

Care after a hospitalized AKI event

Areef Ishani, MD MS

Investigator, USRDS

Chief, Section of Nephrology

Minneapolis VAHCS

University of Minnesota

USRDS

Inclusion criteria

- **Enrollment in Medicare Part A & B in 2007**
- **No history of either a hospitalization event with an AKI diagnosis or ESRD in 2007**
- **Age \geq 66 yr on December 31, 2007;**
- **Residence in the 50 states or the District of Columbia**

Definitions

- **CKD – required either 2 outpatient or 1 inpatient claim in the year 2007**
- **AKI defined as a hospitalization with AKI (584.x) as either the primary or a secondary diagnosis**
 - **Incident – first AKI hospitalization occurring in 2008**
 - **Recurrent – subsequent (discrete) hospitalization occurring in 2008 or 2009**

Definitions (cont.)

- AKI requiring dialysis – AKI as above plus a dialysis code from the hospitalization
- Drug information – required Part D enrollment during the 90 days prior to the AKI hospitalization and from the discharge until either a) change in insurance b) death or ESRD or c) study end

With Part D

1st AKI

14,954 (54.1%)

- CKD (5,589)
- Dialysis (550)

2nd AKI

3,955 (57%)

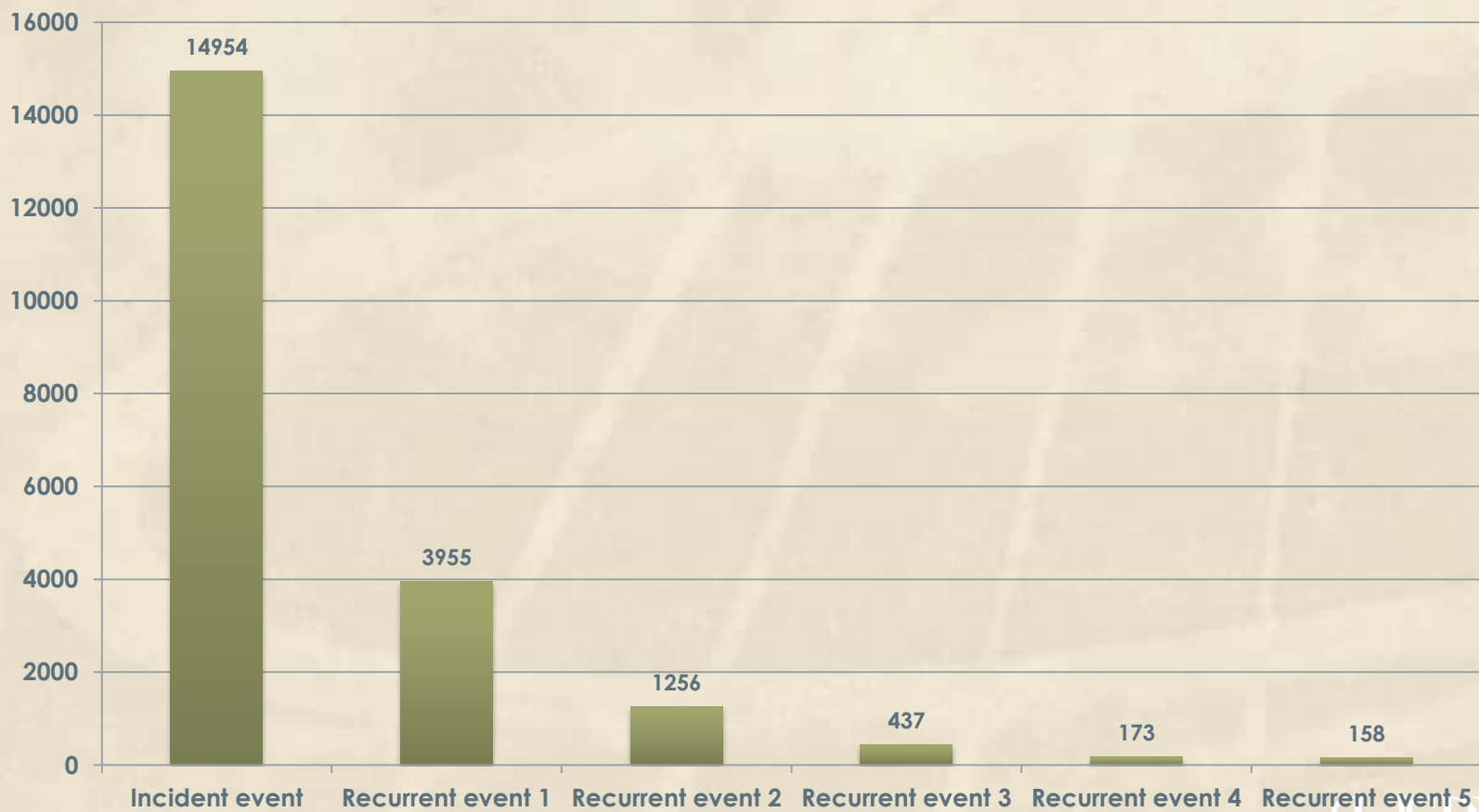
No Part D

1st AKI

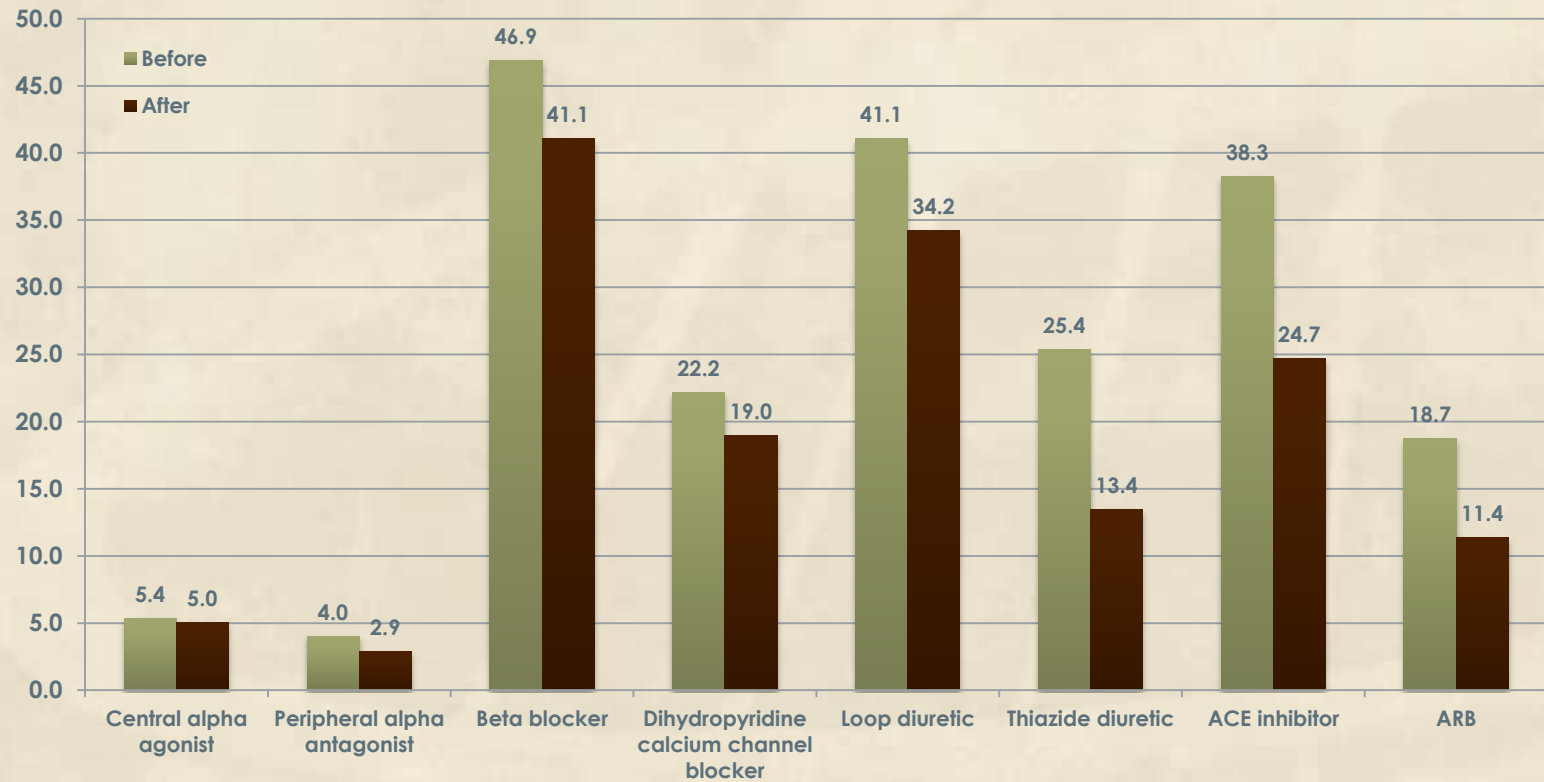
12,685 (45.9%)

