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STUDY EXAMINES EMPLOYMENT TRENDS AMONG PATIENTS WITH KIDNEY FAILURE

Many patients stop working before they develop end-stage renal disease

Highlights

- Among working-aged adults who started dialysis between 1996 and 2013, employment was low throughout the study period at 23-24%, and 38% of patients who were employed 6 months prior to being diagnosed with kidney failure stopped working by the time they initiated dialysis.
- After accounting for differences in patients over time, the probability of employment in kidney failure patients increased slightly over time.

Approximately 120,000 adults in the United States develop kidney failure each year, a majority of whom undergo dialysis.

Washington, DC (January 18, 2018) — Although working-aged patients in the United States who are initiating dialysis are more likely to be employed than similar patients in the past, employment at the start of dialysis has remained low. This low employment is, in large part, due to patients leaving the workforce before they develop kidney failure. The findings, which come from a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN), highlight the need to better understand the specific employment-related challenges patients with advanced kidney disease face, and to identify and implement effective interventions to help patients remain in the workforce.

Employment among patients with kidney failure, or end-stage renal disease (ESRD), who are receiving dialysis is low and has declined over the past 2 decades. It's unclear when in the course of kidney disease patients tend to stop working, however.

To investigate, Kevin Erickson, MD, MS (Baylor College of Medicine) and his colleagues analyzed information from a national ESRD registry, looking specifically at employment trends over time among patients aged 18-54 years who initiated dialysis in the United States between 1996 and 2013.

The researchers found that employment was low among patients starting dialysis throughout the study period at 23-24%, and 38% of patients who were employed 6

months prior to being diagnosed with kidney failure stopped working by the time they initiated dialysis.

After adjusting for patient characteristics and local unemployment rates in the general population, however, the probability of employment in patients starting dialysis increased over time. Patients starting dialysis between 2008 and 2013 had a 4.7% increase in the absolute probability of employment compared with patients starting dialysis between 1996 and 2001. Black and Hispanic patients were less likely to be employed than other patients starting dialysis, but this gap narrowed during the study period.

“ESRD is the only health condition that qualifies patients for federal Medicare coverage regardless of their age, and a major objective of the law that granted Medicare coverage to patients with ESRD was to help them to remain productive members of society,” said Dr. Erickson. “While the US ESRD program has provided many patients with access to life-saving dialysis and transplant therapy, it has been less successful in helping patients to continue working.”

Dr. Erickson noted that the investigators did not have information available about individual patient financial and work-related circumstances, which prevented them from identifying the specific reasons for low employment at the start of dialysis.

In an accompanying editorial, Ayman Hallab, MD and Jay Wish, MD (Indiana University Hospital) noted that the main questions for the nephrology community to consider are how can the likelihood of patients being employed at the time of initiation of dialysis be increased, how can employed patients be assured to stay in the workforce after initiation of dialysis, and how can unemployed patients be helped to join the workforce. “Improving access to medical care including early evaluation by a nephrologist, availability of home dialysis modalities, proper patient preparation including integrated pre-dialysis education models, and encouraging vocational rehabilitation are possible interventions to assist patients in rejoining or remaining in the workforce,” they wrote.

Study co-authors include Bo Zhao, MD, MS, Vivian Ho, PhD, and Wolfgang Winkelmayr, MD, ScD.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Employment among Patients Starting Dialysis in the United States,” will appear online at <http://cjasn.asnjournals.org/> on January 18, 2018, doi: 10.2215/CJN.06470617.

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