

AWARENESS OF CKD IN AN GPS ITALIAN GROUP BEFORE AND AFTER AN EDUCATIONAL INTERVENTION.

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OBJECTIVES

The burden of chronic kidney disease (CKD) is high, (in Italy of 35 DOQI is about 6%) and is associated with considerable morbidity and mortality especially in its later stages. If RRT is started, the costs are substantial and forecasted to rise even more in future. The best approach to the underdiagnosis of CKD is to ensure that all health care professionals, both generalists and specialists, understand the importance of the early diagnosis of CKD. Although general screening is not recommended, physicians should be aware that older patients, diabetics, and hypertension pts, or CV disease should be systematically screened for the presence of CKD. This study investigate the underdiagnosis of CKD in primary care following an educational intervention

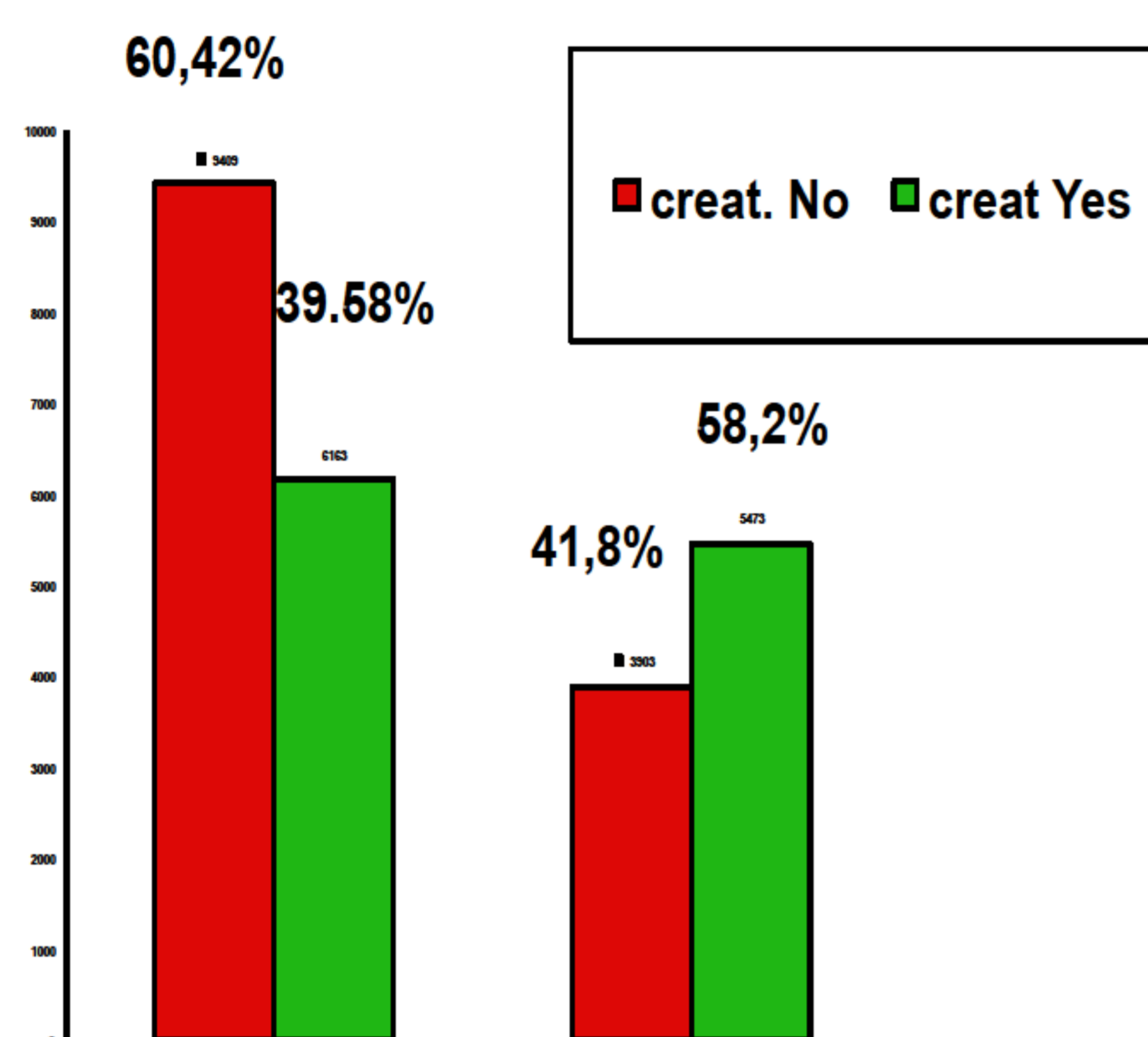
METHODS

A total of 73 GPs and involved the heads of the administrative managerial local health units. The inclusion criteria was all diabetic and hypertensive patients over 18 age referred to GPs offices within the previous year. The study consisted of two phases: The first consisted in a snapshot picture of the real situation of the investigation of kidney function (KF) by primary care. The second investigated the screening of CKD after an educational intervention. At the end of the first phase the GPs enrolled, participated to the first training session and discussion of the problem. Subsequently, the GPs extracted from their computerized databases a smaller dataset referred to patients with diabetes and hypertension. From this smaller dataset, 15572 pts, was assessed the % of requested Creatinine, eGFR estimate by MDRD, and the reported ICD9 code. In the second phase we illustrated results related to the first phase, and we underlined that CKD is potential public health problem and the importance of an early assessment of KF. After six months we extracted a dataset of data of patients referred to primary care in this space of time

RESULTS

We have selected 15572 patients of which 6163 (40%) have had a creatinine assessment. Of which 979 were in class 35 DOQI; (16%) only 271 patients were correctly attributed to the related ICD9 code (27%). After the educational intervention we had 9376 pts referred in six months to primary care office and 5473 creatinine prescribed 58%. This corresponds to a relative increase of +45% and an absolute increase of +18% compared to the baseline. In the first phase the patients in DOQI class 35 were about 15% (quite the same of the second phase) while the attribution of ICD9 code were up to 35% from 27% at baseline.

Creatinine Assessment
before and after an educational intervention



CONCLUSIONS

The awareness of the importance of a correct diagnosis of IRC is poor and not widespread. The adoption of appropriate behavioural measures for GPs induced by their personal involvement are able to improve an important approach to a problem that for its prevalence may, if not regulated properly, lead to serious health problems and financial burden

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