

Gap in care found for patients with chronic kidney disease: study

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Millions of Canadians living with chronic kidney disease (CKD) may be going without critical testing from their primary care practitioners that would give them a good idea of the severity of the disease so they could intervene earlier with more appropriate care, according to a new study.

"It's a problem," said Aminu Bello, an associate professor of medicine at the University of Alberta and lead author of the study. "It's not that [primary care physicians](#) are negligent, but this is an area we need to focus on because it's critical."

A team of researchers across Canada, the United States and the United Kingdom examined the records of more than 46,000 Canadian patients with CKD. It found that within six months of being diagnosed, less than 20 per cent of patients received a urine albumin test—used to assess the severity of the kidney disease and the risk of developing [adverse health outcomes](#) such as end-stage kidney failure, [heart disease](#) and strokes.

It's unclear why urine albumin testing was not routinely conducted by primary care practitioners in the study. The test indicates the severity of the damage in the kidney—the more albumin is found in the urine, the higher the chance that people will lose kidney function over time, amplifying the risk of cardiovascular diseases such as heart attacks and strokes.

It's estimated that 10 to 12 per cent of Canadians are living with chronic kidney disease, with more than 90 per cent of those patients being cared for by primary care practitioners.

According to Bello, primary care practitioners did meet most other key benchmarks for managing [chronic kidney disease](#) in their patients.

The study showed that more than 75 per cent of the time, primary care physicians achieved the recommended targets when it came to checking patients' [blood pressure](#), ensuring they were at the proper target for blood pressure control and giving them appropriate medication when required.

Bello hopes that addressing the gap in care will mean more Canadians

can avoid end-stage kidney disease, benefiting both their own lives and Canada's health-care system.

According to most recent estimates by the Canadian Organ Replacement Registry, about 39,000 Canadians are living with end-stage kidney failure and are on dialysis or have had a transplant. It costs about \$100,000 a year per person to provide dialysis. The costs of providing care to people living with end-stage kidney failure account for about two to three per cent of the total health-care budget in most high-income countries like Canada.

"We want to ensure that Canadians with mild or moderate kidney disease get really high-quality care early on, so we can prevent them ending up on dialysis or getting to the stage where they require a kidney transplant to live," said Bello.

According to Bello, the urine albumin test is covered under Canada's health-care system and is easy to do without requiring any sophisticated equipment. He believes the low adherence to conducting the test may be due to a lack of awareness of current guidelines or a lack of time with patients due to heavy workloads.

A number of initiatives are underway across the country to address the gaps and enhance quality care for patients with CKD. Locally, the Alberta Health Services Kidney Health Strategic Clinical Network has made giving the test a priority to reduce the risk of adverse health outcomes associated with CKD.

"We are very fortunate to be supported by these initiatives to impact [kidney](#) care positively in our communities," said Bello. "So it's a matter of engagement and making primary care more aware that this test is equally important as checking blood pressure. It's an opportunity to have a dialogue about it because we can do better."

The study, "Quality of Chronic Kidney Disease Management in Canadian Primary Care," was funded by the Canadian Institutes of Health Research and published in *JAMA Network Open*.

More information: Aminu K. Bello et al, Quality of Chronic Kidney Disease Management in Canadian Primary Care, *JAMA Network Open* (2019). [DOI: 10.1001/jamanetworkopen.2019.10704](https://doi.org/10.1001/jamanetworkopen.2019.10704)

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