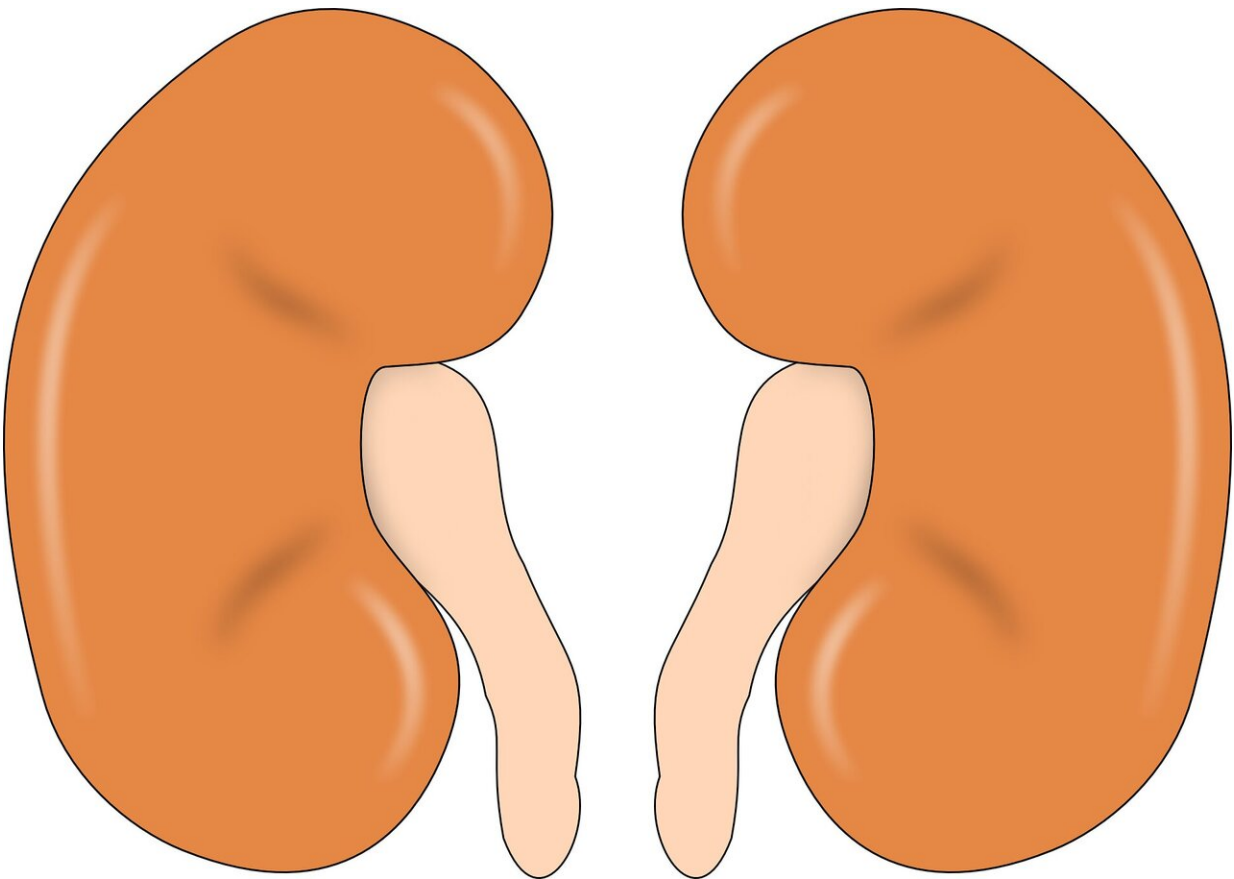


Living kidney donors face higher risk of hypertension

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Compared with non-donors, living kidney donors face a higher risk of developing hypertension, which may have negative effects on their

kidney function. The findings, which appear in an upcoming issue of *CJASN*, indicate the importance of preventing and managing hypertension in individuals who are kidney donors.

Living kidney donation is linked with a higher risk of developing [kidney failure](#), perhaps in part due to hypertension. To examine the risk of hypertension after donation and the potential impact of such post-donation hypertension on subsequent [kidney function](#), Dorry Segev, MD, Ph.D. (Johns Hopkins Medical Institutions) and his colleagues compared 1,295 living [kidney donors](#) with 8,233 healthy non-donors.

At 15 years, 8% of White non-donors, 9% of Black non-donors, 23% of White donors, and 42% of Black donors developed hypertension. Over a median follow-up of 6 years, kidney donation was linked with a 19% higher risk of developing hypertension, and this association did not vary by race.

White and Black non-donors tended to experience a decline in kidney function over time that steepened if they developed hypertension. For White and Black kidney donors, kidney function tended to improve after donation and then plateau if they developed hypertension.

"Further work is needed to identify opportunities and best practices for preventing, recognizing, and managing hypertension in living kidney donors," the authors wrote.

In an accompanying editorial, William S. Asch MD, Ph.D. (Yale University School of Medicine) noted that the findings have the potential to "shift the public and media's perception of the safety of living [kidney donation](#), especially when coupled with the earlier reports already indicating an increased risk of end stage kidney disease in living donors."

More information: "Self-Reported Incident Hypertension and Long-

Term Kidney Function in Living Kidney Donors compared to Healthy Non-Donors," *CJASN*, [DOI: 10.2215/CJN.04020419](https://doi.org/10.2215/CJN.04020419)

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