

Health-care system factors may have less influence on kidney-related racial disparities

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Among patients with kidney disease who received specialized pre-dialysis care in a universal healthcare system, blacks experienced faster disease progression than whites, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). The findings suggest that healthcare system factors have less influence on black-white disparities in kidney function decline than other factors.

Research shows that blacks are more prone to develop [kidney failure](#) than whites. The disparity likely involves a complex interaction of biological, societal, and healthcare system factors. In the United States, blacks often have less access to healthcare and decreased quality of care compared with whites. But in The Netherlands, patients have equal access to care due to the country's universal healthcare system, making it less likely that healthcare system factors would play a role in [racial disparities](#) related to kidney failure.

To study kidney failure disparities in such a setting, Tessa van den Beukel, MD, PhD, Moniek de Goeij, MSc (Leiden University Medical Center, in The Netherlands) and their colleagues analyzed data on nearly 1000 black and white patients starting specialized pre-[dialysis care](#) in The Netherlands.

The researchers found that black patients experienced a faster progression to kidney failure than whites. The faster decline in [kidney function](#) among black compared with white patients was predominantly

present in patients with diabetes and in patients who excreted greater amounts of protein in their urine (an indication of more advanced [kidney dysfunction](#)). This suggests that diabetes may lead to more extensive damage of the kidneys in blacks compared with whites, causing a faster decline in kidney function.

"Since our study was performed in a universal healthcare setting, it is likely that healthcare system factors have a less influential role in explaining the black-white difference in rates of kidney function decline," said Dr. van den Beukel. "Consequently, ethnicity/race is an important factor that should be taken into account in medical care. For example, our results may indicate that black patients with chronic kidney disease should be referred to pre-dialysis care earlier than white patients to assure timely preparation for renal replacement therapy," said de Goeij.

More information: The article, entitled "Differences in Progression to ESRD Between Black and White Patients Receiving Predialysis Care in a Universal Healthcare System," will appear online on July 11, 2013, [doi: 10.2215/10761012](#).

Provided by American Society of Nephrology

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