

HIV-Kidney-Aging TRIPLE TROUBLE

Christine K. Abrass, M.D.
2007

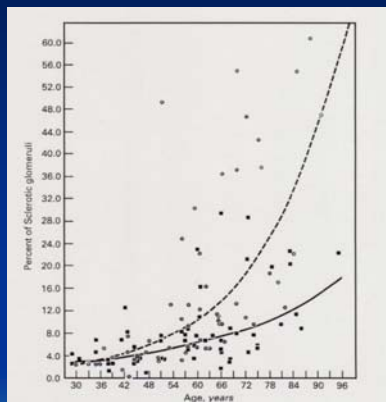
HIV-Kidney-Aging

- The burden of kidney disease in the elderly
- Aging nephropathy
 - Structural
 - Functional
- Special issues in treatment
 - Acute kidney injury
 - Dialysis
 - Transplantation

Aging and ESRD (\$20B)

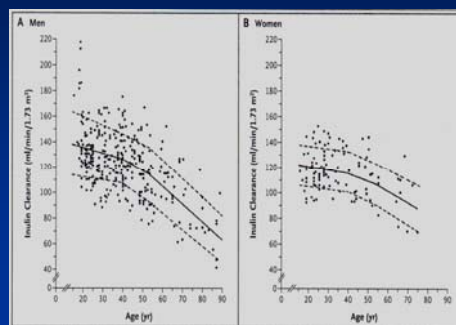
- ❖ By 2030: 20M with GFR <60ml/min
- ❖ last 2 decades:
 - ❖ 7X increase in > 65 yo
 - ❖ 2X increase in 35-64 yo
- ❖ CKD in 11-25% of people > 65 yo
- ❖ > 50% of new dialysis patients are > 65

Glomerulosclerosis with Aging



Glomerulosclerosis

Kasiske et al, Kid Int
31:1153, 1987



GFR declines 2ml/min/yr
Modest reductions

- Frailty
- CV morbidity & mortality
- Other morbidity

Acute Kidney Injury

- Loss of renal reserve increases risk
- More common in the elderly
- Mortality rates are high
- Cost is high
- Co-existent disease increases risk

Consequences of Renal Dysfunction

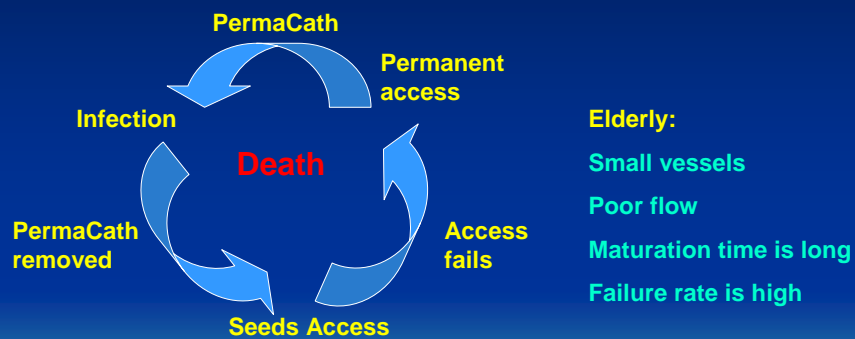
- ❖ **Increased drug toxicity**
- ❖ Less renal reserve
- ❖ **Increased risk for infection**
- ❖ Lipid abnormalities
(elevated triglycerides)
- ❖ **Increased CV mortality**

Aging & Impact on Care

- Delaying the onset of dialysis in the elderly contributes to their higher morbidity & mortality
- Gender discrepancy....women are treated with HD or Tx at a lower rate than men
- Frailty...Malnutrition
- Cognitive dysfunction
- GI bleeding-tics, angiodysplasia, cancer
- Depression
- Withdrawal from treatment

Access Problems

- Late referral



Outcomes

- 96% receive in-center hemodialysis
- **Elderly do worse (morbidity & mortality) than younger patients, but they do not perceive that they do worse than their peers**
- Survival for > 75 yo
 - 1 yr: 47-85%
 - 3 yr: 22-45%, one study 80%
 - Some data are grimmer

Transplantation

- Surgical risk higher
- Waits for donor 3-4 yr (often 6 yr)
- Kidneys from donors > 65 yo function poorly
- Living unrelated donation
 - Ethical issues
 - Push for pre-emptive Tx