

A new, race-free approach to diagnosing kidney diseases

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Credit: Northwestern University

The two largest national kidney associations—the National Kidney Foundation (NKF) and the American Society of Nephrology (ASN)—[have outlined a new race-free approach](#) to diagnosing kidney diseases.

"As the largest organizations representing kidney patients and health

professionals, NKF and ASN are committed to eliminating health disparities that harm [kidney patients](#) and ensuring that racial bias does not affect the diagnosis and subsequent treatment of kidney diseases," said ASN president Dr. Susan E. Quaggin, chief of nephrology and hypertension in the department of medicine at Northwestern University Feinberg School of Medicine and a Northwestern Medicine nephrologist.

Kidney diseases affect more than 37 million adults in the United States, and 90% aren't aware they have diminished kidney function. A disproportionate number of these people are Black or African American, Hispanic or Latino, American Indian or Alaska Native, Asian American, and Native Hawaiian or other Pacific Islander. These Americans also face health disparities and inequities in healthcare delivery.

Until now, the most frequently used equations to estimate how well someone's kidneys are functioning (known as their estimated glomerular filtration rate, or eGFR) have included a race variable. These two equations—the Modification of Diet in Renal Disease (CKD MDRD) and the Chronic Kidney Disease Epidemiology Collaboration (CKD EPI)—calculate the amount of creatinine found in the blood.

Levels of creatinine, a waste product that comes from diet and normal wear and tear on muscles, can differ between people. The reason for this difference is not only due to kidney diseases—it can also be affected by other factors, such as age and sex.

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In July 2020, the NKF and ASN formed the NKF-ASN Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases. On Thursday, it released its [final report](#) online in the *American Journal of Kidney Diseases* (AJKD) and the *Journal of the American Society of Nephrology* (JASN).

The report recommends the use of a new eGFR 2021 CKD EPI creatinine equation that estimates kidney function without using race. The [task force](#) also recommended increased use of cystatin C combined with creatinine for a reliable way to check kidney function.

"By recommending the CKD-EPI creatinine equation refit without the race variable, the task force has taken action and demonstrated how nephrology continues to lead the way in promoting health care justice. It is time for other medical specialties to follow our lead, and NKF and ASN stand ready to help however we can."

The task force's report was drafted with considerable input from hundreds of patients and family members, medical students and other trainees, clinicians, scientists, [health professionals](#) and other stakeholders to achieve consensus for an unbiased and most reasonably accurate estimation of GFR so that laboratories, clinicians, patients and public health officials can make informed decisions to ensure equity and personalized care for patients with [kidney](#) diseases.

Provided by Northwestern University

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