

# Factors Tied to Chronic Kidney Disease Deaths

BY DOUG BRUNK

SAN DIEGO — The presence of an estimated glomerular filtration rate less than 60 mL/min per 1.73 m<sup>2</sup>, microalbuminuria, and anemia are three components of chronic kidney disease that are independently associated with all-cause mortality, results from a large analysis showed.

“Don’t just settle for measuring a pa-

tient’s serum creatinine level. Know what the estimated GFR is,” lead study investigator Dr. David G. Warnock advised in an interview during a poster session at the annual meeting of the American Society of Nephrology.

“If it’s less than 60 [mL/min per 1.73 m<sup>2</sup>], also think about measuring albuminuria, and also think about checking anemia. These are simple office tests. The more components of chronic kid-

ney disease, the greater the attendant risk of death,” he said.

Dr. Warnock and his colleagues evaluated the association between all-cause mortality and the three components of chronic kidney disease in 19,125 men and women who participated in the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study, a population-based cohort investigation of incident stroke in whites and blacks aged

45 years and older in the United States.

In addition to the low glomerular filtration rate, albuminuria was defined as an albumin/creatinine ratio of 30 mg/g or greater and anemia was defined as a hemoglobin level less than 13.5 g/dL for men and less than 12.0 g/dL for women.

Study participants had single measurements of serum creatinine, urinary creatinine and albumin, and other baseline assessments. The researchers ascertained vital status based on telephone interviews every 6 months. Prevalent coronary heart disease included self-reported previous myocardial infarction, stroke, cardiovascular procedures, or evidence of previous myocardial infarction by electrocardiogram.

Of the 19,125 people in the cohort, 14,361 had no coronary heart disease or

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DR. WARNOCK

stroke over a mean follow-up of 3.6 years and 4,764 did. Study participants with prevalent coronary heart disease were slightly older than their unaffected counterparts (mean age of 67 years vs. 63 years, respectively).

Dr. Warnock, professor of medicine in the division of nephrology at the University of Alabama, Birmingham, reported that there were 650 deaths among study participants, evenly divided between those who had coronary heart disease or stroke and those who did not.

In both groups, significant hazard ratios for all-cause mortality were independently associated with an estimated glomerular filtration rate of less than 60 mL/min per 1.73 m<sup>2</sup>, microalbuminuria, and anemia.

Dr. Warnock acknowledged certain limitations of the study, including the potential for ascertainment bias and the fact that only blacks and whites were enrolled, “so we can’t say anything about Asians or Hispanics. There’s no reason to suspect different results [in those populations], but we don’t know.”

The study was supported by a grant from the National Institute of Neurological Disorders and Stroke and by a grant from Amgen to Dr. Warnock. ■

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The Web site that helps patients compare dialysis facilities now has updated information on how well dialysis patients are treated for anemia and survival rates for each facility.

The Web site, [www.medicare.gov/dialysis](http://www.medicare.gov/dialysis), was launched in 2001. ■