

조혈제 보험 기준 변경이 투석 전 만성콩팥병 환자의 빈혈에 미친 영향

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Impact of Reimbursement Change of ESAs on Management of Anemia in Patients with Non-Dialytic Chronic Kidney Disease

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Background: Anemia is common in patients with chronic kidney disease (CKD). The correction of anemia with erythropoiesis-stimulating agents (ESAs) is of particular financial interest. Recently, use of ESAs in non-dialytic patients was reimbursed by Korean National Health Insurance System and it enabled physicians to use ESAs in non-dialytic CKD patients at half the previous cost. In this study, we investigated the prescription rate of ESAs and the status of anemia control before and after reimbursement.

Methods: Medical records of patients with non-dialytic CKD stage 4, 5 (eGFR <30 ml/min/1.73m²) were reviewed in one tertiary medical center. The prescription of ESAs, Hb, estimated GFR, history of transfusion, and iron supplementation at 6 months before, 6 months and 12 months after the change of reimbursement criteria.

Results: A total of 607 medical records were analyzed. The mean age of patients was 59.2±14.5, and mean eGFR was 19.10±6.80 ml/min/1.73m². The proportion of patients received ESAs was 20.6% before reimbursement while the proportion was increased to 37.5% at 6 months and 40.4% at 12 months after reimbursement (p<0.001). Especially, 36.9% of patients with Hb <10 g/dL were prescribed ESAs before reimbursement, whereas 57.7%, and 64.0% of those patients at 6 months and 12 months after reimbursement (p<0.001). However, neither mean Hb nor the proportion of patients with Hb <10 g/dL was changed. Mean Hb was 9.60±1.97 g/dL before reimbursement, 9.34±1.83 g/dL, and 9.71±1.78 g/dL and at 6 months and 12 months after reimbursement (p=0.195). The proportion of patients with Hb <10 g/dL was 51.0% before reimbursement, 59.9%, and 56.8% at 6 months and 12 months after reimbursement (p=0.458). The requirement of red blood cell transfusion was 0.46 pint/person-year before reimbursement, 0.32 pint/person-year, and 0.15 pint/person-year at 6 months and at 12 months after reimbursement (p=0.001).

Conclusions: With reimbursement of ESAs in patients with nondialytic CKD, the prescription rate of ESAs in the population was increased. Although mean hemoglobin levels did not change in the population, the requirement of red blood cell transfusion was significantly decreased.

Key Words: 빈혈, 조혈제, 만성콩팥병

Anemia, Erythropoietin, Chronic kidney disease