

CHRONIC KIDNEY DISEASE: MORE OVER 65s DIE WITH IT THAN FROM IT

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PEOPLE over 65 years of age with stage 4 chronic kidney disease (CKD) were more likely to die than to experience kidney failure, suggesting that more people die with CKD rather than directly because of CKD, according to research published today by the *Medical Journal of Australia*.

Professor Matthew Jose, Professor of Medicine at the University of Tasmania and Royal Hobart Hospital, and colleagues analysed linked data from the Tasmanian Chronic Kidney Disease study, for all Tasmanian adults diagnosed with incident stage 4 chronic kidney disease between 1 January 2004 and 31 December 2017. Data for a total of 6825 adults (mean age, 79.3 years; SD, 11.1 years), including 3816 women (55.9%), was analysed.

"The risk of death increased with age – under 65 years: 0.18 (95% CI, 0.15–0.22); 65–74 years: 0.39 (95% CI, 0.36–0.42); 75–84 years, 0.56 (95% CI, 0.54–0.58); 85 years or older: 0.78 (95% CI, 0.77–0.80) – while that of kidney failure declined – under 65 years: 0.39 (95% CI, 0.35–0.43); 65–74 years: 0.12 (95% CI, 0.10–0.14); 75–84 years: 0.05 (95% CI, 0.04–0.06); 85 years or older: 0.01 (95% CI, 0.01–0.02)," the authors reported.

"Three important conclusions can be drawn from our study: for people with stage 4 CKD, the 5-year risk of kidney failure declines with age; the risk of death is greater than that of kidney failure for those over 65 years of age; and the risks of death and kidney failure for people over 65 are each greater for men than women.

"People over 65 years of age with stage 4 CKD were more likely to die than to experience kidney failure, suggesting that more people die with CKD rather than directly because of CKD," Jose and colleagues wrote.

"When kidney replacement therapy pathways are well defined and supported, disease management typically focuses on dialysis or transplantation; the pathway to supportive (non-dialysis) care is less well defined, and differences between renal units are greater.

"[...] mortality risks should be considered when discussing future kidney failure treatment options for patients over 65 years of age."

Currently clinical guidelines recommend that patients be referred to kidney specialists, in order to prepare for kidney failure or kidney replacement therapy.

Jose and colleagues wrote that their findings showed that "clinical guidelines should recognise competing risks of death in older people with severe kidney disease, and consider holistic, supportive care, not just kidney replacement therapy."

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CONTACTS:

Prof Matthew Jose
Professor of Medicine
University of Tasmania
Ph: 03 6226 4245 or 0438 689 446
Email: matthew.jose@utas.edu.au