

Studies assess racial disparities associated with living kidney donation

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New research uncovers racial disparities in rates of living kidney donation and complications after donation. The findings will be presented at ASN Kidney Week 2015 Nov. 3-8 at the San Diego Convention Center in San Diego, CA.

To understand the impact of organ transplant candidates' socioeconomic environment on living [donation rates](#), a team led by Douglas Keith, MD (University of Virginia Medical Center) identified all candidates listed for kidney or kidney pancreas transplant in the Scientific Registry of Transplant Recipients database from 2000 to 2010 and linked their information to US census data on median income by zip code.

The researchers found that increasing median income levels of candidates' zip codes were associated with higher [rates](#) of living donation for all racial and ethnic groups. "This finding suggests that people living in communities with lower median income may have lower levels of disposition to philanthropic giving, but more likely suggest that either there are higher rates of co-morbidity leading to exclusion for being a donor and/or the non reimbursed costs related to donation—such as time off work for evaluation and follow-up, parking, and child or elder care—may preclude many from participating," said Keith Norris, MD, PhD, who was not involved with the study and is a clinical professor specializing in health policy and nephrology at UCLA.

Overall, living donation rates were highest among Caucasians followed by Hispanics and Asians. African Americans had by far the lowest

overall living donation rates, with rates of candidates living in the wealthiest neighborhoods only slightly higher than rates seen among the lowest quintile median income areas for Caucasians. "The finding could reflect lower levels of wealth for African Americans, which probably similar to Caucasians living in low income communities," said Dr. Norris. "It could also reflect distinct health beliefs and behaviors for African Americans rooted in a historical distrust of American institutions based on years of disenfranchisement."

Another group assessed the frequency and severity of early complications after living kidney donation. To do so, Krista Lentine, MD, PhD, FASN (Saint Louis University) and her colleagues integrated national US donor registry data from 2008 to 2012 with administrative records from a consortium of 98 academic hospitals.

The investigators found that 16.8% of donors experienced complications, most commonly gastrointestinal (4.4%), bleeding (3.0%), respiratory (2.5%), and surgical/anesthesia-related injuries (2.4%). Major complications affected 2.5% of donors. After adjusting for various factors, African Americans had a 26% increased risk of experiencing any complication and a 56% increased risk of experiencing major complications. Other significant correlates of major complications included obesity, predonation blood disorders and psychiatric conditions, and robotic nephrectomy, while greater annual hospital volume predicted lower risk.

"As policies for informed consent, medical evaluation, and follow-up of living organ donors are receiving increased attention and formalization by the organizations that guide and regulate transplantation practice, ongoing efforts to improve the understanding of outcomes after living donation are needed," said Dr. Lentine. "Ultimately, by improving understanding of the short and long-term health outcomes among representative, diverse samples of living donors, the transplant

community can strengthen the processes of consent, selection, and clinical management that are vital priorities."

More information: Studies:

"Association of Neighborhood Poverty and Living Donor Kidney Transplant Rates by Race" (Abstract FR-PO1002),

"Racial Disparities in Perioperative Complications After Live Kidney Donation" (Abstract FR-OR071)

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