of

pre-existing CKD (89%), heart failure (92%), receipt of acute dialysis (91%), and less complete recovery of kidney function (98%). In contrast, only 24% of patients with similar characteristics were seen by a nephrologist in Alberta within 1 year following a hospitalization with AKI, with a trend toward lower rates of follow-up over more recent years of the study. Follow-up with a nephrologist was less common among patients >80 years old (20%) and more common among patients with pre-existing CKD (43%) and with a nephrology consultation before or during hospitalization with AKI (78% and 41%, respectively).

“We discovered that there is a substantial disparity between the opinions of nephrologists and actual processes of care for nephrology evaluation of patients after hospitalization with AKI,” said Dr. James. He noted that nearly all patients who did not receive nephrology follow up were seen by at least one other physician within a year of discharge, suggesting other opportunities for physician follow up.

Study co-authors include Neesh Pannu, MD, SM, Braden Manns, MD, MSc, Brenda Hemmelgarn, MD, PhD, Zhi Tan, MSc, Kailash Jindal, MD, and Narine Scott-Douglas, PhD, MD.

Disclosures: Dr. James is supported by a New Investigator Award from the Canadian Institutes of Health Research. The authors reported no other financial disclosures.

The article, entitled “Disparity Between Nephrologists’ Opinions and Contemporary Practices for Community Follow-up after Acute Kidney Injury Hospitalization,” will appear online at <http://cjasn.asnjournals.org/> on October 12, 2017, doi: 10.2215/CJN.01450217.

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