

Patients with persistent kidney injuries rarely see specialists

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Most patients with an abrupt kidney injury that does not get better do not see a kidney specialist within a year, according to a study appearing in an upcoming issue of the *Journal of the American Society Nephrology (JASN)*. The findings indicate that efforts are needed to identify and treat kidney injury patients who require subsequent care.

Acute kidney injury (AKI), an abrupt or rapid decline in kidney function, is an increasingly prevalent condition that can seriously affect individuals' health and survival. Sometimes AKI arises due to medical or surgical complications that deprive the kidneys of a normal blood flow for extended periods of time. That explains why AKI often arises in patients who are hospitalized.

Because the kidneys can often recover from AKI, most patients can resume a normal life after treatment; however, they often remain at increased risk of developing kidney disease in the future.

Edward Siew, MD, Michael Matheny, MD (Vanderbilt University Medical Center and Tennessee Valley Healthcare System Veterans Administration) and their colleagues wondered whether patients who experience AKI during hospitalization receive enough attention paid to their future risk of developing kidney problems.

From a US Department of Veterans Affairs database, the researchers identified 3,929 survivors of AKI who were hospitalized between January 2003 and December 2008 and who continued to have poor kidney function a month after their injury.

Among the major findings over a one-year surveillance period:

- 22% of patients died.
- Only 8.5% of patients were referred to a kidney specialist before dying, starting

- dialysis, or experiencing an improvement in kidney function.
- Patients' severity of AKI did not affect whether or not they were referred.

"This study shows that only a minority of patients who do not recover their kidney function after an AKI event are seen by a kidney specialist, highlighting an important opportunity for a more integrated approach in maintaining the kidney health of these patients," said Dr. Matheny. "The findings also underscore the need for more research to help identify those patients who are at highest risk for persistent kidney problems and who might benefit from the input of a kidney specialist," he added.

More information: The article, entitled "Outpatient Nephrology Referral Rates after Acute Kidney Injury" will appear online on December 8, 2011, doi: 10.1681/ASN.2011030315

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