

Guidelines say nearly all patients with chronic kidney disease should take statins

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Almost all people with pre-dialysis kidney disease should receive statins by current guidelines, reports a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology (JASN)*.

Because individuals with [chronic kidney disease](#) (CKD) have an increased risk for developing heart disease, [preventive measures](#) such as maintaining normal cholesterol levels are important. In 2013, two cholesterol management guidelines were published: one by the American College of Cardiology/American Heart Association (ACC/AHA) and another by the Kidney Disease Improving Global Outcomes Lipid Work Group (KDIGO). The ACC/AHA guideline recommends [statin treatment](#) for individuals with a high heart disease and stroke risk based on having a history of heart problems, diabetes, or very high cholesterol, or for those with an estimated 10-year risk $\geq 7.5\%$ using a formula called the "Pooled Cohorts risk equations". In contrast, the KDIGO guideline recommends statin therapy for all individuals 50 to 79 years of age with CKD.

Although individuals with CKD are in general more likely to develop heart disease than individuals without CKD, some may be considered at low risk by the ACC/AHA cholesterol [treatment](#) guideline. So which guideline should these patients follow?

To investigate, Lisandro Colantonio, MD, MSc, Paul Muntner, PhD (University of Alabama at Birmingham School of Public Health) and their colleagues compared the two treatment recommendations using

data from the REasons for Geographic and Racial Differences in Stroke (REGARDS) study, a large study of more than 30,000 US adults.

Among the major findings:

- 92% of people with CKD are recommended to receive statin treatment by the ACC/AHA guideline vs. 100% according the KDIGO guideline.
- 50% of people with CKD who are recommended to receive statins are not taking them.
- The new Pooled Cohort risk equations are accurate among people with CKD, indicating that physicians have a valid tool available to estimate heart disease risk for their patients with CKD.

"These results indicate that either guideline can be used to inform the decision to initiate statin therapy for people with CKD who are 50 to 79 years of age," said Dr. Colantonio. "They also show that there is an unmet treatment need and a missed opportunity for lowering heart disease risk among patients with CKD." Dr. Colantonio notes that "The accuracy of the pooled cohort risk equations in people with CKD is important given their high risk for [heart disease](#) and stroke. Physicians can use this tool in guiding therapy for patients with CKD."

More information: The article, entitled "Contrasting Cholesterol Management Guidelines for Adults with CKD," will appear online at jasn.asnjournals.org/ on November 13, 2014.

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