

**AFRICAN-AMERICAN WOMEN AT RISK OF DIABETES AND KIDNEY DISEASE**

**ADVANCED DIABETIC NEPHROPATHY DISPROPORTIONATELY AFFECTS**

**AFRICAN-AMERICAN FEMALES: CROSS-SECTIONAL ANALYSIS AND DETERMINANTS**

**OF RENAL SURVIVAL IN AN ACADEMIC RENAL CLINIC**

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High blood pressure (hypertension) was the number one cause of end-stage renal disease (ESRD) in African Americans until recently. (Patients who need kidney transplant or kidney dialysis have ESRD.) Now, the number one cause of ESRD in the United States and African Americans is kidney disease from diabetes, which is also known as diabetic nephropathy.

In a previous study, the authors noted that African-American women were two times more likely than African-American men to have diabetes as the cause of ESRD. The current study was conducted in kidney disease clinic in Mississippi and also found that hypertension remained the number one cause of ESRD in African-American males and diabetes was the number one cause in African-American women.

This new study reported in *Ethnicity & Disease* examined why this difference existed in patients with kidney disease who had not reached ESRD. In addition, the authors wanted to identify factors that would predict kidney survival in this population.

By reviewing the charts of 119 patients (98 were African American) who visited a kidney disease clinic in Mississippi, the authors found that the patients came to the clinic with

advanced stages of kidney disease. They had elevated blood pressures and most had had diabetes for more than 16 years. Among African Americans with diabetic nephropathy, women outnumbered men by more than two to one (69 women vs 29 men). Unfortunately, 70 patients reached ESRD quickly and, on average, needed dialysis within one and a half years.

Males and Whites needed dialysis sooner than females and African Americans. In contrast to recommendations for early kidney disease among diabetics, we found that patients with the lowest blood pressures had worse kidney survival than those with higher blood pressures. Among African Americans, being on blood pressure lowering agents, such as angiotensin converting enzyme (ACE) inhibitors or calcium channel blockers, was associated with better kidney survival.

This study demonstrates that diabetes and kidney disease from diabetes may be more likely to affect African-American females. It supports using ACE inhibitors in African Americans with moderate-to-severe kidney disease. These results also raise a question as to what is the most appropriate level of blood pressure in this population. It will be important to continue studies like this in patients at high risk for diabetes, hypertension, and kidney disease.