



Renal Healthcare: Preliminary Results Of The Pilot Program

Targeted To Public Assistance Population

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Background

The Uruguayan Society of Nephrology, **National Fund of Resources**, and the Renal Unit of Maciel Hospital (Public Assistance) have implemented a pilot program with the goal of improving care in chronic kidney disease (CKD) patients (pts) by early diagnosis and referral to nephrologists, at the same time it will diminish costs by reducing the incidence to dialysis treatment and the number of pts that begin dialysis without a permanent access.

Objective

Improve the Renal Healthcare and Outcomes of the Public assistance population of the West- side of Montevideo (144000 inhabitants)

Methods

Prospective descriptive study (October 1st 2004 to July 31 2005)

Nephrologists attended pts at 8 clinics referred by primary care physicians or directly from laboratory when creatininemia was ≥ 1.5 mg% or proteinuria ≥ 0.5 g/l

A social worker called all pts who failed to **attend** to subsequent appointments.

The patient's demographic characteristics, co morbidities and the clinical and laboratory data of the initial and subsequent visits were registered.

The quantitative measures were analyzed by media and standard deviation and when compared with the final control data by t test for dependent measures; the qualitative data were analyzed by proportions.

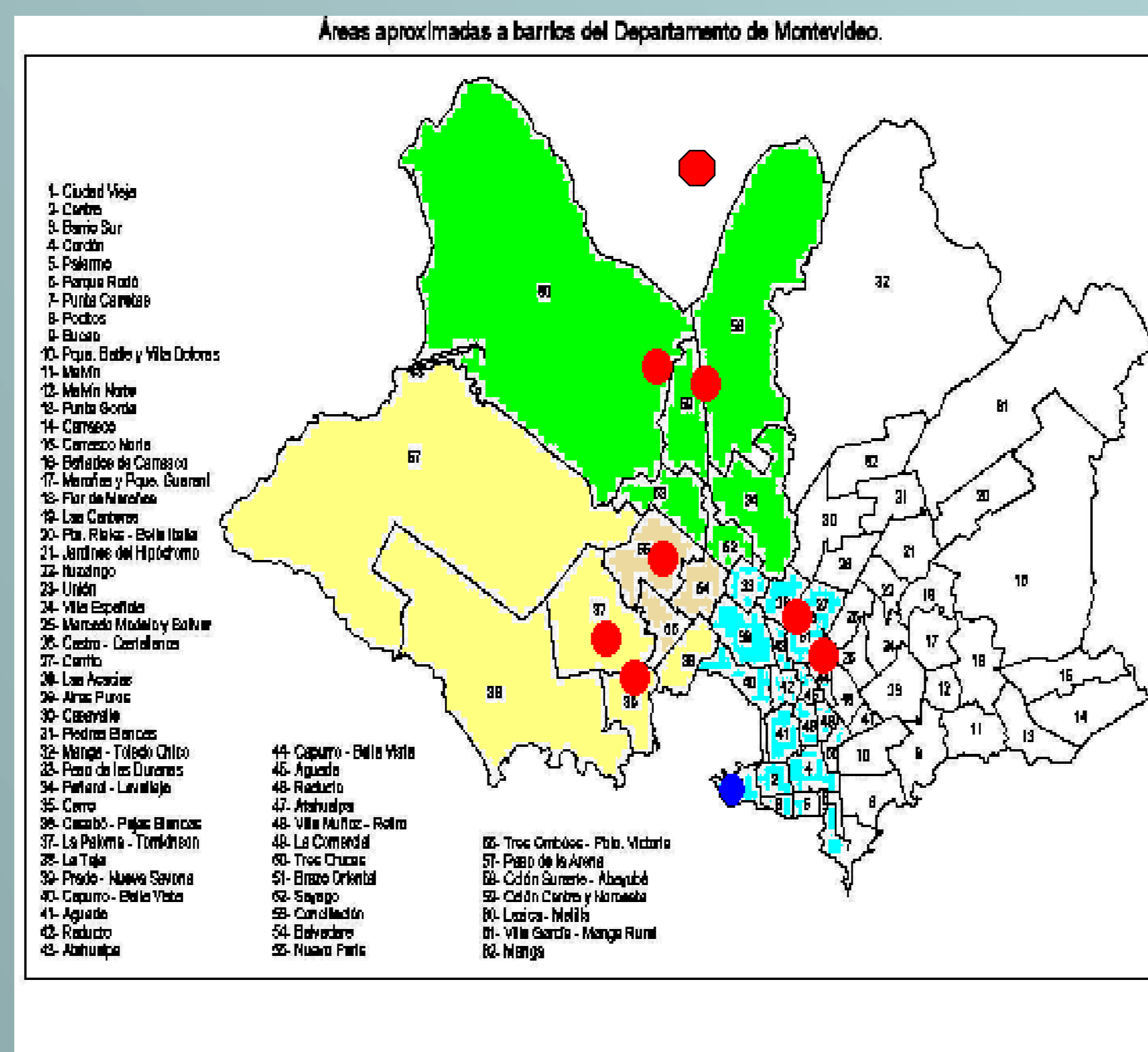
Results 303 patients

Sex: women: 164 (54.1 %)

