

African-American Canadians who receive kidney transplants fare better than those in US

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African American kidney disease patients in both Canada and the United States are less likely than Caucasian Americans to have access to kidney transplants, but only African-Americans in the United States have worse health outcomes than Caucasians after a transplant is performed, according to a study appearing in the January 2009 issue of the *Journal of the American Society Nephrology (JASN)*. The results could further open the debate about what has driven the disparities seen only in the United States.

Health disparities among different racial and ethnic groups have been noted for a number of conditions, including kidney disease. African-Americans in the United States in need of a kidney transplant are less likely to receive one than Caucasians, and even after they do receive a transplant, African-Americans in the United States experience higher rates of donor kidney failure and death. However, no studies have looked at disparities in health outcomes following kidney transplantation in Canada. A comparison of the two countries may shed light on the underlying causes of racial disparities among kidney transplant recipients.

Karen Yeates, MD, of Queens University in Kingston, Ontario, and her colleagues performed such a study by analyzing data from the Canadian national renal replacement therapy registry, which included information on 20,243 dialysis patients (3% black and 97% white), 5,036 of whom received a kidney transplant during the study.

The investigators found that African-Americans in Canada were significantly less likely than Caucasians to receive a kidney transplant, either from deceased or living donors. This situation mimics that seen in the United States. However, unlike African-Americans in the United States,

African-American Canadians who underwent a kidney transplant experienced no significant health differences compared with Caucasians after their procedure. Their transplanted kidneys survived just as long as kidneys transplanted into Caucasians, and African-American Canadians actually survived longer following the surgery compared with Caucasians.

According to Dr. Yeates, the study's findings raise questions concerning why there are health disparity differences between the two countries.

"Hypotheses behind this difference could be that the better renal transplant outcomes for African-Americans in Canada are due to better access to post-transplant medical care and access to immunosuppressive medications that are more comprehensive than in the United States," she said. (Unlike African-Americans in the United States, African-American Canadians have free access to pre-dialysis care, kidney transplantation and follow-up care at all kidney transplant centers.) Understanding these differences could highlight US policy issues related to access to medications and medical services that need to be improved.

"... [A]lthough this study is observation and further study is needed, our results raise potentially important questions about whether better access to health services for African-Americans would improve outcomes following kidney transplantation in this population," the authors wrote.

Source: American Society of Nephrology

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