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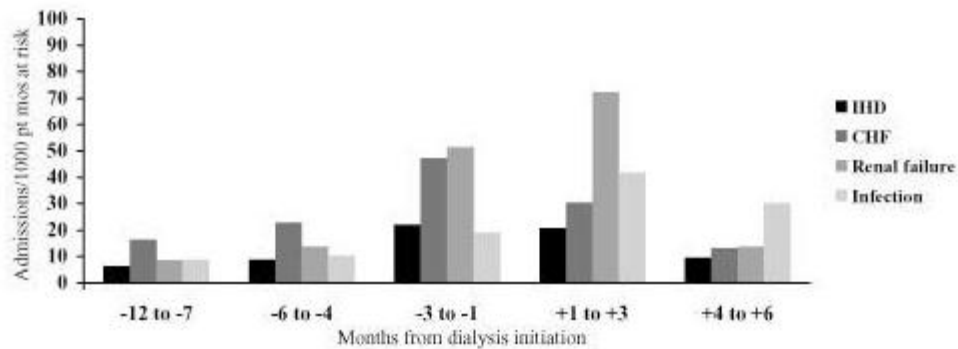
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Title: Hospitalization in Chronic Kidney Disease (CKD)

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Abstract:

Several studies have described hospitalization rates and associated risk factors in chronic dialysis patients, but studies in CKD patients are just beginning to emerge. Our study evaluates cause-specific hospitalization rates in 109,321 ESRD Medicare enrollees ≥ 67 years old who initiated dialysis between 1995 and 1998, with at least 1 Medicare Part A claim in the time period extending from 24 months before to 6 months after the first ESRD service date. Overall hospitalization rates were determined for levels of hematocrit, albumin and GFR based on data from the HCFA 2728 Medical Evidence form; and for EPO use based on Medicare Part A and B claims. The average overall hospitalization rate was 133.6 admissions per 1,000 patient months. The highest overall hospitalization rate, 487.3, was observed in the first three months after starting dialysis. Leading causes for hospitalization in this time interval were vascular access (197.9-not pictured), renal failure (72.2) and infection (41.8). In contrast, hospitalizations for congestive heart failure (47.2) peaked in the three months prior to starting dialysis.



Patients who received pre-dialysis EPO had significantly lower hospitalization rates in most periods before and all periods after the start of dialysis. Higher hospitalization rates at all time points were observed among patients with lower serum albumin and higher GFR at the time of dialysis initiation. We conclude that the overall hospitalization rate during the period prior to dialysis is less than the average hospitalization rate for dialysis patients in the United States, and hospitalization rates peak within three months of starting dialysis. EPO may be a surrogate marker for quality of care; its association with lower rates of hospitalization merits further study.

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