

## A) COMMENTS ON PUBLISHED ARTICLES

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

Nefrología 2009;29(5):486.

**Dear Editor,**

We read the article by M. Heras et al., which was recently published in your journal, with great interest.<sup>1</sup> 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 1.73m<sup>2</sup>. 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.<sup>2</sup>
- b) With regard to the prognostic factors associated with higher mor-

tality, 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.<sup>3</sup> 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.

1. Heras M, Fernández-Reyes MJ, Guerrero MT, Sánchez R, Muñoz A, Macías MC, et al. Elderly patients with chronic kidney disease: what happens after 24 months of follow-up? Nefrología 2009;29(4):343-9.
2. Jackson CE, Solomon SD, Gerstein HC, Zetterstrand S, Olofsson B, Michelson EL, et al.; CHARM Investigators and Committees. Albuminuria in chronic heart failure: prevalence and prognostic importance. Lancet 2009;15:543-50.
3. Mancia G, De Backer G, Dominiczak A, Cifkova R, Fagard R, Germano G, et al. 2007 Guidelines for the management of arterial hypertension: The Task Force for the Management of Arterial Hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC). Eur Heart J 2007;28(12):1462-536.

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### Bariatric surgery for obese patients with proteinuria

Nefrología 2009;29(5):486-487.

**Dear Editor,**

With regard to the article on bariatric surgery in patients with morbid obesity-associated FSG,<sup>1</sup> 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