



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Abstract Topic : Acute Kidney Injury

Long-Term Outcomes After Severe AKI Requiring CKRT: Rethinking the Role of Post-Discharge Nephrology Care

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Objectives : The impact of outpatient nephrology follow-up after severe acute kidney injury (AKI) remains controversial. Although several studies have reported associations between nephrology follow-up and improved outcomes, prior studies primarily focused on dialysis independence as the renal outcome. Therefore, we sought to evaluate whether nephrology follow-up independently influences CKD progression after severe AKI requiring CKRT, using weighted analyses.

Methods : We conducted a retrospective cohort study of survivors of severe AKI requiring CKRT. The primary renal outcome was 12-month chronic kidney disease (CKD) progression. Secondary outcomes included time-dependent mortality. Inverse probability of treatment weighting (IPTW) was applied using baseline covariates including demographic, comorbidity, and ICU variables. Mortality was analyzed using weighted time-dependent Cox regression. Early renal recovery slope was quantified to capture renal trajectory during the acute kidney disease (AKD) phase.

Results : Among 569 survivors of severe AKI requiring CKRT, 448 patients with complete data were included in the weighted renal outcome analysis. Nephrology follow-up was associated with higher odds of CKD progression after IPTW adjustment (OR 2.58, 95% CI 1.69–3.93). When early recovery slope was added to the model, the association disappeared (OR 1.04, 95% CI 0.61–1.79). Early recovery slope independently predicted CKD progression (OR 0.0012, 95% CI 0.00029–0.00506). For mortality, weighted time-dependent Cox analysis demonstrated no significant survival benefit associated with nephrology follow-up (HR 0.73, 95% CI 0.42–1.28).

Conclusions : Outpatient nephrology follow-up was not independently associated with improved long-term renal outcomes or mortality after adjustment for illness severity and early renal recovery slope. The absence of an independent association suggests that once early renal recovery trajectory is established, current outpatient nephrology follow-up may have limited ability to modify subsequent long-term renal outcomes. Our results imply that future models of outpatient nephrology follow-up should focus on earlier, trajectory-informed interventions during the AKD phase.

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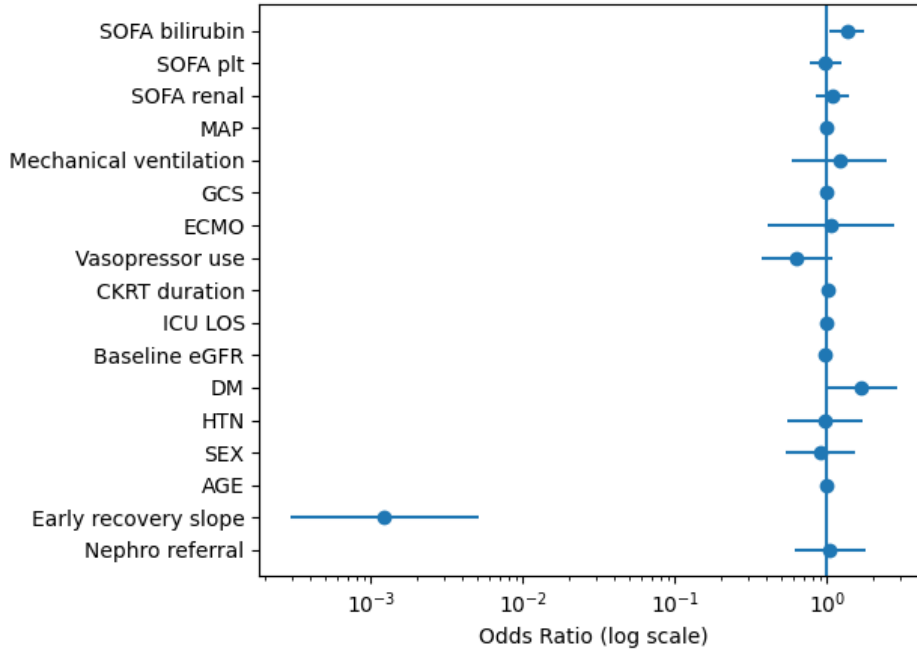
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12-month CKD Progression (Multivariable Logistic Regression)



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