

Racial/ethnic disparities in care for patients with failing kidneys unchanged for decade

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It's well known that when a patient with chronic kidney disease (CKD) begins heading toward eventual organ failure, appropriate, thorough, personalized and timely care from a nephrologist in the year prior to the start of dialysis for end-stage kidney disease (ESKD) is the key to more successful patient outcomes and often, survival itself. However, a new

study by Johns Hopkins Medicine, the Johns Hopkins Bloomberg School of Public Health, the Harvard Medical School and the Duke University School of Medicine shows that racial and ethnic disparities in the availability and quality of this critical care that existed in 2005 did not improve in the decade that followed.

The findings from this study were reported online Aug. 27, 2020, in *JAMA Network Open*.

Using data from the U.S. Renal Data System—a national registry that collects, analyzes and distributes information about ESKD throughout the country—the researchers studied more than 1 million who began maintenance dialysis treatment between Jan. 1, 2005, and Dec. 31, 2015. Mathematical models were used to examine national trends in the nephrology care these patients received at least 12 months prior to the start of their dialysis treatments, primarily to identify and document disparities in this care linked to race or ethnicity based on patient outcomes.

Successful outcomes, as documented in previous studies, may include improved patient survival odds; reduced hospitalizations and complications; increased quality of life; better preparation for dialysis; and greater chance of receiving a kidney transplant.

The measure of [disparity](#) in this study was the adjusted odds ratio. An adjusted odds ratio defines the likelihood that an outcome will occur in response to a specific factor, once all other potential confounding variables have been removed (adjusted).

The 1,000,390 adults evaluated were 54% White, 28% Black, 14% Hispanic and 4% Asian. More than half (54%) were women. Overall, 31% of patients received at least 12 months of predialysis nephrology care.

As a result of their retrospective evaluation, the researchers found that compared with White adults between 2005 and 2007, the odds of receiving predialysis nephrology care was 18% lower for Black adults; 33% lower for Hispanic adults; and 16% lower for Asian adults. Between 2014 and 2015, similar disparities were observed: 24% lower for Black adults; 39% lower for Hispanic adults; and 10% lower for Asian adults.

"Our findings suggest that national strategies are desperately needed to address the continuing—and life-threatening—racial and [ethnic disparities](#) in predialysis nephrology care," says study lead author Tanjala Purnell, Ph.D., M.P.H.

More information: Tanjala S. Purnell et al. National Trends in the Association of Race and Ethnicity With Predialysis Nephrology Care in the United States From 2005 to 2015, *JAMA Network Open* (2020). [DOI: 10.1001/jamanetworkopen.2020.15003](https://doi.org/10.1001/jamanetworkopen.2020.15003)

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