

Study finds significantly higher rate of untreated kidney failure among older adults

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In a study that included nearly 2 millions adults in Canada, the rate of progression to untreated kidney failure was considerably higher among older adults, compared to younger individuals, according to a study in the June 20 issue of *JAMA*.

"Studies of the association among age, [kidney function](#), and [clinical outcomes](#) have reported that elderly patients are less likely to develop end-stage [renal disease](#) (ESRD) compared with younger patients and are more likely to die than to progress to [kidney failure](#) even at the lowest levels of estimated [glomerular filtration rate](#) [eGFR; flow rate of filtered fluid through a kidney]," according to background information in the article. Previous studies have defined kidney failure by receipt of long-term [dialysis](#), which reflects both [disease progression](#) and a [treatment decision](#). "Because it is plausible that the likelihood of initiating long-term dialysis among individuals with kidney failure varies by age, earlier studies may provide an incomplete picture of the burden of advanced kidney disease in older adults, based on the incidence of long-term dialysis alone."

Brenda R. Hemmelgarn, M.D., Ph.D., of the University of Calgary, Alberta, Canada, and colleagues conducted a study to determine whether age is associated with the likelihood of treated kidney failure (renal replacement therapy: receipt of long-term dialysis or [kidney transplantation](#)), untreated kidney failure, and all-cause mortality. The study included 1,816,824 adults in Alberta, Canada, who had outpatient eGFR measured between May 2002 and March 2008, with a baseline

eGFR of 15 mL/min/1.73 m² or higher and who did not require renal replacement therapy at the beginning of the study. The primary outcome measures for the study were adjusted rates of treated kidney failure, untreated kidney failure (progression to eGFR

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