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Anemia in Chronic Kidney Disease Patients: Results From the KNOW-CKD Study

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Anemia is a well-known complication in chronic kidney disease (CKD) and associated with progression of CKD, poor quality of life, and increase in morbidity and mortality. We examined the prevalence of anemia, its association with clinical and laboratory factors, and utilization of iron agents and erythropoiesis stimulating agents (ESA) using the data extracted from the KoreaN Cohort Study for Outcome in Patients With Chronic Kidney Disease (KNOW-CKD), a large-scale CKD cohort in Korea. We defined anemia as hemoglobin level below 13.0 g/dL in males and 12.0 g/dL in females, or a state of being treated with ESAs. Overall prevalence of anemia was 45.0% among 2,198 non-dialysis CKD patients from stage G1 to G5ND. Diabetic nephropathy (DN) as a cause, CKD stages, body mass index (BMI), smoking, leukocyte count, serum albumin, iron markers, calcium, and phosphorus concentration were identified as independent risk factors for anemia. Considering the current coverage of Korean National Health Insurance System, only 7.9% among applicable patients were treated with intravenous iron agents, and 42.7% with erythropoiesis stimulating agents.

In this speech, various clinical manifestations, biomarkers and risk factors related with anemia across CKD stages G1 to G5ND will be presented.