Post-transplant, eGFR impacts cardio risk independently

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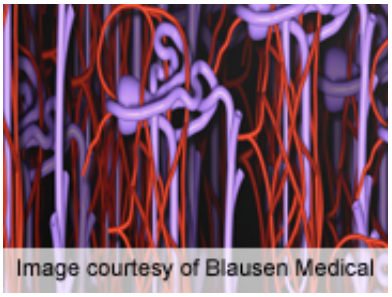

In stable kidney transplant recipients, kidney function, as determined by estimated glomerular filtration rate, is independently associated with cardiovascular events and death, according to research published online May 17 in the *American Journal of Transplantation*.

(HealthDay) -- In stable kidney transplant recipients, kidney function, as determined by estimated glomerular filtration rate (eGFR), is independently associated with cardiovascular (CVD) events and death, according to research published online May 17 in the *American Journal of Transplantation*.

Daniel E. Weiner, M.D., of Tufts Medical Center in Boston, and colleagues conducted a post hoc analysis of data from 4,016 participants in the Folic Acid for Vascular Outcome Reduction in Transplantation trial to assess CVD and mortality risk factors in renal transplant recipients.

The researchers found that 20 percent of participants had prior CVD, and the mean eGFR was 49 mL/min/1.73 m^2. Over a median of 3.8 years, the researchers identified a total of 527 CVD events in 3,676 participants for whom complete data were available. For those with eGFR values below 45 mL/min/1.73 m^2, for every 5 mL/min/1.73 m^2 increase in eGFR, the risk of CVD and death was 15 percent lower (hazard ratio, 0.85 for both), after adjustment. No association was found for those with an eGFR above 45 mL/min/1.73 m^2.

"In conclusion, in stable kidney transplant recipients, lower eGFR is independently associated with adverse events, suggesting that reduced kidney function itself rather than preexisting comorbidity may lead to CVD," the authors write.

PamLab provided the high- and low-dose multivitamins used in the study.

More information: Abstract
Full Text (subscription or payment may be required)