



NEWS RELEASE

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HIGH LEVELS OF MICROALBUMINARIA CAN PREDICT CHRONIC KIDNEY DISEASE

July 17, 2005. San Juan, Puerto Rico. If you've never heard of microalbuminuria, you may want to read closely. A small increase in the amount of a protein called albumin (a condition known as microalbuminuria) could mean that you have higher than normal chances for developing chronic kidney disease.

Microalbuminuria has long been known to predict kidney disease from diabetes. But, according to research presented today at ISHIB2005, findings from a new study, "Microalbuminuria as a predictor of kidney disease in hypertensive African Americans," showed that hypertensive patients without diabetes, and especially African Americans, may have microalbuminuria and be at risk for kidney disease.

In this study, 158 hypertensive African Americans were followed for a 10-year period. Over the first three-year period, 17% of the group had albumin excretion levels of greater than the normal range (30 mg/gram of creatinine) in urine samples collected over a 24-hour period. At the end of year three, there was no difference in chronic kidney disease (CKD) in the group with microalbuminuria (MA) compared to the non-MA group. However, the occurrence of kidney disease and hypertensive complications was greater in subjects who developed MA during follow-up ($P=.09$). Although the results after three years did not allow the data to reach statistical significance, the trend was suggestive and might show significance if subjects were followed for a longer period.

Thus, the study continued. After 10 years, there was a significantly greater occurrence of chronic kidney disease in those who developed MA. Forty percent of those with MA had progressed to chronic kidney disease, compared to 20% of those without MA ($P=.02$). Death (23.3% vs 12.5%, $P=.15$) and combined adverse outcomes (53.5% vs 38.44%, $P=.15$) were also more common in the MA group.

"The finding that the development of microalbuminuria is indeed predictive of chronic kidney disease can help us prevent the progression of kidney disease to end-stage renal disease," states Velvie Pogue, MD,

study author, chief of the Division of Nephrology at the Harlem Hospital Center, and associate professor of medicine at Columbia University College of Physicians and Surgeons.

Blacks have a 40% risk of hypertension, 33% risk of diabetes, and 29% risk of end stage renal disease, rates that are higher than those found in the general population.¹ “Routine screening of hypertensive African Americans and other high-risk populations might improve the identification and treatment of chronic kidney disease,” Dr. Pogue recommended.

Although microalbuminuria has been shown to predict cardiovascular and diabetic kidney disease and is considered a possible predictor of non-diabetic kidney disease, this is the first study to confirm that urine albumin excretion is predictive of clinical kidney disease in hypertensive African Americans.

This study was conducted through the Hypertension Clinic at the Harlem Hospital Center (New York) and was funded by the New York City Division of the American Heart Association.

With high rates of chronic kidney disease throughout the United States, those at high risk of kidney disease should take note and consult with their doctors about their need for screening.

These research findings were presented at ISHIB2005. The abstract was presented during the conference’s poster presentation session during at 1:00 PM, Sunday, July 17, 2005. ISHIB2005, an annual gathering of healthcare professionals from around the world, is jointly sponsored by the nonprofit ISHIB and ASH (American Society on Hypertension) and is taking place at the Caribe Hilton Hotel in San Juan, Puerto Rico during July 15-18.

ISHIB is a unique professional medical membership organization devoted to improving health and life expectancy of ethnic populations. ISHIB was founded in Atlanta, Georgia, in 1986 to respond to the problem of high blood pressure among ethnic populations. Each year, its international interdisciplinary conference presents advancements in the treatment and prevention of diseases concomitant to hypertension. In addition to US conference locations, other sites for the conference have included Toronto, London, the US Virgin Islands, Kenya, Cameroon and Brazil.

References

1. NIDDK Strategic Plan on Minority Health Disparities. Available at <http://kidney.niddk.nih.gov/>. Accessed: 07/07/05.

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