

BURDEN OF CHRONIC KIDNEY DISEASE IN AMBULATORY HIV PATIENTS

Michael Eadon¹, Adam Frome^{1,2} and Venkat Ramanathan^{1,2}

¹Department of Internal Medicine, ²Section of Nephrology, Harris County Hospital District, Baylor College of Medicine, Houston, TX

Chronic Kidney Disease (CKD) is often under-recognized in ambulatory HIV patients leading to suboptimal CKD care. The aim of the study is to determine the prevalence of CKD and electrolyte abnormalities among HIV-infected patients at the time of referral to a dedicated HIV clinic.

In this retrospective study, we identified 150 consecutive HIV-infected patients who were seen as "new patient referrals" at Thomas Street HIV clinic over a 50-day study period. Clinical and lab data were collected. GFR was estimated using MDRD equation. Of the total 150 patients newly enrolled, approximately 9% of patients had history of diabetes and 15% had hypertension. Hepatitis C serology and RPR was positive in 24% and 17% of patients respectively. Absolute CD4 count was ≤ 200 in 42% of patients and ≤ 50 in 22% of patients. Forty-five (30%) patients had evidence of CKD (Stage I and II combined 23%, Stages III, IV and V 3%, 0.6% and 3% respectively). Hyponatremia, hypokalemia, hyperkalemia and metabolic acidosis were present in 8%, 6%, 4% and 13% respectively. Of the 88 patients who had urinalysis checked at the time of first visit, 41 patients (47%) had persistent proteinuria.

In summary, there is a significant burden of CKD among HIV-infected patients newly referred to HIV ambulatory clinic. This awareness will permit early recognition of kidney disease and better delivery of CKD care in this population.