2nd AKI

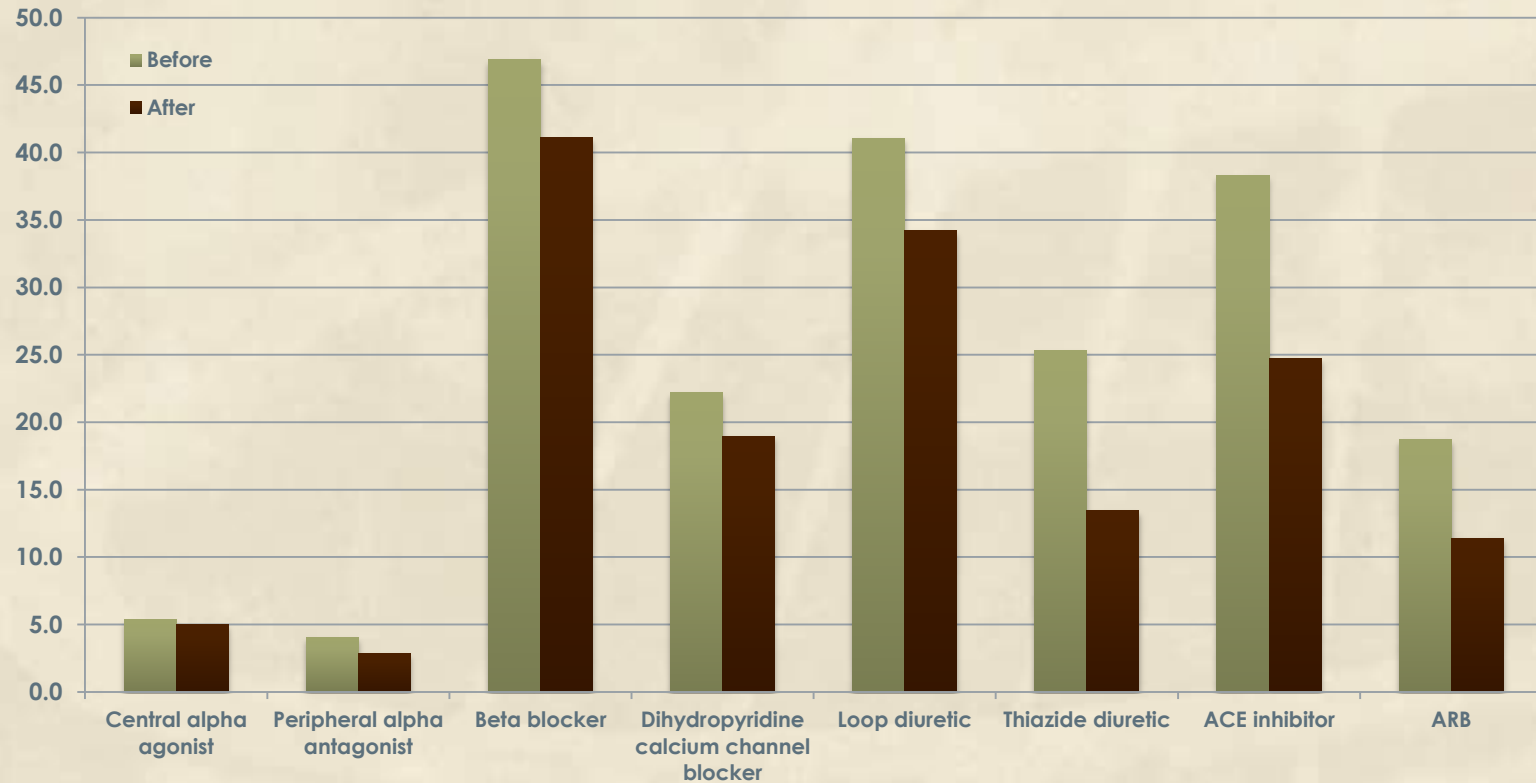
2,983 (43%)



