

# PREDICTIVE VALUE OF CHRONIC KIDNEY DISEASE (CKD) IN ACUTE KIDNEY INJURY (AKI) PRESENTATION IN AN INTENSIVE CARE UNIT (ICU) OF A LOCAL HOSPITAL.

José María Peña Porta\*, María Esther Esteban Ciriano\*\*, Carmen Vicente de Vera Floristán\*\*\*, José Manuel Vicente de Vera Floristán\*\*, John Ros Añón \*\*, Silvia Olagorta García\*\*\*\*, Amalia Perona Caro\*, Rafael Alvarez Lipe.\*

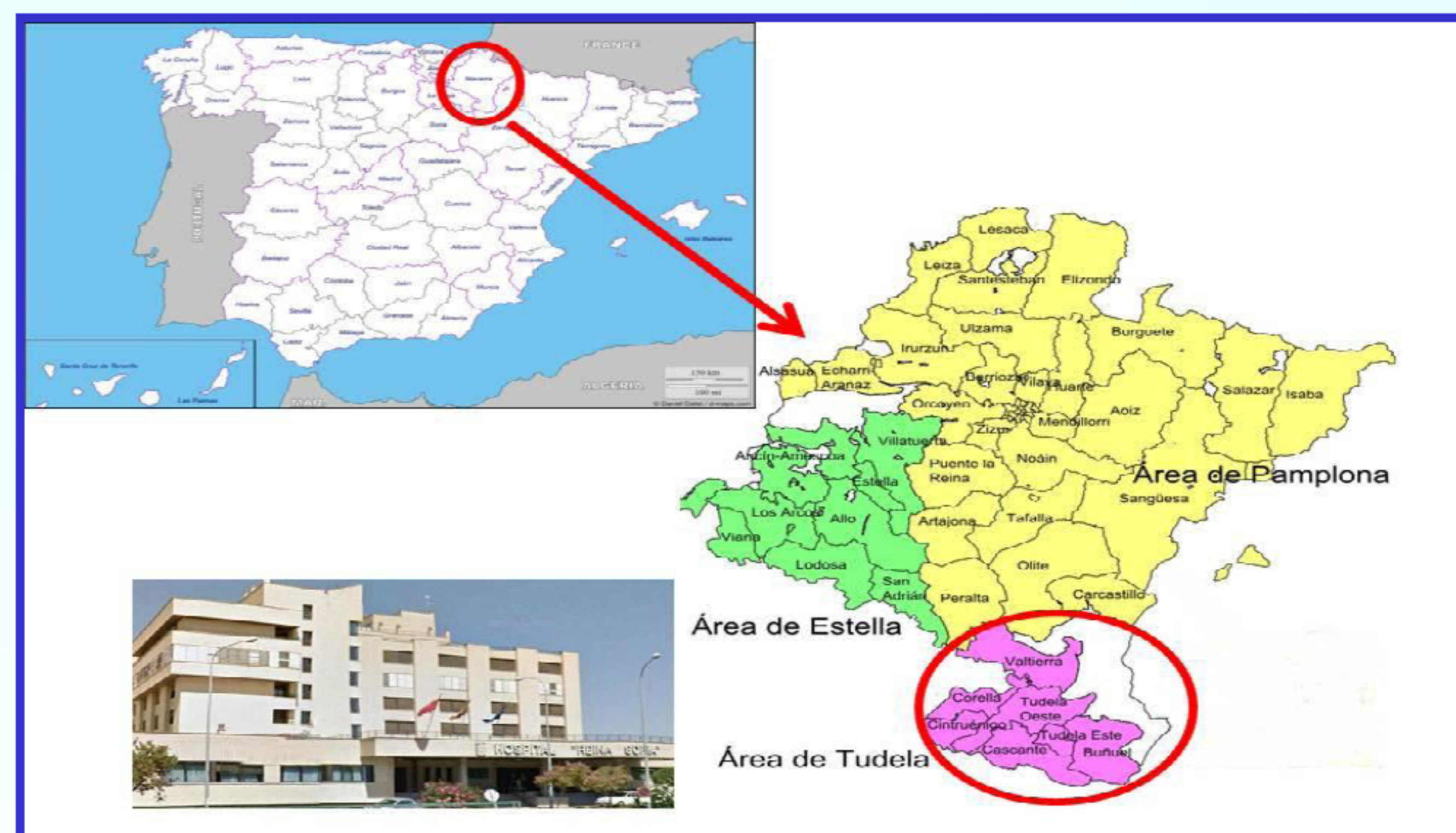
\* Nephrology Service. Hospital Clínico Universitario Lozano Blesa. Zaragoza. Spain. \*\* Anesthesiology Service. Hospital Reina Sofia. Tudela. Navarra. Spain. \*\*\* Internal Medicine Service. Hospital Clínico Universitario Lozano Blesa. Zaragoza. Spain. \*\*\*\* Anesthesiology Service. Hospital Clínico Universitario Lozano Blesa. Zaragoza. Spain.

