A) COMMENTS ON PUBLISHED ARTICLES

Elderly patients with chronic kidney disease: what is the general vascular prognosis?

Dear Editor,
We read the article by M. Heras et al., which was recently published in your journal, with great interest.¹ The authors conclude that having observed a sustained reduction in glomerular filtration (GF) in elderly subjects without proteinuria, it is now possible to reassure these kinds of patients facing the epidemic of chronic kidney disease (CKD).

In this respect, we agree with the authors’ conclusion, however we would like to highlight some important considerations:

a) In the series studied, the elderly patients with a mortality greater than 24 months presented a higher frequency of episodes of heart failure (HF) compared with those who survived during the follow-up (37.5 compared with 15%; p = 0.045 respectively). Of this subgroup of patients with HF, we do not know from the results of this study what the rate of GF (GFR) was, nor do we know the level of proteinuria. Similarly, recent studies, like the CHARM trial, show that over 50% of patients with HF present macroalbuminuria, with a GFR > 60ml/min per 1.73m². Furthermore, the presence of albuminuria in these subjects was an independent predictor of mortality in this group of patients independent of GFR and creatinine levels.²

b) With regard to the prognostic factors associated with higher mortality, ischaemic heart disease was the determining factor in the logistic regression analysis. Consequently, it is worth highlighting that in the population described by Heras et al., the patients in group 2 (with creatinine levels >1.1mg/dl) were almost three times more likely to have history of ischaemic heart disease than those in group 1 (Cr <1.1) (21.4 versus 7.9%). Similarly, the number of deaths in group 2 was double that in group 1 (12 versus 6). Although these differences were not statistically significant, they suggest a trend that could be analysed more reliably in a larger population sample.

c) From the sample of patients included in this study, 77% of them were hypertensive and practically one third were diabetics. Over 20% of the sample had presented a previous cardiovascular event and therefore, if they were stratified according to the Pulmonary Arterial Hypertension Guidelines published by the European Society of Cardiology (2007), they would be considered high vascular risk patients, independent of their GFR or presence of albuminuria.³ Therefore, although patients preserve their kidney function, the mortality rate continues to be very high; in fact, 22% of patients had a two-year survival outcome in this group.

d) Finally, we would like to highlight that, although the authors’ conclusion of not referring elderly patients with sustained reduced GF unaccompanied by proteinuria or anaemia, may be correct from a nephrological point of view, it is probably necessary to check for risk factors in this population, given that the global mortality rate is very high.


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Bariatric surgery for obese patients with proteinuria

Dear Editor,
With regard to the article on bariatric surgery in patients with morbid obesity-associated FSG,¹ I would like to share with you the clinical case of a 60-year-old, obese, male patient with Alport syndrome who underwent this procedure.

Case report
This is the case of a 60-year-old male patient with Alport syndrome, microhaematuria and proteinuria 4g/day, creatinine 2mg/dl, urea
Dear Editor,

One of the practical applications of estimating glomerular filtration (GF) using formulas is the possibility of being able to adapt the prescription for patients with hidden chronic kidney disease, thereby avoiding potential iatrogenic complications, with potential to induce hyperpotassaemia.

By means of a randomized sampling process, we selected a population made up of 4,014 patients over the age of 65 from the Spanish province of Huesca, who were seen in health centres with the OMI-AP IT system (Primary Care IT Organisation and Management, Stacks ®), which allowed us to check the prescriptions. After excluding certain patients for different reasons, we established the GF using the abbreviated MDRD formula for 3,286 subjects. As a result, we detected 291 patients with hidden kidney failure (normal serum creatinine levels and an estimated GF < 60ml/min/1.73m²). We recorded the active ingredients prescribed by the general practitioners of 269 patients admitted with reduced GF, it would be dangerous drug is prescribed to patients in a series of warnings when a potentially dangerous drug is prescribed to patients in order to determine whether there were any clinical consequences of the hyperpotassaemia. Nevertheless, the fact that this may have occurred in extreme cases should not be ruled out (seven patients had blood potassium levels of 5.7meq/l or higher).

Our study highlights the importance of correct dosage adjustment and prescription checks carried out by the professional to verify the use of certain drugs in patients with chronic kidney disease, which could remain undetected if only creatinine levels are estimated. Fortunately, GF estimation using MDRD has been available in our province for a few months now. In the same way that pharmacies in some hospitals in Spain issue a series of warnings when a potentially dangerous drug is prescribed to patients admitted with reduced GF, it would be good if a similar system were introduced in Primary Care. For example,

B) BRIEF PAPERS ON BASIC AND CLINICAL RESEARCH

**Iatrogenic hyperpotassaemia in elderly patients with hidden kidney failure in Primary Care**


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