

Study: Kidney disease a big risk for younger, low-income minorities

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Chronic kidney disease (CKD) afflicts a large number of younger minority adults receiving medical care in settings that serve the uninsured and underinsured (settings collectively known as the healthcare safety net). Poor, minority adults with moderate to severe CKD are also two to four times more likely to progress to kidney failure than non-Hispanic whites. These are the findings from a study published online in the *Clinical Journal of the American Society of Nephrology* (CJASN).

The study indicates that targeted efforts to assess the burden and progression of CKD within the healthcare safety net are vital to improving the quality of care for this vulnerable population, and ultimately save lives.

Researchers at the University of Washington, the University of California San Francisco, and Stanford University examined data from 15,353 adults with non-dialysis dependent CKD stages 3-5. All were receiving regular ambulatory care in the Community Health Network of San Francisco and were followed for a period of 12-months to 9.4 years. The study authors measured the time it took for patients to progress from moderate to severe CKD to end-stage renal disease (ESRD) or death.

The vast majority of study participants were indigent, 40 percent were either uninsured or enrolled in Medicaid, and one-third spoke a primary language other than English - all vulnerable populations which have been

underrepresented in prior studies of CKD.

In contrast to the general population and prior CKD studies in the United States, the study authors found CKD afflicted a large fraction of young adults (20-39 years old), most of whom were racial or ethnic minorities. Overall, African Americans, Hispanics, Asians and Pacific Islanders with CKD were at higher risk of developing ESRD, compared with non-Hispanic whites.

"Minorities in the United States are two to four times more likely than non-minorities to progress to ESRD," said Andy I. Choi, M.D., M.A.S., study co-author and assistant professor, Division of Nephrology, University of California, San Francisco. "That represents a significant disparity that warrants greater study about the causes, consequences and preventive measures appropriate for people in this demographic."

Because so little is known about CKD in the healthcare safety net, the authors call for additional research to assess what is needed to curb the progression of the disease, particularly among vulnerable populations. "More targeted research in these public healthcare and safety net settings is necessary to identify ways to slow the progression of the disease among the urban poor with CKD, thereby reducing disability and improving overall survival," said Yoshio N. Hall, M.D., study co-author and assistant professor of medicine, Kidney Research Institute, Division of Nephrology, University of Washington.

"[Kidney disease](#) is a growing problem in the United States, doubling in incidence over the last two decades. It's serious, and without proper diagnosis and treatment, kidney disease can lead to expensive treatments like transplantation or dialysis," said Sharon Anderson, M.D., FASN, president of the American Society of Nephrology. "Health care providers need to be especially vigilant screening patients who are most at-risk for developing kidney disease - minorities, seniors and those who

have been diagnosed with diabetes, hypertension and/or cardiovascular disease."

More information: The article, entitled "Chronic Kidney Disease in the Urban Poor," will appear online [doi:10.2215/CJN.09011209](https://doi.org/10.2215/CJN.09011209)

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