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Contacts: Tracy Hampton • (312) 339-9067 • thampton@nasw.org
Bob Henkel • (202) 557-8360 • bhenkel@asn-online.org

KIDNEY DISEASE MAY INCREASE HOSPITALIZED PATIENTS' RISK OF COMPLICATIONS

Highlights

- In a study of hospitalized patients, those with chronic kidney disease were 19% more likely to experience hospital acquired complications than patients with normal kidney function.
- There was a graded relation between the risk of complications and kidney disease severity.

An estimated 26 million people in the United States have chronic kidney disease.

Washington, DC (May 12, 2016) — Patients with chronic kidney disease (CKD) may be at an increased risk of experiencing complications when hospitalized, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). This risk continues to rise as the severity of CKD increases.

Unintended injuries or complications can occur in hospitalized patients, and certain patient populations may be especially vulnerable to experiencing them. Because CKD is common and associated with a high risk of hospitalization, a team led by Scott Klarenbach MD, MSc and Babak Bohlouli, PhD candidate (University of Alberta) wondered how frequently hospital acquired complications occur in patients with CKD.

The investigators examined information on 536,549 adults hospitalized from April 1, 2003 to March 31, 2008 from a population based cohort called the Alberta Kidney Disease Network. Of these patients, 8.5% had CKD, and they tended to be older and more likely to be admitted for circulatory system diseases than those without CKD. After adjusting for various factors, patients with CKD were 19% more likely to experience hospital acquired complications than patients with normal kidney function. There was a graded relation between the risk of complications and CKD severity, with an 81% higher risk in those with the most severe CKD.

“Determining that patients with CKD are at greater risk of hospital complications will aid the development of targeted strategies to prevent such complications in this vulnerable patient population, and will improve quality of care,” said Bohlouli.

Study co-authors include Marcello Tonelli, MD, SM, Terri Jackson, PhD, and Brenda Hemmelgarn MD, PhD.

Disclosures: The authors reported no financial disclosures.

The article, entitled “Risk of Hospital Acquired Complications in Patients with CKD,” will appear online at <http://cjasn.asnjournals.org/> on May 12, 2016, doi: 10.2215/CJN.09450915.

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