



# PRESS RELEASE

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## STUDY REVEALS SUBSTANTIAL AND PERSISTENT GAPS IN QUALITY OF CARE FOR PATIENTS WITH CHRONIC KIDNEY DISEASE

*Study points to need for significant improvements.*

### Highlights

- From 2006 to 2014, patients with chronic kidney disease (CKD) had a high prevalence of uncontrolled hypertension that did not decrease over time.
- Use of specialized hypertension medications in patients with CKD did not increase over time.
- Statins are underused in CKD patients with respect to guideline recommendations.

**Washington, DC (July 11, 2019)** — A recent analysis found that U.S. patients with chronic kidney disease (CKD) have a high prevalence of uncontrolled hypertension and diabetes, and a low use of statins that has not improved over time and is not concordant with guidelines. The findings appear in an upcoming issue of *CJASN*.

Managing CKD is complex and involves the use of multiple interventions to protect patients' health and prevent kidney failure. These include making lifestyle changes and/or taking medications to control hypertension, high cholesterol, and diabetes.

To assess the quality of care that patients are receiving, Sri Lekha Tummalapalli, MD, MBA (University of California, San Francisco) and her colleagues performed a national study of visits to office-based ambulatory care practices for adults with CKD from the 2006 to 2014.

Among the major findings:

- Over the study period, there was no difference in the prevalence of uncontrolled hypertension (46% in 2006-2008 vs. 48% in 2012-2014).
- There was a high prevalence of uncontrolled diabetes in 2012-2014 (41%).
- The prevalence of hypertension medication use ranged from 45% in 2006-2008 to 36% in 2012-2014.
- Statin use to treat high cholesterol in patients with CKD who were 50 years or older was low and remained unchanged from 29% in 2006-2008 to 31% in 2012-2014.

“CKD, where kidney function is reduced or the kidney shows signs of damage, is a major public health problem. Controlling risk factors, such as high blood pressure and diabetes, and using evidence-based medications in patients with CKD is especially critical to decrease the risk of kidney failure. Our research shows how care can be improved for patients with CKD,” said Dr. Tummalapalli. “There is a national conversation happening right now about kidney disease. National professional organizations, government, and insurance are coalescing to improve care models for kidney disease. Preventing kidney failure and decreasing the risk of other complications, such as heart disease, starts at early stages of CKD. Our research highlights the current gaps in care.”

Study co-authors include Salomeh Keyhani, MD, MPH, and Neil R. Powe, MD, MPH, MBA.

Disclosures: The authors report no financial disclosures.

The article, entitled “Trends in Quality of Care for Patients with CKD in the United States,” will appear online at <http://cjasn.asnjournals.org/> on July 11, 2019, doi: 10.2215/CJN.00060116.

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