

CHARACTERIZING TREATMENT OF STAGE 3 CHRONIC KIDNEY DISEASE (CKD) AMONGST HISPANICS, AFRICAN-AMERICANS (AA), AND CAUCASIANS. Salman Waheed, Rajeev Rohatgi, Department of Medicine, James J. Peters VA Medical Center, Bronx, N.Y, USA.

Hispanics and AA are disproportionately represented in the end stage renal disease (ESRD) population compared to Caucasians because of genetic and environmental factors. We hypothesize that differences in treatment of early stage CKD contribute to the disproportionate number of minorities with ESRD. Patients with an abbreviated MDRD eGFR of 30 to 59 ml/min/1.73 m² and a self-reported ethnic designation of Hispanic, AA, or Caucasian were identified, and the following data abstracted for each individual: blood pressure (BP), diagnosis (dx) of hypertension (HTN) and/or diabetes (DM), and utilization of ACE inhibitor (ACEi) or angiotensin receptor blocker (ARB). 290 Hispanic, 374 AA and 620 Caucasian patients with stage 3 CKD were identified.

Table 1. Characteristics of Hispanics, AAs, and Caucasians with CKD

	Hispanics (n=290)	AA (n=374)	Caucasians (n=620)
Dx of HTN (%)	242 (83.4)	324 (86.6)	519 (83.7)
ACEi/ARB use (%)	188 (64.8)	235 (62.8)	389 (62.7)
Dx of DM (%)	109 (37.6)#	147 (39.3)#	169 (27.3)
Systolic BP (mm Hg)	134#	130	130
Diastolic BP (mm Hg)	72#	72#	70

#p<0.05 compared to Caucasian group

The diagnosis of hypertension as well as ACEi/ARB utilization did not differ significantly between any of the groups (Table 1). However, diabetes was more prevalent in Hispanics and AA than in Caucasians (Table 1). Systolic and diastolic BP was higher in Hispanics than in Caucasians, while only diastolic BP was higher in AA than in Caucasians (Table 1). In sum, a higher prevalence of diabetes and higher BPs were found in Hispanics and AA compared to Caucasians which may contribute to the disproportionate number of minorities who develop ESRD, but treatment of CKD, defined by utilization of ACEi/ARB, was similar across groups.