In older adults starting dialysis, earlier initiation of nephrology care hasn’t led to improved first-year survival, reports a study in the Archives of Internal Medicine.

The researchers analyzed U.S. Renal Data System data on 323,977 patients aged 67 or older who started dialysis between 1996 and 2006. Trends in the timing of the earliest identifiable nephrology visit and in one-year mortality after dialysis initiation were analyzed, with consideration of changes in case mix.

In 2006, about 35 percent of patients first saw a nephrologist less than three months before the start of dialysis, compared to nearly 50 percent in 1996. Mean estimated glomerular filtration rate at the start of dialysis was 12 mL/min/1.73 m² in 2006, compared to 8 mL/min/1.73 m² in 1996. Rates of anemia and initial peritoneal dialysis also decreased during the period studied.

Despite these trends, there was no reduction in mortality during the first year on dialysis. With adjustment for shifts in sociodemographic characteristics and comorbidity, the estimated annual reduction in one-year mortality was 0.9 percent. The change was even smaller, 0.4 percent per year, after adjustment for earlier nephrology consultation.

Consistent with current recommendations, there is a trend toward earlier nephrology care before the start of dialysis. However, this trend does not appear to have resulted in any substantial improvement in survival during the first year on dialysis. The results highlight the need to test the benefits versus costs of earlier dialysis and other “nephrologist-driven health care interventions.” [Winkelmann WC, et al: Predialysis nephrology care of older patients approaching end-stage renal disease. Arch Intern Med 2011; 171: 1371–1378].

Serum Cystatin C May Help Predict AKI Risk in Children

In children undergoing heart surgery, increases in serum cystatin C during the early postoperative period are associated with an increased rate of acute kidney injury (AKI), suggests a study in Kidney International.

The prospective study included 288 children undergoing cardiac surgery at three children’s hospitals. One-half were aged 2 years or younger. Preoperative and postoperative cystatin C were evaluated as predictors of AKI. The predictive value of cystatin C was compared with that of serum creatinine-based estimates of glomerular filtration rate.

Stage 1 AKI or worse developed in 42 percent of the children and stage 2 AKI or worse in 11 percent. Children with higher preoperative creatinine-based estimated glomerular filtration rates were at higher risk of AKI: adjusted odds ratio (OR) 1.5 for stage 1 and 1.9 for stage 2 AKI.

Preoperative cystatin C was unrelated to AKI risk. However, children in the highest quintile of postoperative cystatin C were at significantly increased risk: OR 6.0 for stage 1 and 17.2 for stage 2 AKI. Being in the highest tertile of percent change in cystatin C was independently associated with AKI risk: being in the highest tertile of serum creatinine predicted stage 1 but not stage 2 AKI. Postoperative change in both cystatin C and creatinine predicted longer ICU stay, while postoperative change in cystatin C also predicted duration of mechanical ventilation.


For additional program information or to register, visit www.nkfclinicalmeetings.org or call 212.889.2210. Email questions to clinicalmeetings@kidney.org

Important Dates:
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