of professional fulfillment. Turnover is a critical concern, as nearly half of respondents do not plan to continue working as PCTs in the future. The researchers conclude: "Because of the critical, frontline role of dialysis PCTs in the care of patients receiving in-center hemodialysis, strategies to improve morale and reduce turnover are imperative" [Plantinga LC, et al. Professional fulfillment, burnout, and turnover intention among US dialysis patient care technicians: A national survey. *Am J Kidney Dis*, published online ahead of print March 9, 2023. doi: 10.1053/j.ajkd.2022.12.017; https://www.ajkd.org/article/S0272-6386(23)00559-0/fulltext]. ■

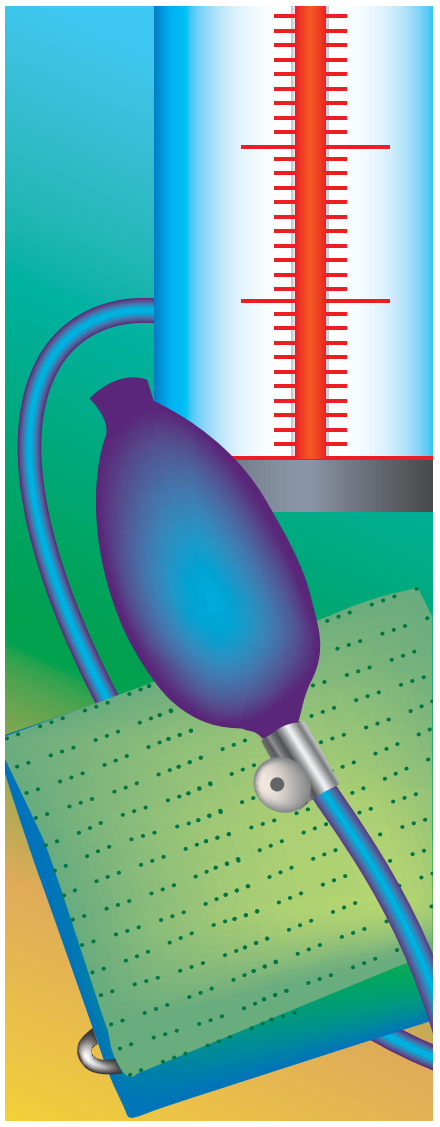
Hypertension Is Under-Recognized in Young Children with Kidney Diseases

In pediatric patients with chronic kidney disease (CKD), hypertensive blood pressure (BP) is less likely to be recognized and treated in children aged <7 years compared with older age groups, reports a study in *Hypertension*.

The researchers examined the relationship between age and recognition and control of hypertension in 902 children with non-dialysis-dependent CKD, drawn from the Chronic Kidney Disease in Children (CKiD) study. A total of 3550 annual study visits were classified into groups corresponding to early, middle, and later childhood and adolescence: aged 0 to <7 years, 7 to <13 years, and 13–18 years. Analyses adjusted for potential confounders, including sex, glomerular diagnosis, estimated glomerular filtration rate (eGFR), nephrotic-range urine protein:creatinine ratio, and obesity.

The median age was 10.73 in the cohort overall and 4.62 years in the aged 0 to <7 years group. The median eGFR was 49 mL/min/1.73 m^2 and was similar across age groups. A glomerular diagnosis was present in 47% of the oldest age group and 9% of the youngest.

Clinic BP readings consistent with stage 1 or 2 hypertension were present in 32% of children aged 0 to <7 years, 22% of the aged 7 to <13 years group, and 16% of the aged 13–18 years group. Among patients with hypertensive BP readings, rates of unrecognized, untreated hypertension were 45.8% in the youngest age group, 29.3% in the aged 7 to <13 years group, and 20.8% in the oldest age group. Rates of recognized but uncontrolled hypertension were 35.5%, 50.7%, and 56.4%, respectively.



On adjusted analysis, children aged 0 to <7 years were twice as likely to have unrecognized hypertensive BP (odds ratio [OR], 2.11) compared with patients aged 13–18 years. Among patients with unrecognized hypertension, the youngest age group was less likely to receive antihypertensive medication (OR, 0.51).

Younger age is associated with poorer control of hypertension among children with CKD. The new analysis finds an increased prevalence of undiagnosed, untreated hypertensive BP in patients with CKD aged 0 to <7 years compared with older children and adolescents. The researchers conclude, "Efforts to improve BP control in young children with CKD are needed to minimize development of cardiovascular disease and slow CKD progression" [Douglas CE, et al. Effect of age on hypertension recognition in children with chronic kidney disease: A report from the Chronic Kidney Disease in Children study. *Hypertension*, published online ahead of print March 2, 2023. doi: 10.1161/HYPERTENSIONAHA.122.20354; https://www.ahajournals.org/doi/10.1161/HYPERTENSIONAHA.122.20354]. ■