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Session Topic : -
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고혈압 관련 만성콩팥병과 말기콩팥병 현황(Current Status of Chronic Kidney Disease and End-Stage Kidney Disease Related to Hypertension)

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Hypertension is one of the most prevalent modern diseases, and the 2023 World Health Organization (WHO) report refers to it as a "silent killer" that claims over 10 million lives each year. According to a systematic review and meta-analysis, treating patients with a systolic blood pressure (SBP) of ≥160 mmHg led to a 7% reduction in mortality and a 22% reduction in major cardiovascular events. The 2023 Korea National Health and Nutrition Examination Survey defined chronic kidney disease (CKD) as either an estimated glomerular filtration rate (eGFR) below 60 mL/min/1.73 m², or an eGFR ≥60 mL/min/1.73 m² with a urine albumin-to-creatinine ratio (UACR) ≥30 mg/g. Based on this definition, the standardized prevalence of CKD among Korean adults aged ≥19 years was 5.5%, with a prevalence of 6.2% in men and 4.9% in women. According to the 2024 FACTSHEET by the Korean Society of Nephrology, the number of end-stage kidney disease (ESKD) patients undergoing dialysis or having received a kidney transplant was 134,826 in 2022, a 2.3-fold increase from 58,860 in 2010. The annual incidence also rose sharply, with 18,598 new cases in 2022 compared to 9,335 in 2010. Among the causes of ESKD, diabetes was the most common at 48%, followed by hypertension at 21%. A prospective cohort study based on data from the Korean Genome Epidemiology Study (KoGES) showed that, compared to an SBP of 110–119 mmHg, the risk of developing CKD was 1.39 times higher at 130–139 mmHg, 1.79 times higher at 140–159 mmHg, and 3.22 times higher at ≥160 mmHg. Similarly, compared to a diastolic blood pressure (DBP) of 70–79 mmHg, the risk was 1.88 times higher at 90–99 mmHg and 4.30 times higher at ≥100 mmHg. Another study using data from the National Health Insurance Service–National Sample Cohort (NHIS–NSC) found that for every 10 mmHg increase in SBP, the risk of CKD increased. Specifically, compared to SBP of 120–129 mmHg, the risk was 1.16 times higher at 130–139 mmHg and 1.63 times higher at >140 mmHg, while it decreased to 0.85 times at 110–119 mmHg and 0.70 times at <110 mmHg. Based on these findings,

hypertension is a key risk factor in the development and progression of chronic kidney disease, and aggressive blood pressure control represents a practical and effective strategy to reduce such risk

Keywords: Hypertension, Chronic kidney disease, Prevalence, Incidence, epidemiology

Figure 1.jpg

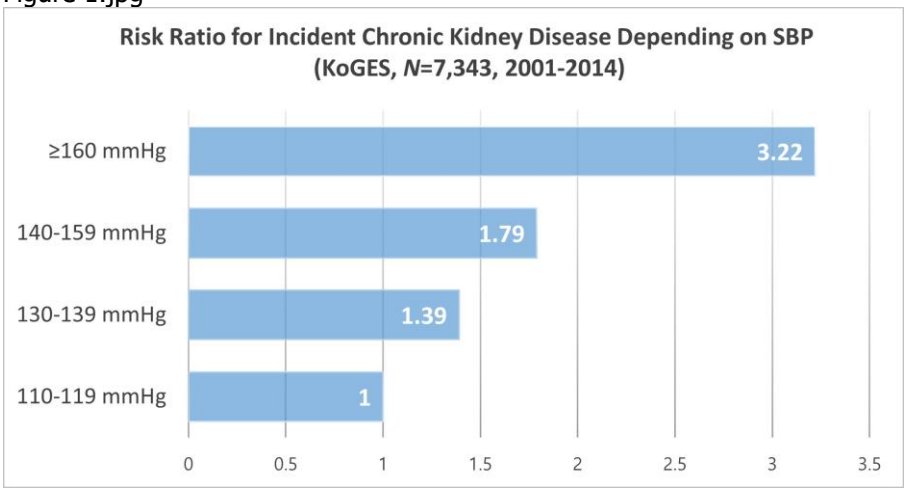

Figure 1.jpg