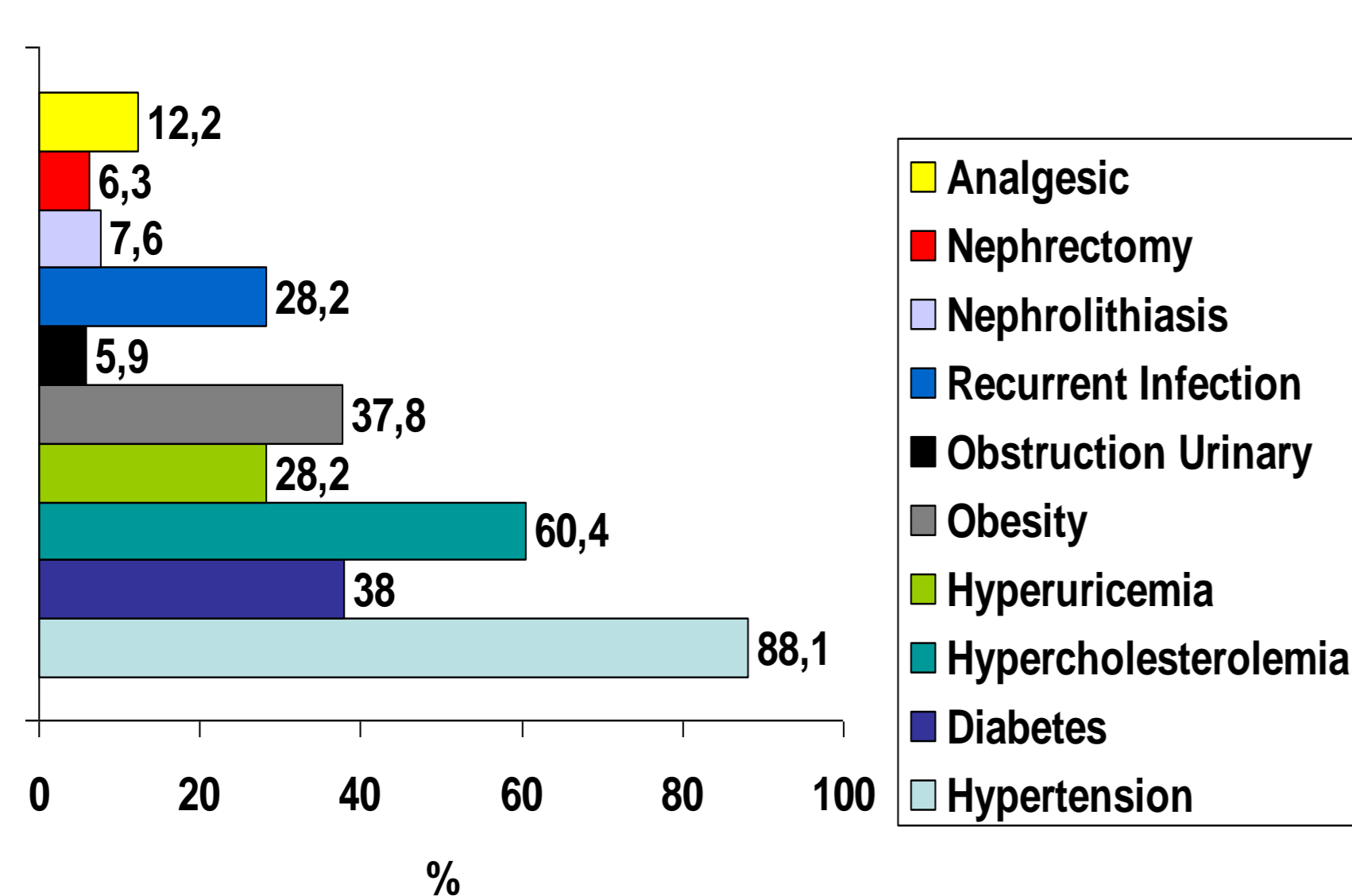
men 139 (45.9%)

Age: 65 ± 14 years (53% \geq 65 ys)

