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Screening all US adults aged 35 and older for chronic kidney disease could be cost-effective

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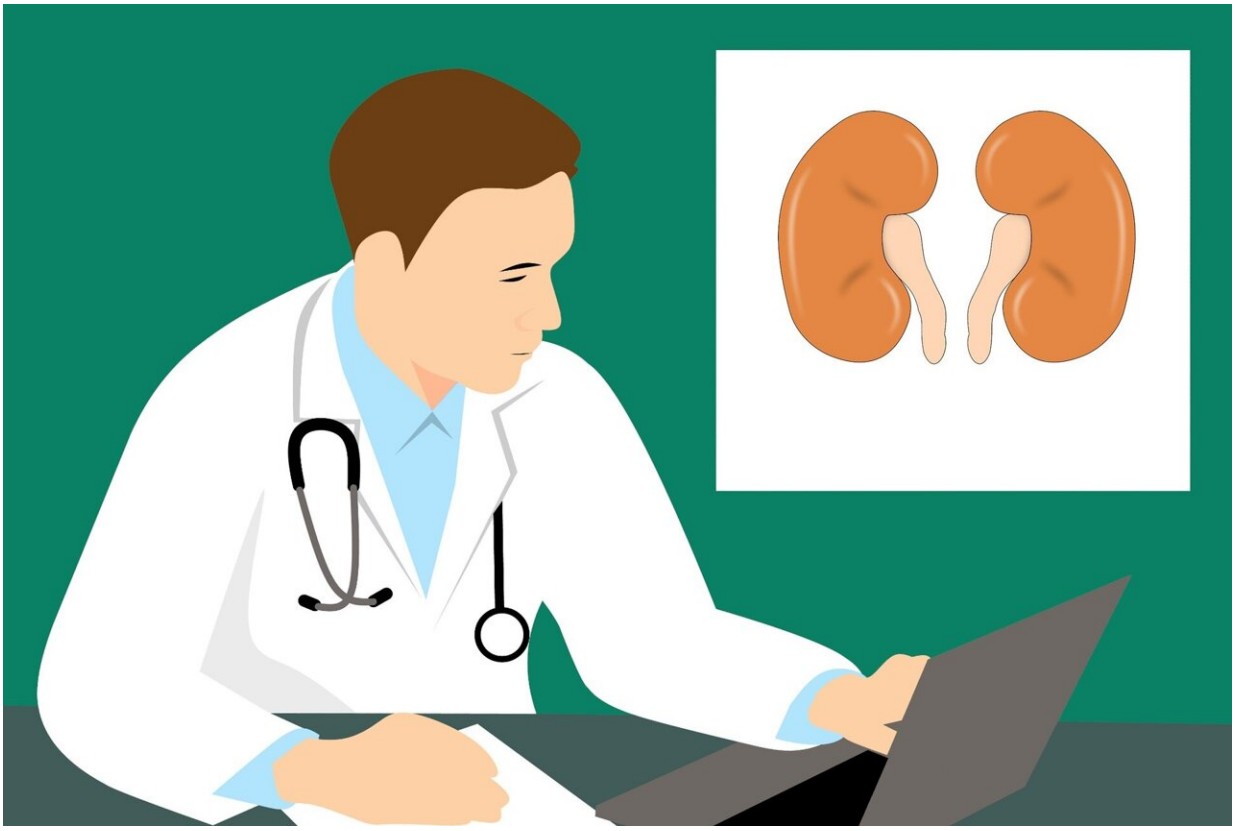

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A cost-effectiveness analysis of screening for chronic kidney disease (CKD) has found that screening all adults in the United States starting at age 35 could be cost-effective for the quality of life-years (QALY)

gained. The analysis is published in *Annals of Internal Medicine*.

CKD is a common, costly cause of morbidity and mortality, affecting approximately 15% of U.S. adults. It is often a clinically silent disease until it progresses to advanced stages or kidney failure. Currently, Medicare spends $87 billion annually on care for CKD and an additional $37 billion for care of patients with kidney failure requiring kidney transplant therapy. The characteristics of disease progression and costs associated with late-stage kidney disease make screening for early-stage CKD a high priority.

While experts have been unable to agree whether screening for early-stage CKD improves clinical outcomes, sodium-glucose cotransporter-2 (SGLT2) inhibitors are changing the discussion. Researchers from Stanford University conducted a cost-effectiveness analysis of adults aged 35 years and older who were screened for albuminuria with and without SGLT2 inhibitors to the current standard of care for CKD.

The authors assessed costs, QALYs, and incremental cost-effectiveness ratios (ICERs). The authors found that screening U.S. adults once and adding SGLT2 inhibitors between ages 35 and 75 prevented dialysis or transplant in 398,000 people and screening every 10 years until age 75 years cost less than $100,000 per QALY gained.

More information: *Annals of Internal Medicine* (2023). DOI: 10.7326/M22-3228. www.acpjournals.org/doi/10.7326/M22-3228

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