

EVALUATION OF RENIN ANGIOTENSIN SYSTEM (RAS) BLOCKADE THERAPY IN RENAL TRANSPLANT CLINIC

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Introduction: Treatment with RAS blocking agents in renal transplant patients is evolving. We undertook a chart review of our transplant clinic patients to assess the incidence of RAS therapy as per indication for its known cardiovascular protection

Methods: We randomly surveyed 100 charts of patients visiting renal transplant clinic for last 24 months. Information was obtained on Demographics, Medical history, average blood pressures from the last 3-4 office visits and recent 2D ECHO, Hemoglobin levels, potassium levels and renal functions by MDRD. Baseline characteristics as well as outcomes were assessed using Chi-square test and ANOVA.

Results: Patients receiving RAS blockade tended to have a lower mean systolic blood pressure (135 vs. 141; $p=0.04$). Further, RAS blockade appeared to be a part of multiple drug regimen usually 4 or more (36% RAS vs. 8% on Non RAS regimen; $p=0.007$).

Twenty one out of 46 (45.6%) diabetic patients were on RAS blockade. Among the remaining 25/46 (54.3%) patients, 12/25 (48%) could not tolerate RAS blockade because 9 patients had hyperkalemia, and 3 patients had increasing creatinine and hyperkalemia. No clear reason was mentioned for not instituting RAS therapy in 13/25 (52%) of these patients.

Eleven patients with history of CAD and CHF were not on RAS blockade. 7/11 (63.6%) due to hyperkalemia and increasing creatinine. 2/11 patients with severe cardiomyopathy and 1/11 patient with CAD could not be treated with RAS blockade due to many episodes of acute renal failure. 2/3 patients with CVA were not on RAS blockade due to increasing creatinine and one due to hyperkalemia.

Conclusion: Our evaluation suggests underutilization of RAS Blockade due to hyperkalemia and increased serum creatinine and undocumented reason in some diabetic patients.