

## Study uncovers predictors of chronic kidney disease worsening in children and adolescents

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Pediatric nephrologist Bradley Warady, M.D., of Children's Mercy Kansas City is a co-Principal Investigator of the NIH-funded Chronic Kidney Disease in Children (CKiD) study, the largest study of its kind ever conducted in North America. Credit: Children's Mercy Kansas City

Study results published today in the National Kidney Foundation's *American Journal of Kidney Diseases* provide new insights into why a child's chronic kidney disease (CKD) may worsen to kidney failure. Among nearly 500 children and adolescents with mild to moderate CKD, researchers identified factors, such as high blood pressure, protein loss from the kidneys, and anemia, that predicted disease worsening but that

could be treated to ideally change the course of the disease. Pediatric nephrologist Bradley Warady, MD, of Children's Mercy Kansas City is a co-Principal Investigator of the NIH-funded Chronic Kidney Disease in Children (CKiD) study, the largest study of its kind ever conducted in North America.

"These are exciting results because we identified several treatable risk factors in these patients with [kidney disease](#)," said Dr. Warady. "By intervening, we might change the long-term course of the disease by preventing [kidney failure](#) and delaying or avoiding the need for dialysis or kidney transplantation."

The multi-center, observational CKiD study has been under way for more than 10 years and has generated important results on a variety of clinical issues, including an improved means of measuring kidney function in children, blood pressure management, cardiovascular disease risk factors and health related quality of life. The rigorous study design and long-term follow-up were critical to the present results, which will aid clinical decision making and help measure the impact of future interventions.

While common in adults, [chronic kidney disease](#) is uncommon in children and challenging to treat. Children who develop end-stage renal disease have a much lower life expectancy, with age-specific mortality rates of children receiving dialysis 30 to 150 times higher than for healthy children.

Provided by Children's Mercy Hospital

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