STATEMENT

The Lancet publishes ISN 0by25 Global Snapshot on Acute Kidney Injury (AKI)

Today ISN is proud to announce the publication in The Lancet of the results of the AKI Global Snapshot, an innovative web-based global cohort study carried out under the ISN 0by25 Initiative. The study included over 4000 patients from more than 72 countries and assessed the similarities and differences in the recognition and management of Acute Kidney Injury. The Lancet publication is authored by Dr. Ravindra Mehta, ISN 0by25 Director, and our dedicated 0by25 team of senior ISN members and AKI experts.

Key findings

• Community versus hospital-acquired AKI is more frequent

Over half of the AKI patients who participated in the study, developed AKI in the community rather than in hospital settings, with a much higher proportion (79.5%) in Low - Lower Middle Income Countries (LLMICs*) as compared to (High Income Countries*) HICs (51%) and (Upper Middle Income Countries*) UMICs (51.1%).

This confirms the belief that, in these countries, AKI often develops in the community and often in younger and healthier patients, which points to an opportunity and need to improve early recognition and management of AKI in these out-of-hospital settings.

• Most common AKI causes are hypotension and dehydration

The study showed that the most common causes of AKI were hypotension (40.2%) and dehydration (38.2%). In HICs and UMICs, hypotension and shock were most prevalent, whereas dehydration was the most frequent determinant factor in LLMICs.

Overall, the authors identified common etiological factors across all countries, which may be used to define a standardized approach for early recognition and treatment.

• Nearly 10% of patients in need of dialysis failed to receive it

The study found that 8% of patients with clinical indications for renal replacement therapy were not dialyzed. In the LLMICs, a lack of resources and inability to afford therapy were indicated as the main reasons for withholding dialysis treatment, while futility was cited as the main reason in HICs and UMICs.

This points to a need for continued work with governments, health authorities and all relevant stakeholders, at national and international level, to ensure access to treatment for all those in need as well as to improve early recognition and treatment of AKI patients.

• AKI mortality is high across all countries

Overall, AKI mortality at 7 days was calculated at 11% and was higher in LLMICs than HICs and was higher in dialyzed (17%) vs non-dialyzed patients (9%). The study also found that, in spite of younger age and lower prevalence of comorbidities, patients developing AKI in the community and pediatric patients had significantly higher mortality in LLMICs versus HICs and UMICs, pointing to a need to tackle AKI in these more vulnerable communities.

What next?

Building on the findings of the Global Snapshot, ISN will roll out a series of pilot projects in the course of 2016-17 in selected health centers around the world. The study, which will be implemented in Africa, Asia and Latin America, will test key interventions aimed at reducing the
number of preventable deaths from AKI, with a special focus on community-acquired AKI patients in LLMIC settings. The findings of the pilot projects will be unveiled at WCN 2017.

Stay tuned HERE for more information!