

Early renal replacement therapy ups survival in severe AKI

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

initiation of renal replacement therapy (RRT) is associated with reduced mortality at 90 days, according to a study published online May 22 in the *Journal of the American Medical Association*. The research was published to coincide with its presentation at the 53rd European Renal Association-European Dialysis and Transplant Association Congress, held from May 21 to 24 in Vienna.

Alexander Zarbock, M.D., from the University Hospital Münster in Germany, and colleagues randomized participants with AKI Kidney Disease: Improving Global Outcomes (KDIGO) stage 2 and plasma neutrophil gelatinase-associated lipocalin level >150 ng/mL to either early initiation (within eight hours of diagnosis of KDIGO stage 2; 112 patients) or delayed initiation (with 12 hours of stage 3 AKI or no initiation; 119 patients) of RRT.

The researchers found that 90-day mortality was significantly reduced with early versus delayed initiation of RRT (39.3 versus 54.7 percent; hazard ratio, 0.66). Recovery of [renal function](#) by day 90 occurred in more [patients](#) in the early group versus the delayed group (53.6 versus 38.7 percent; odds ratio, 0.55). The early group had significantly shorter duration of RRT and length of hospital stay; no significant effect was seen on requirement of RRT after day 90, organ dysfunction, and length of intensive care unit stay.

"Further multicenter trials of this intervention are warranted," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

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