

Original article

Chronic renal disease in Spain: Prevalence and related factors in persons with diabetes mellitus older than 64 years[☆]

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ABSTRACT

Introduction: Type 2 diabetes mellitus and chronic kidney disease (CKD) are conditions which have a high prevalence in individuals ≥ 65 years of age and represent a major public health problem.

Objectives: To determine the prevalence of CKD, its categories and its relationship with various demographic and clinical factors in elderly patients with type 2 diabetes mellitus in Spain.

Methods: Observational, cross-sectional, multicenter, Spanish epidemiological study. Patients with known type 2 diabetes mellitus, age ≥ 65 years of age treated in Primary Care were included. We collected demographic, anthropometric and analytical variables from the previous 12 months, including the albumin-to-creatinine ratio and estimated glomerular filtration rate to evaluate renal function.

Results: The prevalence of CKD was 37.2% (95% CI, 34.1–40.3%), renal failure was 29.7% (95% CI, 26.8–32.6%) and increased albuminuria was 20.6% (95% CI, 17.3–23.9%), moderately increased albuminuria was 17.8% (95% CI, 14.7–20.9%) and severely increased albuminuria was 2.8% (95% CI, 1.4–4.2%). In turn, the prevalence of CKD categories were: G1 1.3% (95% CI, 0.6–2%), G2 6.2% (95% CI, 4.6–7.8%), G3a 17.2% (95% CI, 14.8–19.6%), G3b 9.8% (95% CI, 7.9–11.7%), G4 2% (95% CI, 1.1–2.9%) and G5 0.7% (95% CI, 0.2–1.2%).

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In the multivariate analysis, after adjusting for the remaining variables, CKD was associated with elderly age (OR 5.13, 95% CI, 3.15–8.35), high comorbidity (OR 3.36, 95% CI, 2.2–5.12) and presence of antihypertensive treatment (OR 2.43, 95% CI, 1.48–4.02).

Conclusions: CKD is frequent in the diabetic population ≥ 65 years of age and is associated with elderly age, high comorbidity and with treated hypertension. No relationship has been found with gender and time in years since onset of diabetes.

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Enfermedad renal crónica en España: prevalencia y factores relacionados en personas con diabetes mellitus mayores de 64 años

R E S U M E N

Palabras clave:

Enfermedad renal crónica
Categorías, ancianos
Dependencia
Comorbilidad
Diabetes mellitus tipo 2

Introducción: La diabetes mellitus tipo 2 y la enfermedad renal crónica (ERC) son afecciones de elevada prevalencia en personas ≥ 65 años y constituyen un importante problema de salud pública.

Objetivos: Conocer la prevalencia de la ERC, sus categorías y su relación con diversos factores demográficos y clínicos, en pacientes ancianos con diabetes mellitus tipo 2 en España.

Métodos: Estudio epidemiológico, observacional, transversal, multicéntrico, ámbito nacional. Se incluyeron pacientes con diabetes mellitus tipo 2 conocida, edad ≥ 65 años atendidos en Atención Primaria. Se recogieron variables demográficas, antropométricas y analíticas de los últimos 12 meses, incluyendo el cociente albúmina-creatinina y el filtrado glomerular estimado para evaluar la función renal.

Resultados: La prevalencia de ERC fue del 37,2% (IC95%, 34,1-40,3%), de insuficiencia renal del 29,7% (IC95%, 26,8-32,6%) y de elevación de la albuminuria del 20,6% (IC95%, 17,3-23,9%), moderadamente elevada 17,8% (IC95%, 14,7-20,9%), severamente elevada 2,8% (IC95%, 1,4-4,2%). La prevalencia de las categorías de ERC fueron: G1 1,3% (IC95%, 0,6-2%), G2 6,2% (IC95%, 4,6-7,8%), G3a 17,2% (IC95%, 14,8-19,6%), G3b 9,8% (IC95%, 7,9-11,7%), G4 2% (IC95%, 1,1-2,9%) y G5 0,7% (IC95%, 0,2-1,2%).

En el análisis multivariante, después de ajustar por el resto de variables, la ERC se asoció a mayor edad OR 5,13, (IC95%, 3,15-8,35), alta comorbilidad OR 3,36 (IC95%, 2,2-5,12) y la presencia de tratamiento antihipertensivo OR 2,43 (IC95%, 1,48-4,02).

Conclusiones: La ERC es frecuente en la población diabética ≥ 65 años y se asocia con mayor edad, alta comorbilidad e hipertensión tratada. No se ha encontrado asociación con el género y años de evolución de la diabetes.

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Introduction

Chronic kidney disease (CKD) is a common comorbidity in patients with type 2 diabetes mellitus (DM2) and in both conditions the prevalence is increasing.

Worldwide epidemiological data show that DM2 is one of the main epidemics of the 21st century. Approximately 415 million people (between 20 and 79 years old) suffered from this condition in 2015, of which 94.2 million (22.7% of the total) were between 65 and 79 years old. In addition, 318 million people were at a high risk of developing DM2. It is estimated that DM2 will affect 642 millions in the 2040s (one out of ten adults will have the disease) and almost a third of them will be between 65 and 79 years. Sources from the International Diabetes Federation¹ indicates that DM2 is more common in men than in women.

According to the Di@bet.es study,² the prevalence of DM2 in Spain increases with age and is higher in men than in women except in those older than 75 years, with a prevalence of 40% (41.3% in women and 37.4% in men) while in the 61–75 years group, between, the prevalence is 42.4% in men and 29.8% in women. The data on DM in our country in people over 60 years, which is between 18 and 25%, are similar to the United States population of 65 or older, which was 25.9% in 2012, affecting 11.2 million people.³

Chronic kidney disease (CKD) is associated with an increase in cardiovascular morbidity and mortality, mortality from any cause and progression of kidney disease, both in the general population and in patients with DM2.⁴ The prevalence of CKD in adult populations in Western countries varies from 5.8% in Poland to 14.8% in the United States.^{5,6} The prevalence of CKD increases with age and in people with diabetes, in which

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