

만성콩팥병에서 철분제와 적혈구조혈자극제 사용에 미치는 요인 - KNOW-CKD 코호트 연구

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Low Rate of Utilization of Iron Supplement and Erythropoiesis Stimulation Agents in Chronic Kidney Disease

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Introduction: Current guidelines recommend use of iron supplement and erythropoiesis stimulating agents (ESAs) for anemia in patients with chronic kidney disease (CKD). ESAs are covered by National Health Insurance when hemoglobin (Hb) levels are lower than 10.0 g/dl in CKD 4-5 patients and can be maintained up to 11.0 g/dl in South Korea. However, the rate of utilization of proven therapy for anemia in CKD has not been evaluated.

Methods: We obtained the baseline data of 1,079 CKD stage 3-5 (non-dialysis) patients, from a prospective cohort study (KNOW-CKD) and analyzed the utilization pattern of iron and ESAs use. Iron deficiency was defined when transferrin saturation (TSAT) was <20% or ferritin level <100 ng/ml.

Results: Anemia was identified in 51.5%, and 34.1% of them had Hb <11.0 g/dl. Iron deficiency was present in 60.1% of patients with Hb <11.0 g/dl. Among them, iron with oral or IV form was supplemented in 36.6%. Likewise, ESAs were administered in 26.2% and 32.1% in patients with Hb <11.0 g/dl and <10.0 g/dl, respectively. The rate of ESA prescription was 32.1% even in patients with Hb <10.0 g/dl at CKD stage 4 and 5, respectively.

Conclusions: ESAs and iron supplements are underutilized in patients with CKD, even though they are covered by insurance. The obstacles need to be identified to maximize the beneficial effects from proven therapy for anemia.

Key Words: 빈혈, 만성콩팥병, 철분

Anemia, Chronic kidney disease, Iron