

## **CHRONIC KIDNEY DISEASE IN THE US: KEEP AND NHANES**

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CKD is increasing in the US along with the exponential growth of type 2 diabetes mellitus. Silent and undetected until advanced stages, CKD is a global public health problem. The Kidney Early Evaluation Program (KEEP) is a targeted, community-based health screening program enrolling individuals aged  $\geq 18$  years with diabetes, hypertension, or family history of CKD, diabetes, or hypertension. Participants who had received transplants or were on regular dialysis treatment were excluded from this analysis. The National Health and Nutrition Examination Survey (NHANES) 1999-2004 is a nationally representative cross-sectional survey. Of the 73,460 KEEP participants, 16,689 (22.7%) were found to have CKD. In the matched NHANES sample of 14,632 participants, 2734 (15.3%) had CKD. KEEP participants were more likely to be female and have completed high school. There was a graded relationship between obesity (body mass index  $\geq 30$  kg/m<sup>2</sup>), diabetes, hypertension, and cardiovascular disease and decreasing estimated glomerular filtration rates in both groups. A higher prevalence of CKD was detected in the KEEP screening than in the NHANES data. While demographics differed somewhat, likely due to different screening strategies, the two cohorts overall displayed similar clinical risk factors for CKD patients. Though not truly representative of the US population, KEEP is a good population for CKD research because of its high CKD yield rates.