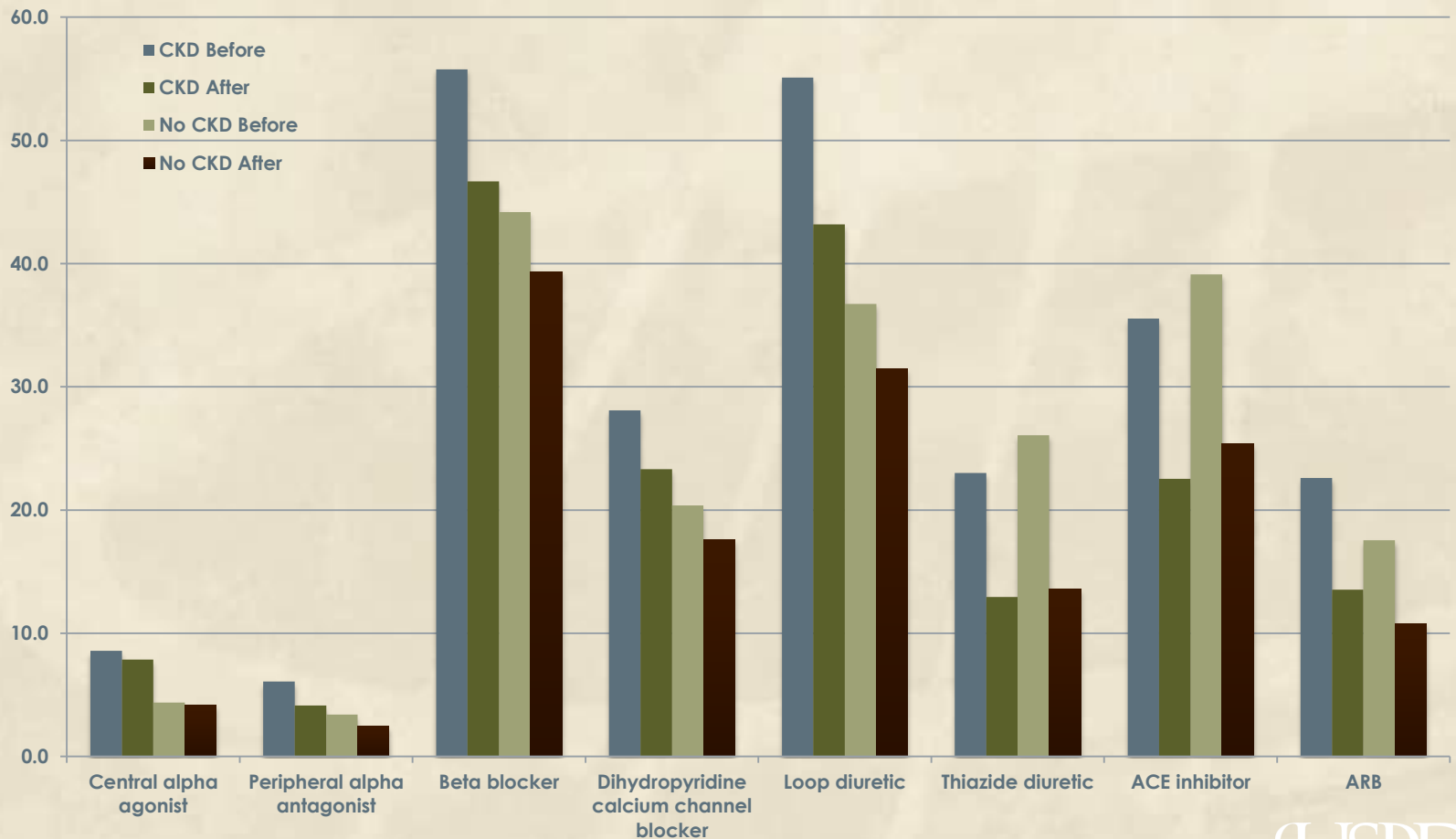
Drug use before/after AKI