## AIM and METHODS

To analyze the incidence of AKI, its severity according to KDIGO criteria and the variables associated with its presentation through a multivariate logistic regression model using AKI as a dependent variable, paying particular attention to previous history of chronic kidney disease (CKD)

## SETTING

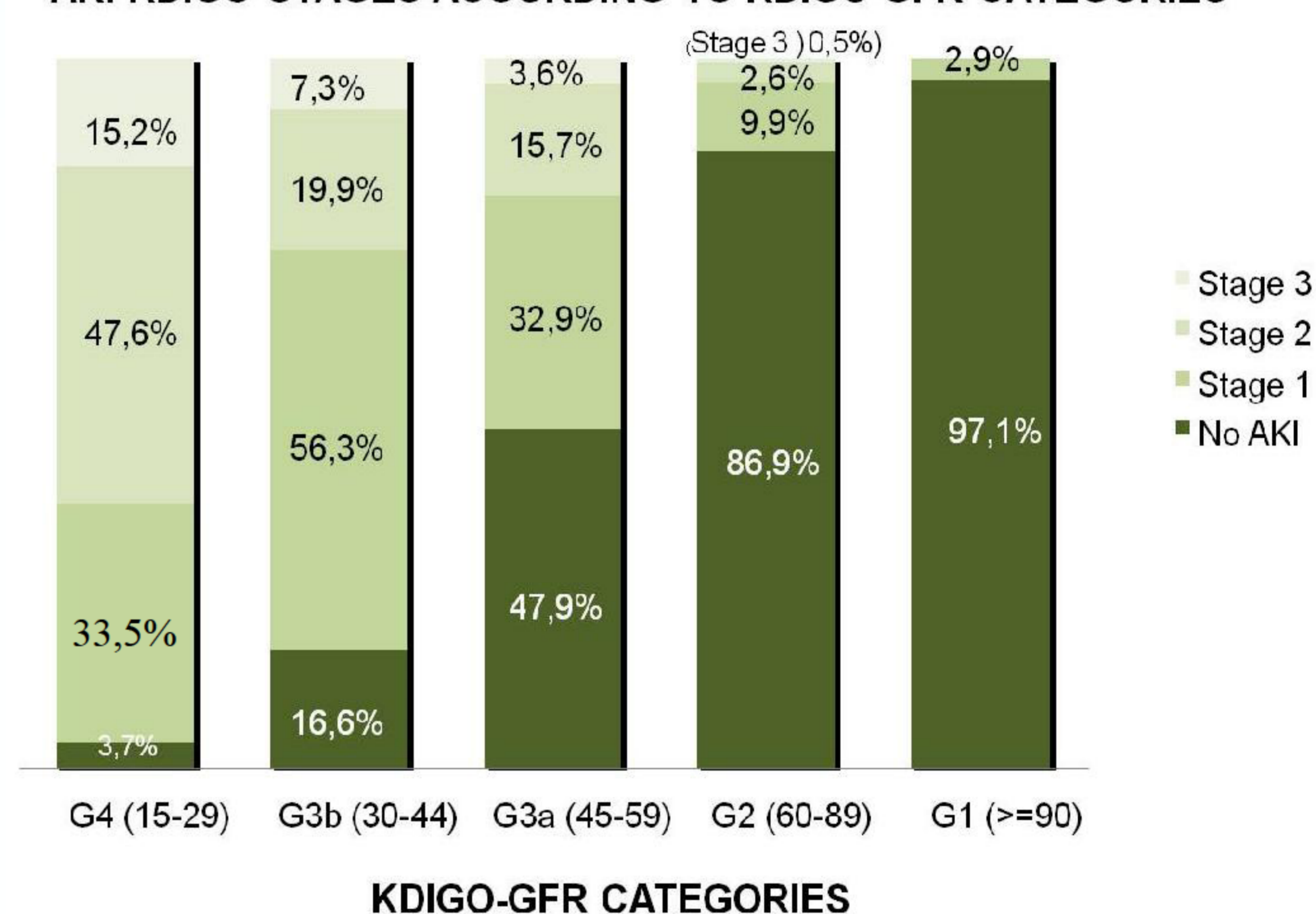
ICU of Reina Sofia Hospital, Tudela, Navarra, Spain, whose assistance is in charge of anesthesiology team. Reference population: 150000 inhabitants. Study population: all patients admitted to the unit for the years 2012, 2013 and 2014 for any reason.



