

DIABETES MELLITUS AND CKD AWARENESS: THE KIDNEY EARLY EVALUATION PROGRAM AND NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

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Diabetes contributes to increased morbidity and mortality for chronic kidney disease (CKD) patients. Lack of CKD awareness is common; early identification through targeted screening programs is important in developing preventive strategies.

This is a cross-sectional analysis of KEEP and National Health and Nutrition and Examination Survey (NHANES) 1999-2006 data. KEEP is a community-based health screening program enrolling participants aged ≥ 18 years with diabetes, hypertension, or family history of kidney disease, diabetes, or hypertension.

Of 77,077 KEEP participants, 20,200 were identified with CKD and 23,082 with diabetes. Corresponding values for 9536 NHANES participants were 1743 and 1127. Diabetic KEEP participants with CKD stages 1 and 2 tended to have higher mean systolic blood pressure, body mass index, and triglycerides than nondiabetic participants across glycemia levels. Unaware diabetic participants with comorbid hypertension or obesity, or family history of diabetes, were less likely than those without the conditions to reach target glucose levels. Of diabetic and non-diabetic participants unaware of CKD, those identified with stages 1 and 2 CKD were less likely to reach target glucose levels than those with stages 3-5.

KEEP and NHANES data are congruent regarding higher diabetes prevalence in CKD. Lack of CKD awareness in diabetic participants highlights the relative impact on several comorbid conditions. As a targeted screening program, KEEP may represent a higher-risk and more motivated population.