

Anemia and Iron Therapies in Korea

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Anemia is common in patients with advanced chronic kidney disease. The practice pattern of anemia treatment is based on clinical guidelines, economic factors, differences in national reimbursement policies, etc. The Clinical Research Center for End Stage Renal Disease (CRC for ESRD), supported by the Korean Ministry of Health and Welfare, was established in November 2008 with the goal of improving survival and quality of life in Korean patients with ESRD and establishing clinical practice guidelines through a nationwide, multicenter, prospective observational cohort study. This study aimed to evaluate the practice pattern of managing renal anemia in Korea over the past 5 years using the CRC for ESRD database with international comparisons. We found that in recent years, mean hemoglobin (Hb) levels have decreased from 10.7 g/dL in year 2009 to 10.3 g/dL in year 2013 in Korean ESRD patients receiving hemodialysis despite a similar prescription rate of erythropoiesis-stimulating agents. The prescription rate of ESA was kept at similar levels throughout the study period while the prescription rate of intravenous iron increased. Compared to data from the Dialysis Outcomes and Practice Patterns Study (DOPPS) IV (2010–2011), the mean Hb and the percentage of patients with Hb level above 10 g/dL were much lower in CRC for ESRD data. In addition, the prescription rate of intravenous iron was lower than that in DOPPS countries. The ferritin level was below 200 ng/dL in approximately 50% of patients, and the TSAT was below 30% in 50–60% of patients. Considering the lower rate of intravenous iron use and the percentage of patients with iron deficiency, we suggest that an increase in intravenous iron prescription is needed to achieve better anemia control in Korean hemodialysis patients.