

Few patients hospitalized with acute kidney injury receive recommended follow-up care

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A new study indicates that after hospitalization with acute kidney injury (AKI), most patients are not receiving the follow-up care that kidney specialists recommend. The findings appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology (CJASN)*.

AKI, an abrupt decline in [kidney](#) function, often arises after major surgeries or severe infections. Some patients who develop AKI recover promptly while others get worse and develop [chronic kidney disease](#) (CKD). Recent guidelines suggest that patients' kidney health should be re-evaluated several months after AKI, but little is known about the factors that influence follow-up of patients or about the characteristics of patients who do vs. do not receive subsequent re-evaluation. This information might be useful for developing strategies to improve the transition of care between the [hospital](#) and the community after an episode of AKI.

To investigate, a team led by Matthew James, MD, PhD and Divya Karsanji, MSc, MD (Cumming School of Medicine at the University of Calgary, in Alberta, Canada) asked 145 Canadian kidney specialists, or nephrologists, about the factors that influence their likelihood to recommend follow-up for patients after a hospitalization with AKI. The researchers then compared these responses with administrative health data on rates of community follow-up with nephrologists for patients hospitalized with AKI in Alberta between 2005 and 2014.

Nephrologists indicated they would definitely or probably re-evaluate

patients in 87% of the scenarios provided, with a higher likelihood of follow-up for patients with a history of pre-existing CKD (89%), heart failure (92%), receipt of acute dialysis (91%), and less complete recovery of [kidney function](#) (98%). In contrast, only 24% of patients with similar characteristics were seen by a [nephrologist](#) in Alberta within 1 year following a hospitalization with AKI, with a trend toward lower rates of follow-up over more recent years of the study. Follow-up with a nephrologist was less common among patients >80 years old (20%) and more common among patients with pre-existing CKD (43%) and with a nephrology consultation before or during hospitalization with AKI (78% and 41%, respectively).

"We discovered that there is a substantial disparity between the opinions of nephrologists and actual processes of care for nephrology evaluation of patients after hospitalization with AKI," said Dr. James. He noted that nearly all [patients](#) who did not receive nephrology follow up were seen by at least one other physician within a year of discharge, suggesting other opportunities for physician follow up.

More information: *Clinical Journal of the American Society of Nephrology* (2017). [DOI: 10.2215/CJN.01450217](https://doi.org/10.2215/CJN.01450217)

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