

ASN 35th Annual Meeting & Scientific Exposition Submission Program

Filename: 951243 (Abstract Size = 100%)

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Entities that provided funding for this abstract:

Pharmaceutical Company Support; Private Foundation Support

Keywords:

Agree to Copyright Transfer: Yes

Abstract Category:

Conflict of Interest: Yes

Title: The Competing Risks of Death vs. ESRD in Medicare Beneficiaries 65+ with Chronic Kidney Disease, CHF, and Anemia

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Abstract:

Incidence and prevalence of ESRD and chronic kidney disease (CKD) in the US have increased during the last decade. While CKD is a major risk factor for ESRD, the majority of individuals with CKD do not go on to ESRD, but in fact die before reaching ESRD. The presence of other comorbid conditions affects the progression of CKD to death or ESRD. We investigated the relationship between CKD, CHF, and anemia, and subsequent ESRD or death.

Using a published method for identifying disease using claims data, we used Medicare 5% data from 1996 and 1997 to identify patients aged 65+ with CKD, CHF, and anemia. We then matched these patients with Medicare ESRD enrollment data to identify those who developed subsequent ESRD or died during a two year follow-up period. Patients identified with all three conditions (CKD, CHF and anemia) had the highest probability of dying during two years (0.456) and the highest probability of ESRD (0.059). Taking the ratio of the death to ESRD probabilities, this group is 7.7 times more likely to die than go on to ESRD. For patients with CKD, this ratio ranged from 5.1 to 11.1. For patients without CKD, this ratio ranged from 96.0, for patients without any of CKD, CHF, or anemia, to 123.6, for patients with CHF and anemia. The addition of anemia to diagnoses of CHF, CKD, or both CHF and CKD, increased the risk of death or ESRD by factors of 1.2 to 2.2.

CKD patients are at a significantly higher risk of death than ESRD. The major focus of interventions in these patients should be the prevention of death.

Disease in 1996-1997	Two-Year Probability		
	ESRD	Ratio	
Death			
CKD, CHF, Anemia	0.456	0.059	7.7
CKD, CHF	0.384	0.035	11.1
CKD, Anemia	0.273	0.054	5.1
CKD	0.164	0.026	6.4
CHF, Anemia	0.346	0.003	123.6
CHF	0.261	0.002	118.6

Anemia	0.166	0.002	103.6
None	0.077	0.001	96.0

Disclosure:

This study was funded in part by an unrestricted research grant from Amgen Inc.

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