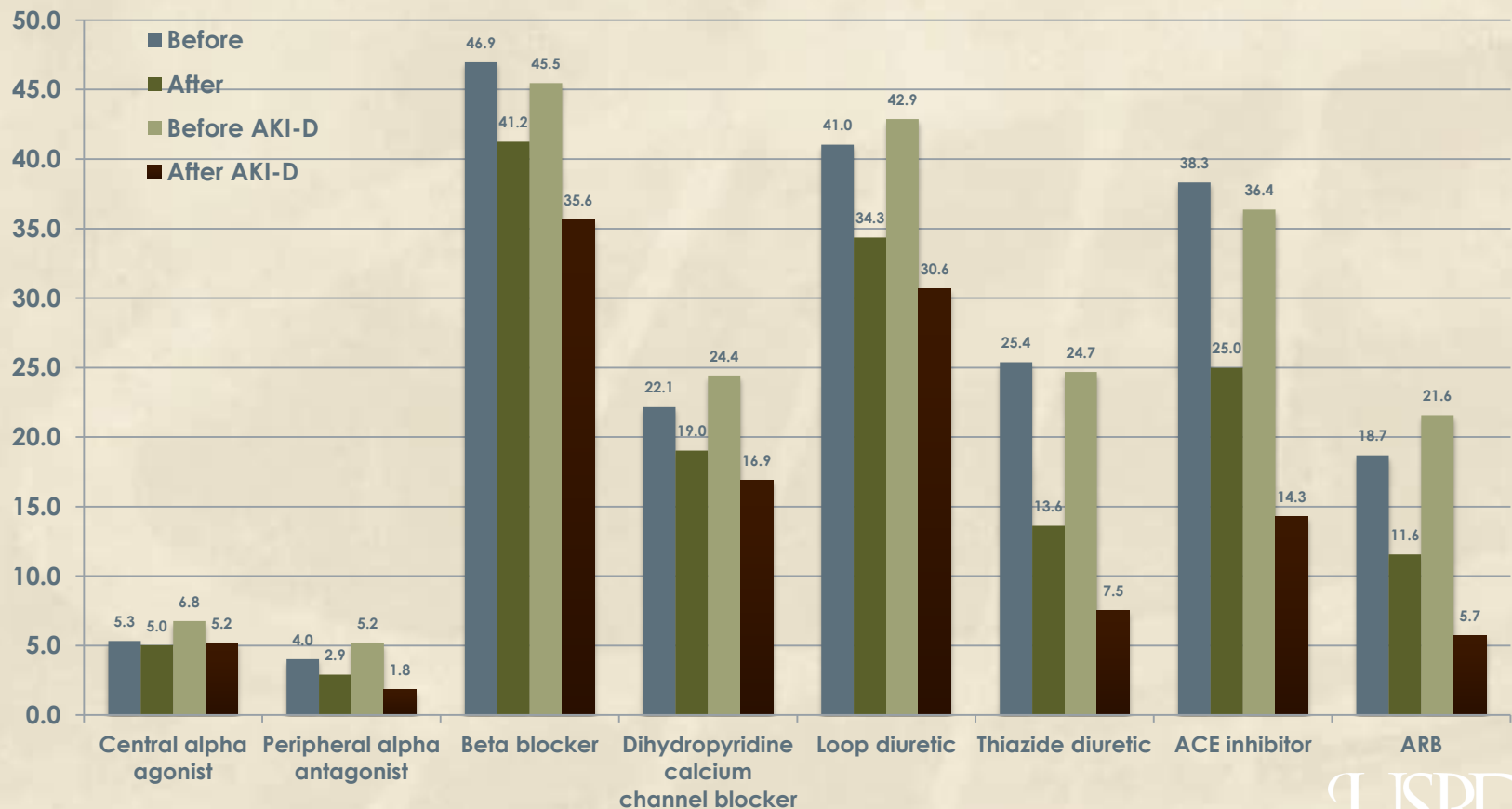
Drug use before and after a recurrent AKI event



