Nephrologist Care Improves Outcomes after AKI

For patients with multiple risk factors under- going noncardiac, nonvascular surgery, peripерative β-blockers reduce mortality and cardiac morbidity, according to a study in the Journal of the American Medi- cal Association. The protective effect is larger for patients with more risk factors, the authors found.

Using Veterans Health Administration (VA) databases, the researchers identified 37,805 propensity score-matched pairs of patients undergoing major noncar- diac surgery who did and did not receive perioperative β-blocker, defined as an active outpatient prescription or receipt of β-blockers on the day of or day after surgery. Of these, 3,183 patients received early follow-up with a nephrologist and could be matched to a patient without the nephrologist. The risk of all-cause mortality was compared on propensity scores.

All-cause mortality was 8.4 per 100 patient-years for patients with early nephrologist follow-up versus 10.6 per 100 patient-years for those without nephrologist follow-up: hazard ratio 0.76. Within 2 years, 15.5 and 18.9 percent of patients had died, respectively. In subgroup analyses, the survival benefit was significant for men, patients younger than 65 years, those with a history of diabetes, and those with no previous nephrology consultation.

Even if kidney function recovers, patients with AKI remain at increased risk of death. Care after discharge may affect the prognosis; yet, only 8 percent of patients see a nephrologist within 1 year.

The new study suggests improved sur- vival with early nephrologist follow-up of hospitalized patients who survive an episo- de of AKI. The authors call for further studies to clarify optimal care for AKI sur- vivors, including the role of nephrology care (Harel Z., et al. Nephrologist follow- up improves all-cause mortality of severe acute kidney injury. Kidney Int; 83:901–908).

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