

group is below that observed in national registries.^{6,8}

Our data show that the average Hb levels have dropped over the years (11.8g/dl in 2010 vs. 12.2g/dl in 2004, $P<.001$), and the number of patients with Hb>13g/dl is steadily falling (14.3% vs. 29.6%) at the same time that there is an increase in the percentage of those with Hb<11g/dl (24.9% vs. 16.3%, $P<.001$) The percentage of patients in the 11-13 range is improving year after year (60.8% vs. 54.1%).

This analysis is significantly limited since we cannot analyse elements that influence anaemia management such as supporting treatments, inflammation and nutrition, but we consider that the data confirm what is described in the survey, constituting a near future and current reference of anaemia management in our PD units and the implementation of the GPCA (Table 1).

It is expected that this trend will continue in the coming years following the recent publication of the 2012 KDIGO guidelines.⁹ We believe that studies about anaemia, which allow specific targets to be identified for these patients in PD, are necessary.

Conflicts of interest

The authors declare that they have no conflicts of interest related to the contents of this article.

Table 1. Evolution of target anaemia levels in chronic kidney disease in the clinical guidelines

	K/DOQI 2000	EBPG 2004	K/DOQI 2006	K/DOQI 2007 Update	KDIGO 2012
General Target	11-12g/dl	>11g/dl	11-13g/dl	11-12g/dl	11.5g/dl
Hb level		<14g/dl	no>13	no>13	no>13
For CVD ^a		11-12g/dl			
For DM ^b		11-12g/dl			

^a CVD: patients with cardiovascular disease. ^b DM: patients with diabetes mellitus. Hb: haemoglobin.

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Law on advance directives in Mexico

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To the Editor:

As is the case for many countries around the world, kidney failure is a public health problem in Mexico. The national prevalence of individuals in need of urgent renal replacement therapy in the previous years was above 129 000 and only 60 000 received some type of dialysis, with more than half of patients being untreated.¹

It has been widely demonstrated that kidney transplantation is the best therapeutic alternative for replacing the loss of function, since it results in higher survival rates, a better quality of life and less physical wear in comparison with all other methods of replacement, as well as being less expensive.

There are over 8000 patients registered on the national kidney transplant waiting list and there have been less than 2500 transplants per year in recent years; 75% come from a living donor.

Mexico City introduced a Law on Advance Directives (LVA) in 2008.² The objective of the aforementioned law is to respect the dignity of people whose health is declining and to avoid both the obstinacy and therapeutic abandonment of patients with a terminal illness. Article 8 of the law provides for the desire to be expressed to donate organs for transplantation. Nevertheless, this law, which could have beneficial effects for the obtaining of organs, is not very well known according to studies that we have carried out.

Qualitative research was carried out with a semi-structured interview, which had previously been validated, to document the knowledge of the inhabitants of Mexico City about the LVA.

In total, 278 people including patients and family members were interviewed in three emblematic hospitals of three socioeconomic levels in the city: a private hospital, a Social Security hospital and a general hospital for people without formal employment and with limited resources. The interview consisted of 17 questions and data included age, sex, occupation and education.

As regards the results, the average age was 41 years, 53% were female, 18% had basic education, 45% had secondary education and 37% had higher education.

Of the people surveyed, 64% did not know the LVA. Of those who did (n = 100), only 43% knew about the part that refers to the

donation of organs. Independently from knowledge of the law, 68% of all those surveyed intend to donate their organs for transplantation.

The poor coverage that the LVA has been given by the Mexico City authorities is both surprising and regrettable. It is striking that other laws with bioethical implications in the same city have been very well broadcasted by all the mass media: television, radio, press, Internet, billboards, public transport video clips, metropolitan bus advertisements, etc. However, on this law, that could have had a positive impact for transplants, they remained silent.

On occasions it seems that laws which may have consequences for health matters may be stifled because of the ideology of the political party in power, which awaits conditions for legislation that agrees with their cultural ideology.

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Delayed introduction of tacrolimus in sub-optimal kidneys. A short-term follow-up study in the University Hospital of Salamanca

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To the Editor:

In an attempt to satisfy the growing demand for kidney grafts, several hospitals have gradually expanded their criteria for accepting marginal and sub-optimal kidneys (generally derived from elderly donors or those with a risk for a potential reduction in nephron mass), which currently constitute 50% of all grafts.¹ These organs are associated with a greater incidence of acute ischaemic renal failure, acute tubular necrosis (ATN), greater plasma creatinine levels, and delayed graft function, which can all contribute to increasing the rates of acute rejection.²

Calcineurin inhibitors (cyclosporine A and tacrolimus) are essential medications for maintenance immunosuppression therapy. The mechanism of action of these drugs is to block interleukin (IL) 2, IL-2 and IL-4 receptors, and gamma interferon. The most characteristic side effect of these drugs is nephrotoxicity, due to the increased expression of transforming growth factor beta (TGF-β), which contributes to interstitial fibrosis and the synthesis of nitric oxide and endothelin, which have vasomotor properties.³ This effect is increased in marginal kidneys, which often present interstitial fibrosis, vascular involvement, and glomerulosclerosis.⁴

In order to minimise the nephrotoxicity of these drugs in sub-optimal grafts, several different strategies have been tested, such as reducing doses or delaying introduction of treatment. The latter has produced positive long-term results, with low rates of acute rejection and acceptable levels of renal function.⁵

We examined the short-term influence of delayed introduction of calcineurin in-