## RESULTS

- 1115 patients admitted. Mean age  $69,7 \pm 15$  years (range 18-102)
- Male gender 61,3 %.
- 738 patients (66,18 %) were admitted by **medical** cause and 337 ( 32,82 %) by **surgical** cause.
- 953 patients (85.47%) were **admitted urgently** and 162 (14.52%) on a scheduled basis.
- Mean **Charlson Comorbidity Index (CCI)** was  $6.2 \pm 2.9$ .
- A total of 307 patients (27.53%) had **previous history of CKD**:
  - 141 category 3a
  - 97 category 3b
  - 53 category 4
  - 16 category 5. This group was excluded for analysis.
- 486 patients (43,6 %) had **AKI during their stay in ICU**:
  - Stage 1: 21.1% (235 patients)
  - Stage 2: 13.8% (154 patients)
  - Stage 3: 8.7% (97 patients)
- AKI etiology was attributed to **acute tubular necrosis** in most cases.
- A total of 35 patients (7.2% of all AKI cases) required **hemodialysis**.

### AKI-KDIGO STAGES ACCORDING TO KDIGO-GFR CATEGORIES



• **Figure 1.** Distribution of AKI-KDIGO stages according to GFR KDIGO-categories of CKD estimated by CKD-EPI formula from the baseline creatinine (mean of all measurements of serum creatinine in the 365 -7 days prior to admission)

	OR	95 % IC	p
<b>CKD</b>	5,99	4,58 to 8-18	0,000
<b>Shock</b>	4,70	3,34 to 6,61	0,000
<b>Surgical vs medical cause</b>	1,69	1,24 to 2,30	0,001
<b>Male gender</b>	1,37	1,02 to 1,85	0,038
<b>CCI</b>	1,17	1,09 to 1,26	0,000

• **Table 1.** Variables associated with AKI presentation in ICU selected by the logistic regression model.

- Variables that were not statistically significant:
- Age
  - Diabetes
  - Heart failure
  - COPD
  - Serum albumin
  - Hemoglobin

## CONCLUSIONS

- ✓ AKI incidence (43.6%) was high in our study. 7.2% of AKI patients required hemodialysis treatment.
- ✓ CKD prior history was the main predictor of AKI presentation. AKI risk were six-fold increased in CKD patients. This population has a special predisposition for this complication in ICU.
- ✓ The incidence was particularly high in patients with CKD categories 3b and 4.
- ✓ Preventive measures should be implemented in patients admitted to an ICU with this background (CKD) as well as pay attention to other variables selected by the logistic regression model.

## REFERENCES

- KDIGO Clinical Practice Guideline for Acute Kidney Injury. Kidney International supplement (2012) 2, doi:10.1038/kisup.2012.2
- Fujii T, Uchino S, Takinami M, Bellomo R. Validation of the Kidney Disease Improving Global Outcomes Criteria for AKI and Comparison of Three Criteria in Hospitalized Patients. Clin J Am Soc Nephrol. 2014;9(5):848-54
- Zhang L, Wang M WH. Acute renal failure in chronic kidney disease-clinical and pathological analysis of 104 cases. Clin Nephrol. 2005;63:346-50.
- Lewington AJP, Cerdá J, Mehta RL. Raising awareness of acute kidney injury: a global perspective of a silent killer. Kidney Int. 2013;84(3):457-67.
- Chertow GM, Burdick E, et al. Acute kidney injury, mortality, length of stay, and costs in hospitalized patients. J Am Soc Nephrol. 2005;16(11):3365-70.