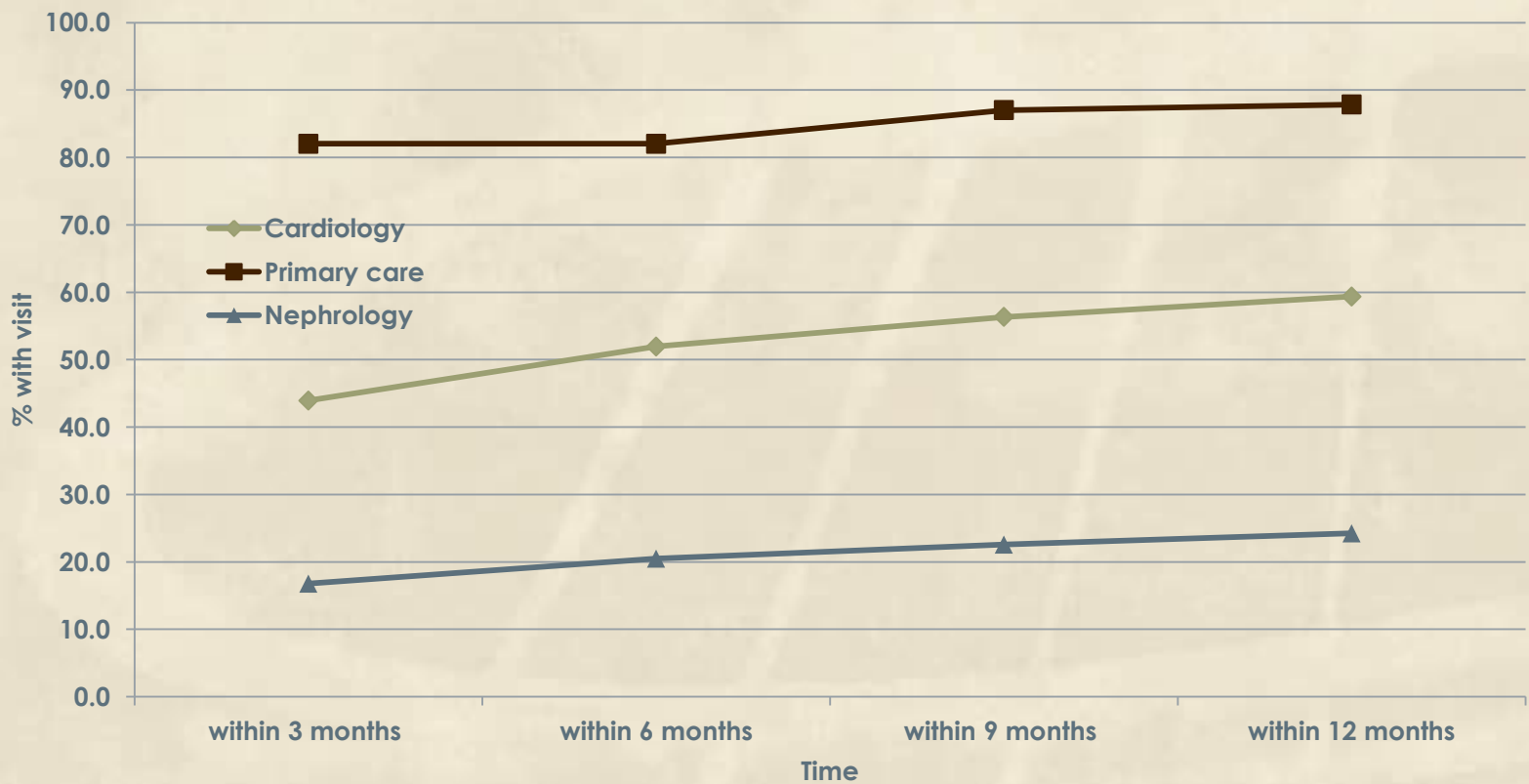
Drug use in patients with and without CKD



