

# Study finds unmet need to improve chronic kidney disease in South London cohort

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A new study shows there is an unmet need to improve chronic kidney disease (CKD) detection and risk factor management in high-risk groups.

The paper, published recently in the *Journal of Nephrology*, examined primary care health records from 47 general practice clinics in an

ethnically and socially diverse population in South London. Researchers identified patients with CKD stage 3-5 with the aim to assess hypertension (high blood pressure), risk factor management and determinants of blood pressure control. Hypertension is a major risk factor for both cardiovascular disease and kidney disease progression.

The researchers found a high prevalence of underdiagnosed CKD (nearly 50%) and underdiagnosed hypertension (23%) in patients with CKD.

"In CKD patients with hypertension, poorly controlled blood pressure may contribute to CKD progression and increase the risk of heart failure. We found both underdiagnosed CKD and underdiagnosed [hypertension](#) in those with CKD. The poorer blood pressure control in older age groups 60 years and older, and in Black African or obese individuals, is clinically important as these groups are at increased risk of increased cardiovascular disease mortality and kidney disease progression," said lead author Dr. Mariam Molokhia from the King's College London School of Life Course and Population Sciences.

She added, "Our study shows that there is an unmet need to improve CKD detection and management in [high-risk groups](#)—those over 75 years, Black African, Asian, and 'other' ethnic groups. In our study, management of modifiable risk factors was found to be sub-optimal, particularly in younger patients."

The next steps of the research will be to raise awareness of the importance of early risk factor management in primary care which is key to prevent progression to end stage kidney disease (requiring dialysis or kidney transplantation). This includes better management of [blood pressure](#), smoking cessation and weight control measures, and improved pharmacotherapy to treat risk factors. Educating high risk groups about CKD is also important to minimize preventable morbidity and mortality.

Finally, improved [kidney disease](#) coding offers opportunities for improved data recording standards and better patient care.

**More information:** Edianne Monique Carpio et al, Hypertension and cardiovascular risk factor management in a multi-ethnic cohort of adults with CKD: a cross sectional study in general practice, *Journal of Nephrology* (2021). [DOI: 10.1007/s40620-021-01149-0](https://doi.org/10.1007/s40620-021-01149-0)

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