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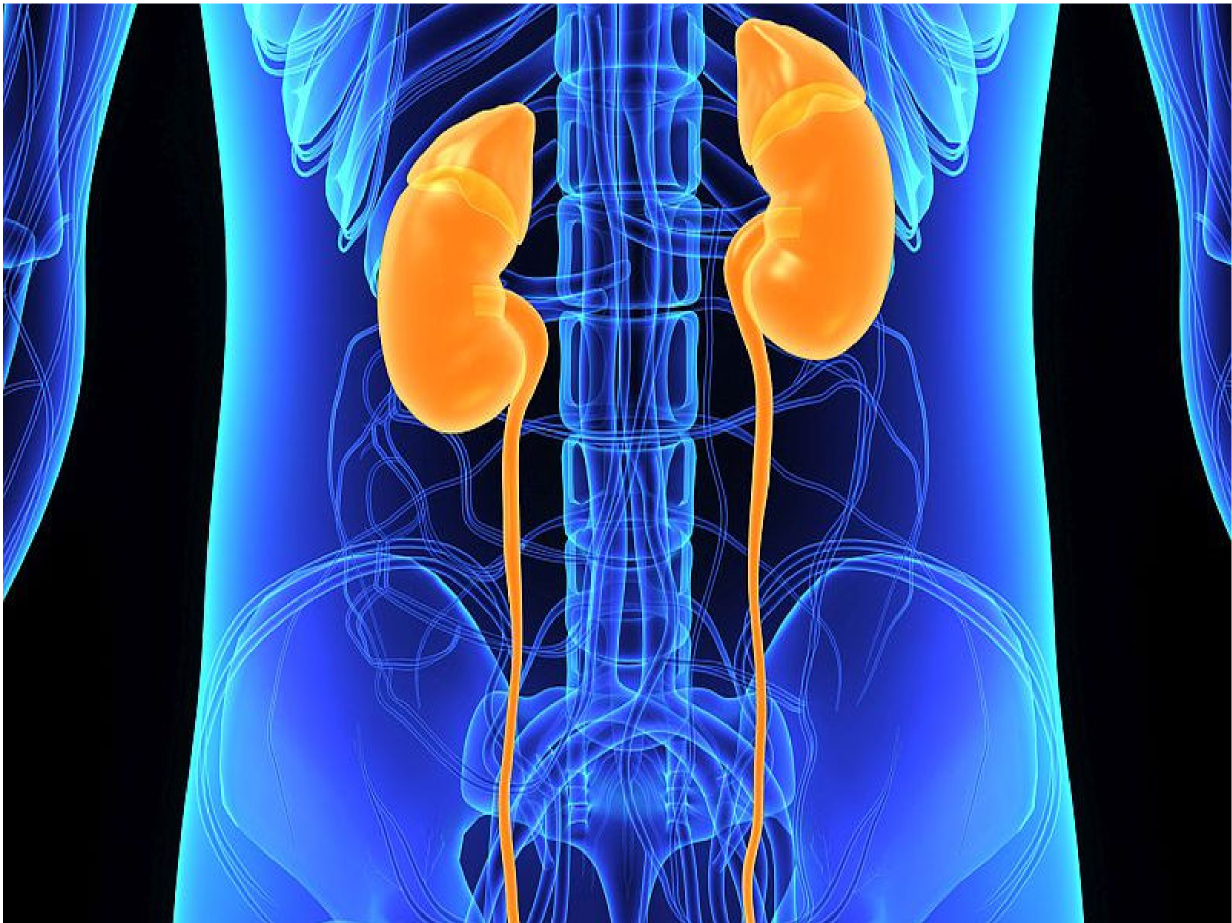
ATS: No benefit for early renal-replacement therapy

May 16 2016



(HealthDay)—For patients with severe acute kidney injury, mortality

does not differ with either an early or delayed strategy for renal-replacement therapy initiation, according to a study published online May 15 in the *New England Journal of Medicine*. The research was published to coincide with the annual meeting of the American Thoracic Society, held from May 13 to 18 in San Francisco.

Stéphane Gaudry, M.D., from the Hôpital Louis Mourier in Colombes, France, and colleagues from the Artificial Kidney Initiation in Kidney Injury Study Group conducted a multicenter randomized trial in which 620 patients with severe acute kidney injury were randomized to an early or delayed strategy of renal-replacement therapy. Renal-replacement therapy was started immediately after randomization with the early strategy, while with the delayed strategy it was initiated if one or more of the following criteria were met: severe hyperkalemia, metabolic acidosis, pulmonary edema, blood urea nitrogen level above 112 mg/dL, or oliguria for more than 72 hours after randomization.

The researchers observed no significant difference in Kaplan-Meier estimates of mortality at day 60 for the early and delayed strategy groups (48.5 versus 49.7 percent; $P = 0.79$). Forty-nine percent of patients in the delayed strategy group did not receive renal-replacement therapy.

"We found no significant difference with regard to mortality between an early and a delayed strategy for the initiation of renal-replacement therapy," the authors write.

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Citation: ATS: No benefit for early renal-replacement therapy (2016, May 16) retrieved 11 May 2024 from https://medicalxpress.com/news/2016-05-ats-benefit-early-renal-replacement-therapy.html

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