

## **CHRONIC KIDNEY DISEASE IS SIGNIFICANTLY UNDERRECOGNIZED AMONG VA PRIMARY CARE USERS**

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One of the suspected problems in care of patients with chronic kidney disease (CKD) is underrecognition of their disease by healthcare providers. The Department of Veterans Affairs (VA) provides care to a large population with a high prevalence of CKD. The goal of this study was to assess the frequency of CKD recognition among patients receiving primary care at the VA.

We employed a cross-sectional analysis of individuals who received healthcare at VA medical facilities throughout the United States during 2002. We obtained a 10% random national sample from this population and included only patients who received primary care at the VA. CKD was defined as the presence of two estimated glomerular filtration rates (eGFRs) <60 mL/min/1.73m<sup>2</sup> (simplified MDRD equation) separated by 90 days according to NKF K/DOQI staging definitions. CKD recognition was defined by the presence of any of the following: a diagnostic code related to kidney disease or care by a nephrologist.

Among the 354,468 patients in our cohort, 78,563 had at least two eGFR values available during the study period and of these 20,923 (26.6%) had CKD by eGFR criterion. Overall, 35.4% of patients with CKD had evidence of disease recognition, ranging from 30.6% for stage 3 to 92.2% for stage 5 CKD. CKD recognition differed substantially among the following subgroups: non-white (55.7%) vs white race (33.3%), men (35.9%) vs women (15.8%). Recognition of CKD did not vary significantly by age: <65 yrs (37.6%) vs ≥65 yrs (34.8%). After adjusting for other important factors, female gender (OR=0.34; 95% CI: 0.27-0.43) and white race (OR=0.43; 95% CI: 0.39-0.47) were independently associated with less CKD recognition.

Recognition of CKD, defined by eGFR criterion, among patients receiving primary care at the VA is quite low, especially among those who are white or female.