

투석 전 만성콩팥병 환자에서의 빈혈 조절

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Anemia Management in Predialytic CKD Patients

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Anemia is common in patients with chronic kidney disease (CKD). Several factors contribute to the pathogenesis of renal anemia. The primary cause is the deficiency of erythropoietin, which plays a pivotal role in regulating the survival, proliferation and differentiation of erythroid progenitor cells. Erythropoiesis-stimulating agents (ESAs), which were introduced approximately two decades ago, have replaced transfusions as a first-line therapy for renal anemia. The correction of anemia in predialysis patients by ESAs is of particular financial interest, and thus ESAs had not been frequently administered to patients not on dialysis. However, recent change of reimbursement criteria in national health insurance system enabled physicians to use ESAs widely in predialytic CKD patients.

In addition to ESAs-based therapy, iron replacement is essential for managing renal anemia. Many studies have focused on the effect of iron supplementation in CKD patients. However, most knowledge regarding iron therapy has been obtained from its use in patients receiving hemodialysis. Accordingly, less information is available about iron homeostasis and the efficacy of iron therapy in CKD patients who are not on dialysis. Although it has been reported intravenous (iv) iron therapy was more effective than oral iron therapy in treating anemia of predialytic CKD patients, iv administration requires vascular access, which involves frequent clinic visits and increased costs for patients, limiting the use of iv iron therapy in the office setting. Particularly, oral iron administration can be helpful to correct anemia, particularly in predialytic CKD patients.

Management of anemia in predialytic CKD patients is important. Now, ESAs are widely available to these patients group because of modification of reimbursement criteria. Appropriate use of iron therapy along with ESAs may be beneficial to correct anemia in predialytic CKD patients.