

Important differences in hospitalization rates among racial and ethnic groups on dialysis

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There are significant racial and ethnic differences in hospitalization rates among kidney failure patients on dialysis, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). The differences are not consistent across age groups and also differ by causes of hospitalization. Additional studies are needed to determine why these differences exist and how to address them in order to reduce hospitalizations among all dialysis patients.

Hospitalization is frequent and costly among maintenance [dialysis patients](#). Across the United States, approximately 400,000 patients with end-stage renal disease (ESRD) receive maintenance dialysis each year and spend an average of approximately 15 days in hospitals. While patients undergoing maintenance hemodialysis have exceptionally high [hospitalization rates](#), our understanding of dialysis patient subgroups at highest risk remains incomplete.

Guofen Yan, PhD (University of Virginia School of Medicine) and her colleagues designed a study to examine hospitalization rates among US hemodialysis patients by both race/ethnicity and age to identify the dialysis patient subgroups at higher risk of hospitalization. The investigators analyzed information on 563,281 patients beginning maintenance hemodialysis between 1995 and 2009.

Among the major findings over patients' first year of dialysis:

- Overall, whites had higher hospitalization rates than blacks and

Hispanics, but younger black patients, older black patients, and older Hispanic [patients](#) had increased hospitalization rates compared with whites of similar ages.

- Both blacks and Hispanics were at greater risk of hospitalization due to dialysis-related infections than whites.

"Further research is needed to elucidate the biologic and system-level factors in diverse younger and older populations that may influence hospitalizations, mortality, and other clinical outcomes," said Dr. Yan. "Studies are needed to explore in more detail issues such as health beliefs and behaviors, social networks, and other subtleties that may add critical insights to these observations. This could lead to novel interventions to reduce hospitalizations and costs for high-risk subpopulations treated with dialysis."

More information: The article, entitled "Race/Ethnicity, Age, and Risk of Hospital Admission and Length of Stay during the First Year of Maintenance Hemodialysis," will appear online on June 19, 2014.

Provided by American Society of Nephrology

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