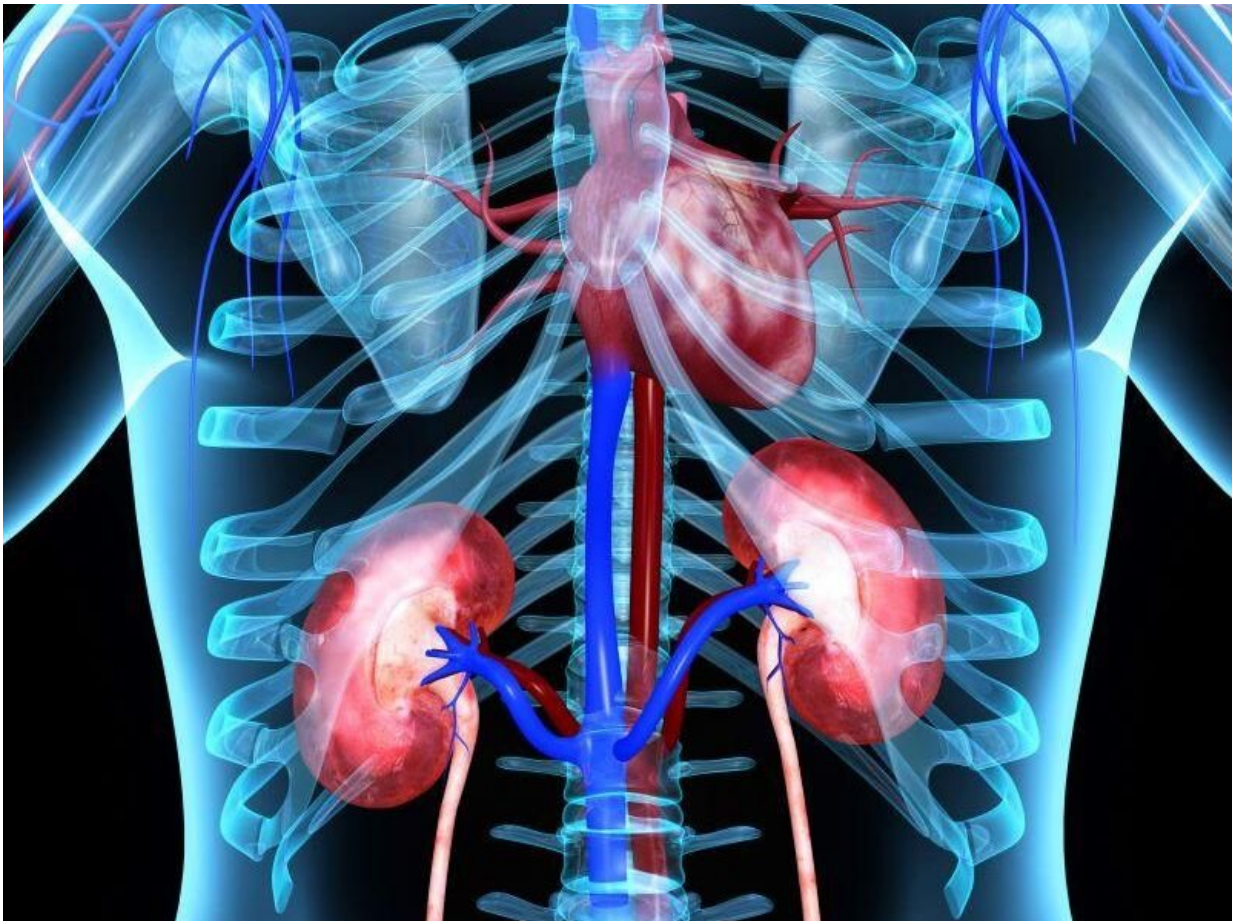


Reduced eGFR linked to increased mortality in A-fib

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Moderately-to-severely reduced estimated glomerular filtration rate

(eGFR) is associated with increased risk of all-cause mortality in patients with atrial fibrillation (AF), specifically among those with lower socioeconomic status (SES), according to a study published online Nov. 24 in the *Frontiers in Cardiovascular Medicine*.

Min-qiang Bao, from The First Affiliated Hospital of Anhui Medical University in Hefei, China, and colleagues conducted a retrospective analysis examining 968 patients who were admitted for AF. Patients were classified according to eGFR at admission into eGFR-0 to e-GFR-3 (normal to severely decreased eGFR).

More than 39 percent of the patients had [chronic kidney disease](#); 319 and 67 had moderately and severely decreased eGFR, respectively. The researchers note that 34.8 percent of the patients died during follow-up. The risk for all-cause death was increased in the eGFR-2 and eGFR-3 groups after multivariate adjustment and relative to the eGFR-0 group (hazard ratios, 2.416 and 4.752, respectively); risk was not increased in the eGFR-1 group. Moderately-to-severely decreased eGFR had a significant effect on all-cause mortality only in patients with low SES in subgroup analysis.

"The main clinical relevance of this study is that clinicians should pay special attention to AF patients who present with modifiable factors that correlate with low SES," the authors write. "In addition, health care systems should consider the implementation of policies that improve [disease prevention](#) and increase the access to medical resources by individuals with low SES."

More information: Min-qiang Bao et al, Association of chronic kidney disease with all-cause mortality in patients hospitalized for atrial fibrillation and impact of clinical and socioeconomic factors on this association, *Frontiers in Cardiovascular Medicine* (2022). [DOI: 10.3389/fcvm.2022.945106](#)

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