

INTERDISCIPLINARY CARE AT CKD CENTERS ASSISTS WITH BP CONTROL, ANEMIA MANAGEMENT, AND DIABETES CONTROL AND SLOWS THE PROGRESSION OF CKD

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Interdisciplinary, evidence- based practice (K/DOQI) implemented in our chronic kidney disease centers facilitates stabilization of CKD progression. The prevention of and /or delay of dialysis is evident by diligent blood pressure control, anemia management, diabetes control and early use of an ACE/ARB.

The sample consist of a total of 180 active CKD patients followed at Euclid and Hillcrest CKD centers of Cleveland Ohio; 82(45.6%)females, 98(54.4%) males, 21(11.7%) African American, 158(87.8%) Caucasian, 1 (0.6%) Asian. The average age is 76.4 years. The stages of chronic kidney disease range between 2 and 5. Data collection of GFR, BP, Hgb/Hct, HgbA1C, ACE/ARB use and anemia protocol management was reviewed and analyzed from the initial clinic visit, visits in 2007 and visits in 2008. The average initial BP 139/69, average BP 1 year ago 132/66, average BP year to date is 132/67, there was a 4.5% reduction in SBP, and a 2.9% reduction in DBP. 79% of patients were on the anemia management protocol (ESA, Vit B12, and IV iron therapy). The initial average Hgb 10.9G/DL, average Hgb 1 year ago 11.9G/DL, average Hgb year to date 11.8G/DL, resulting in an increase of 7.7%. The initial average Hct. was 33.9%, 1 year ago 36.4%, year to date 36.9%, resulting in an 8.8% increase, initial A1C 6.96% average, 1 year average 6.89%, year to date 6.8%, reduction of 2.3% A1C. ACE/ARB use is 75.6%(136 pt), intolerance 12.2% (22 pt), no ACE/ARB 12.2%(22 pt). Initial GFR average 33.7ml/min/1.73sq.m, 1-year average 34ml/min/1.73sq.m, and year to date 34.3ml/min/1.73sq.m, which shows stabilization of GFR with slight increase of 1.6%

The progression of CKD can be slowed with the continual management of diabetes, HTN, anemia control and early initiation of an ACE/ARB. This is evident by the attainment of a stabilized GFR (with slight increase), average BP 132/67 and Hgb of 11.8G/DL, and A1C 6.8%, all of which have met or nearly reached the K/DOQI guidelines of best practice