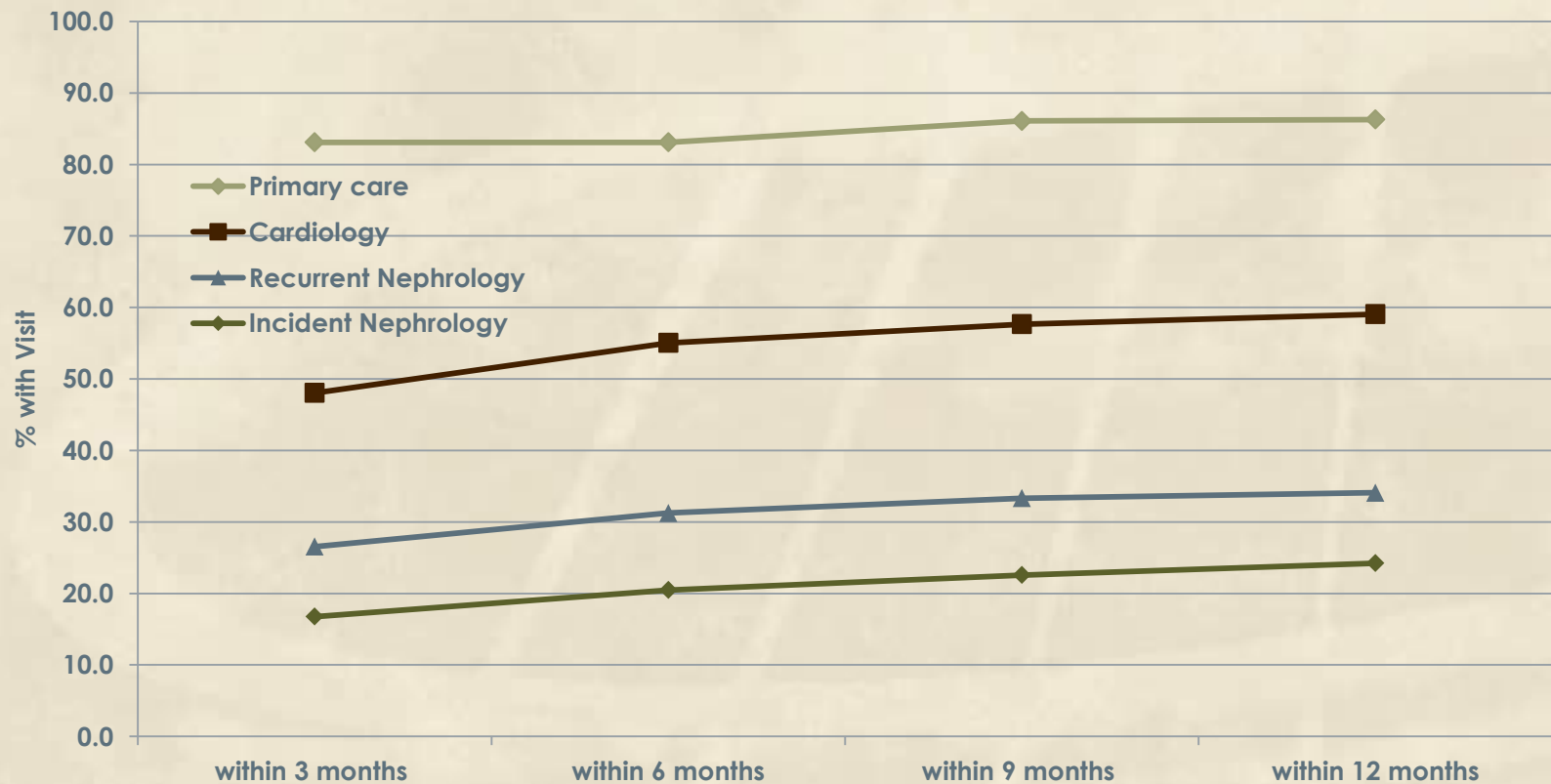
Drug use in patients with and without AKI requiring dialysis



