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Title: Trends in Parathyroidectomy Rates in U.S. Dialysis Patients, 1992-2001.

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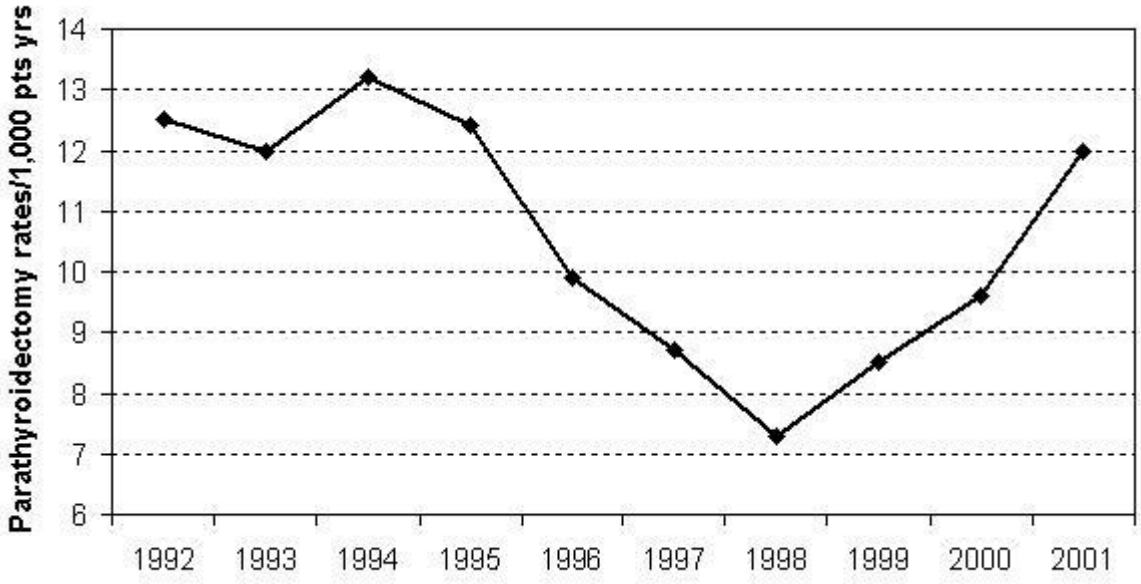
Abstract:

The therapeutic approach to managing hyperparathyroidism has changed dramatically in the last decade. It is unknown whether parathyroidectomy rates have fallen in parallel.

We studied annual parathyroidectomy rates in successive annual national cohorts, prevalent on dialysis on January 1st of each of the years 1992 to 2001. All patients had Medicare as primary payer, and parathyroidectomy was defined as ICD-9-CM code 068.

The annual incidence of parathyroidectomy was 12.5 per 1000 patient years in 1992. The incidence declined progressively, reaching a nadir of 7.3 per 1000 patient years in 1998. Rates rose progressively after 1998, reaching 12 per 1000 patient years in the 2001 point prevalent cohort. Using proportional hazards modeling with 1992 as the reference group, the lowest adjusted hazards ratio was seen in 1998 (HR 0.38, P<0.0001), followed by hazards ratios of 0.46 in 1999 (P < 0.0001), 0.49 in 2000 (P < 0.0001), and 0.61 in 2001 (P < 0.0001). Other antecedents of parathyroidectomy in multivariate models included younger age, female gender, white race, absence of diabetes as cause of renal disease, longer dialysis vintage, use of intravenous Vitamin D, use of peritoneal dialysis and several comorbid conditions.



Parathyroidectomy rates in U.S dialysis patients fell dramatically between 1992 and 1998. Rising parathyroidectomy rates after 1998 are alarming, and suggest that therapeutic approaches may need reappraisal.