Impact of Acute Kidney Disease on the Incidence of Acute Kidney Injury and Patient Outcome in the Intensive Care Unit

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Introduction

Acute kidney disease (AKD) is a kidney dysfunction sustained more than seven days and less than 90 days, and chronic kidney disease (CKD) is a kidney dysfunction sustained more than 90 days. CKD is a traditional risk factor for incident acute kidney injury (AKI) at intensive care unit (ICU) whereas the influence of AKD had not been fully studied.

Methods and Materials

This is a multi-center retrospective cohort study of critically ill patients admitted to ICU at the 3rd affiliated hospitals from January 2011 to December 2020. Patients without serum creatinine data before hospital admission or end-stage kidney disease were excluded. We divided patients into three groups based on the kidney health status within 1 year of hospital admission; no kidney disease (NKD), AKD, and CKD. AKI was defined as KDIGO serum creatinine criteria. The influence of baseline AKD on the incidence of AKI at ICU and in-hospital mortality rate was analyzed by cox-proportional hazard model.



Figure 1. Diagram of the included patients

Results II

The population was all Asian, median age of 67 (18-110) years, and 57.6% were male. In all, AKI was observed in 2461(34.4%) patients. Referenced by NKD, AKD had 2.354(1.996-2.776) fold higher risk of incident AKI, similar as seen in CKD (HR 2.347(2.028-2.716)) (Fig 2). During the median of 16(9, 23) days of hospital stay, 819(11.4%) died in hospital. In patients without AKI, AKD was risk for in-hospital mortality (HR 2.176(1.625-2.915)) reference by NKD. In patients with AKI, AKD and NKD had similar impact whereas CKD (HR 0.754 (0.593-0.960)) was protective (Fig 3).







Figure 3. In hospital mortality by baseline kidney function status and incident AKI

Results I

During the study period, 48,834 were admitted to ICU and a

total of 7,153 (14.6%) were eligible for analyses. In 7,153

included patients, baseline NKD, AKD, and CKD were seen

in 4,792 (66.6%), 926(12.9%), and 1,465(20.5%),

respectively (Fig. 1).

Conclusions

AKD was observed in 12.9% of ICU admitted patients, and it

was associated with higher risk for incident AKI and in-

hospital mortality. This study implies the significance of

recognizing AKD in the management of ICU patients.



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