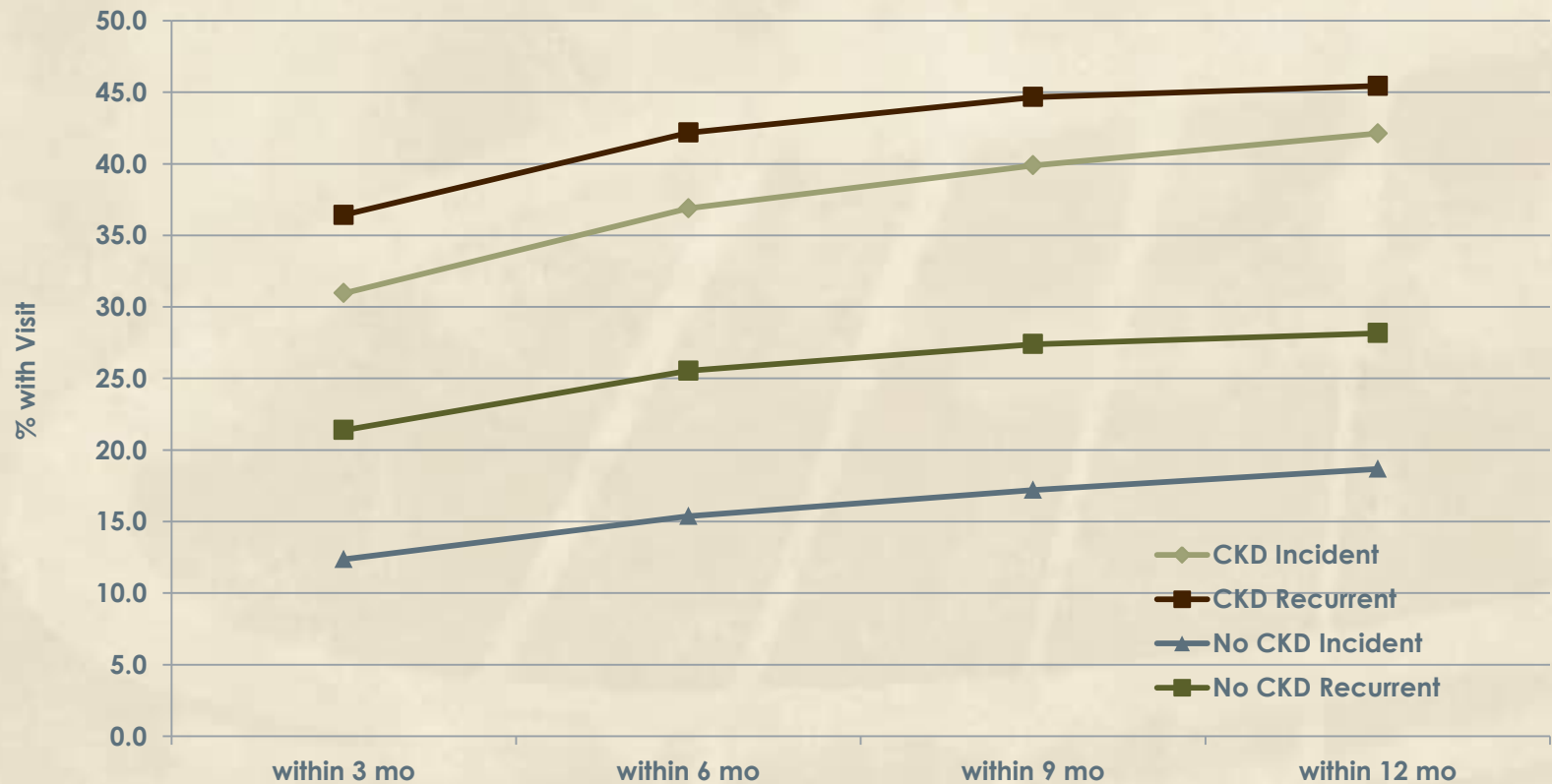
Visits After an Initial AKI discharge



Visits in the year after a recurrent AKI discharge



Patients with a nephrology visit after an AKI hospitalization, by CKD status



Conclusion

- Recurrent AKI is common
- There is a decrease in the use of cardioprotective drugs after both AKI and recurrent AKI events
- Few patients see a nephrologist after an AKI event
 - This is true whether they have CKD, required acute dialysis or have had multiple hospitalized AKI events
- Future studies should target this population as they are at high risk for adverse health outcomes and appear to be receiving sub-optimal care