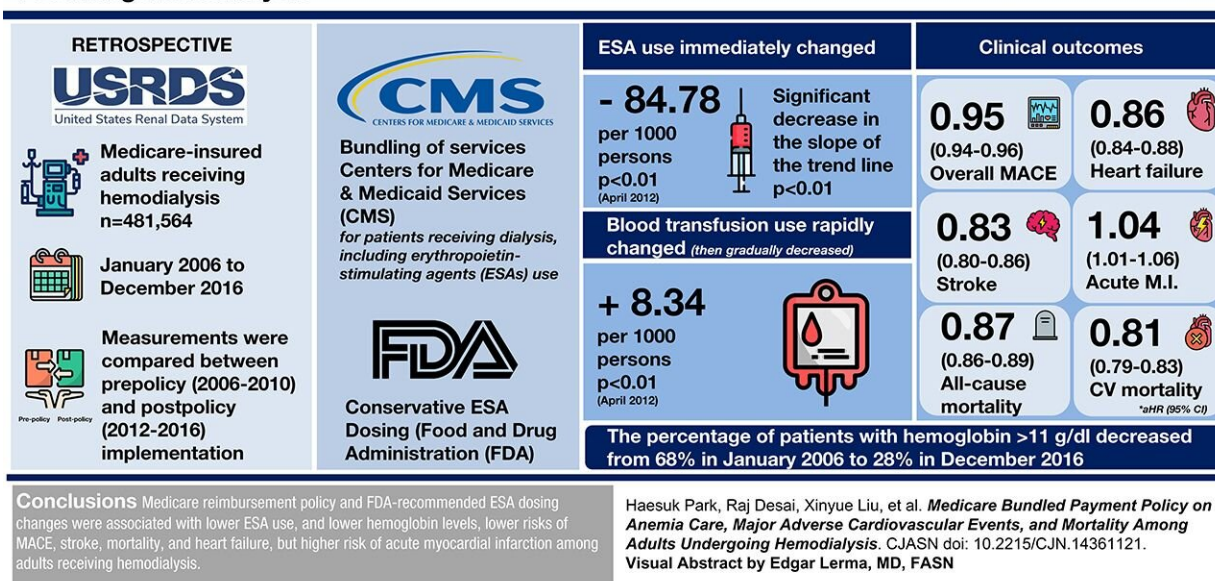


How have changes in anemia care affected patients with kidney failure?

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Anemia care and clinical outcomes before and after CMS bundled payments and revised FDA-recommended ESA labeling for adults receiving hemodialysis

CJASN
Clinical Journal of the American Society of Nephrology



Graphical abstract. Credit: *Clinical Journal of the American Society of Nephrology* (2022). DOI: 10.2215/CJN.14361121

A recent study published in the *Clinical Journal of the American Society of Nephrology* has investigated how 2011 changes to anemia care have impacted clinical outcomes among patients with kidney failure who are receiving hemodialysis.

Anemia—a shortage of healthy [red blood cells](#) that carry oxygen to the body's tissues—is a common problem in individuals with [kidney disease](#). Erythropoietin-stimulating agents (ESAs), which prompt the [bone marrow](#) to make red blood cells, have traditionally been used to address the problem; however, studies have linked the medications to a higher risk of cardiovascular problems. In 2011, changes were made to Medicare reimbursement policies and US Food and Drug Administration recommendations related to the use of ESAs—with the goal of taking a more conservative approach.

To investigate the long-term effects of these changes on anemia care and clinical outcomes among patients who have [kidney failure](#) and are receiving hemodialysis, Haesuk Park, Ph.D. (University of Florida, Gainesville) and her colleagues examined data from the United States Renal Data System from January 2006 through December 2016.

Among the major findings:

- Of 481,564 patients with kidney failure who were receiving hemodialysis, ESA use immediately decreased by 84.8 per 1,000 persons after the changes.
- Blood transfusion use rapidly increased by 8.34 per 1,000 persons in April 2012 then gradually decreased.
- Patients' levels of hemoglobin (the protein in red blood cells responsible for transporting oxygen) dropped: the percentage of patients with hemoglobin >11 g/dL decreased from 68% in January 2006 to 28% in December 2016, whereas those with hemoglobin

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