

Trend report: No increase in overall prevalence of late stage chronic kidney disease over the past decade

1 August 2016

In a reversal of previous trends, no increase in the prevalence of stage 3 and 4 chronic kidney disease (CKD) has been seen in the U.S. population over the most recent decade. The findings are published in *Annals of Internal Medicine*.

CKD is recognized as an important risk factor for end-stage renal disease, [acute kidney injury](#), cardiovascular disease, and premature death. As such, [national health](#) programs, such as the U.S. Department of Health and Human Services' Healthy People 2020 initiative, have set a target of a 10 percent proportional reduction in CKD prevalence in the U.S. population. While peer-reviewed publications have mostly reported that the overall prevalence of CKD in the U.S. population had been increasing by as much as 5 percent per year, it has been noted that the incidence rate of end-stage renal disease, which is almost always preceded by CKD, have been decreasing since the early 2000s. However, an important limitation in the peer-reviewed literature is that CKD prevalence in more recent years has not been analyzed.

Researchers analyzed data from the national Health and Nutrition Examination Survey (NHANES) to estimate the trends in CKD prevalence overall and in subgroups of the population, with particular attention given to more recent years. They found that stage 3 and 4 CKD has not increased appreciably in the U.S. population overall during the most recent decade. The lack of increase was noted in most subgroups examined when data were stratified by age, sex, race/ethnicity, and diabetes status, except for among non-Hispanic black persons. The authors express concern over these findings and suggest further research to better understand potentially important differences in patterns by racial/ethnic

subgroups. The research could help to inform strategies for improving CKD prevalence trends for all [population groups](#).

More information: Study:

<http://www.annals.org/article.aspx?doi=10.7326/M16-0273>

Editorial:

<http://www.annals.org/article.aspx?doi=10.7326/M16-1649>

Provided by American College of Physicians

APA citation: Trend report: No increase in overall prevalence of late stage chronic kidney disease over the past decade (2016, August 1) retrieved 6 May 2021 from <https://medicalxpress.com/news/2016-08-trend-prevalence-late-stage-chronic.html>

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