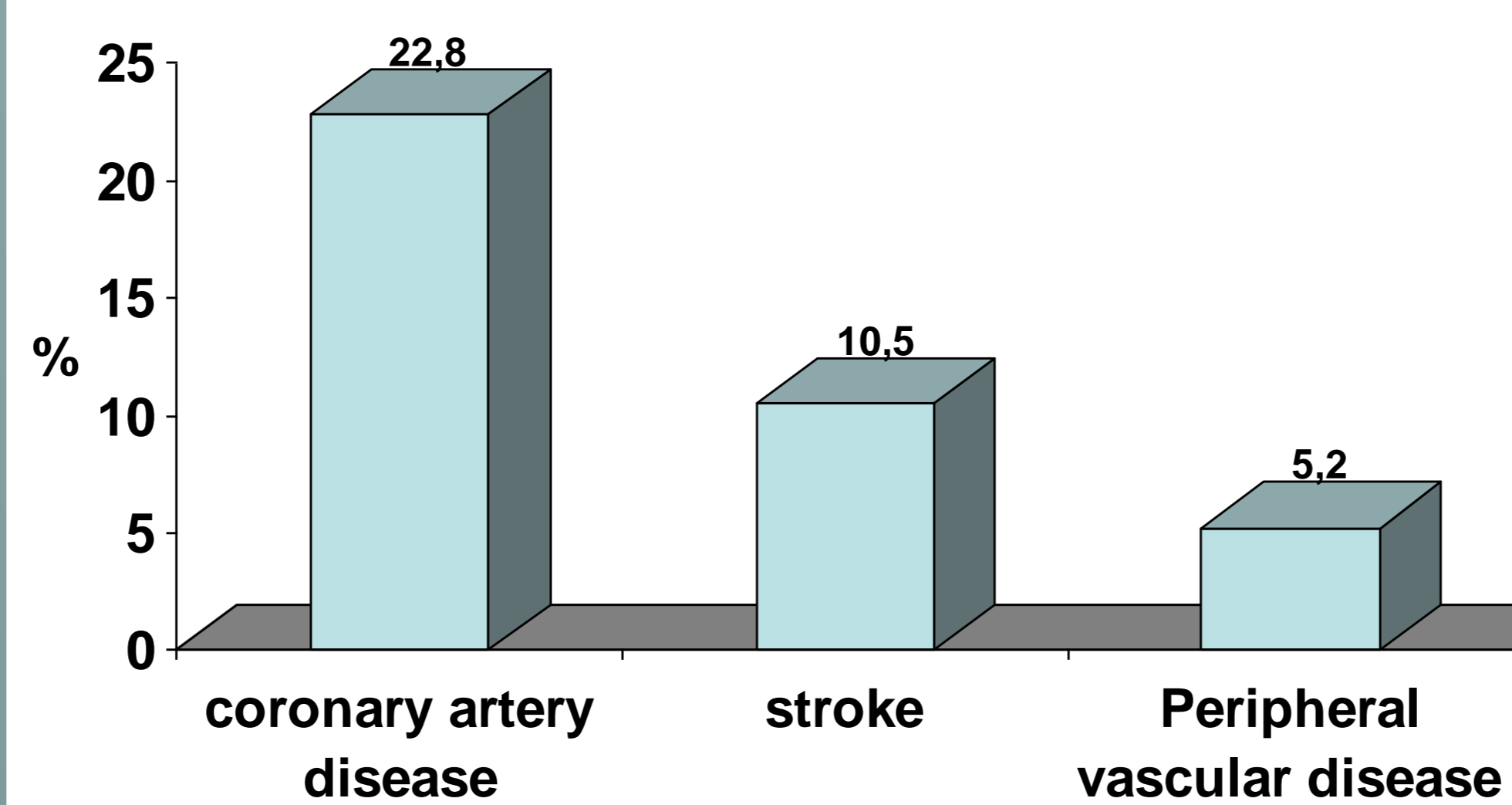
Race: predominantly white (93.4%).



Risk Factors for CKD



Cardiovascular Comorbidities



Laboratory data at first visit	Level (SD)
Creatinine	1.8 (0.9) mg/dl
Glomerular Filtrate (MDRD)	43.6 (18.1) ml/min
Hemoglobin	12 (5.5) g/dl
Cholesterolaemia	230 (53) mg/dl
Triglycerides	207 (144) mg/dl
LDL	144 (44) mg/dl
Uric Acid	6.9 (2.2) mg/dl
Serum albumin	4.2 (0.5) g/dl

Table I- Frequency of Stages of CKD. West Montevideo. October 1st- July 31st

Stage CKD (ml/min)	N	%
Stage I (≥ 90)	8	2,8
Stage II (60-89)	27	9,3
Stage III (30-59)	189	65,4
Stage IV (15-29)	53	18,3
Stage V (<15)	12	4,2
Total	289	100

Table II- Etiology of CKD West Montevideo. October 1st- July 31st

Etiology	N	%
Primary Glomerulopathy	15	5
Tubulointerstitial Disease	2	0,7
Obstructive nephropathy	19	6,3
Diabetic Nephropathy	58	19,1
Vascular Disease	148	48,8
Others	16	5,3
Without Diagnosis	45	14,9
Total	303	100

Table III- Control Differences afer 3 months of treatment (N=116)

	First visit	3rd month
Median SAP (mm Hg)	152	147
Median DAP (mm Hg)	85	81
Median GFR (ml/min)	41	42
Median Cholesterolaemia (mg%)	233	206 (*)
Median LDL (mg%)	140	121 (*)
Statin use (%)	12	40 (*)
ACEI use (%)	63.2	82.2

* p < 0,05

Outcomes N (%)

In control	286 (94,5)
Dead	4 (1,3)
Predialysis clinic	10 (3,2)
Dialysis	3 (1,0)

Conclusions.

The implementation of the pilot program shows that some corrective measures are necessary, beginning with strengthens earlier reference to nephrologists.

It's our goal to have the necessary conditions in place to be able to implement this program in the rest of the country