letters to the editor

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Response to comment on «Metabolic syndrome is associated with cardiovascular events in haemodialysis»

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To the Editor.

We would like to thank Dr. Esteve Simo¹ et al. for their interest in our work² and comments.

We think it is important that studies like theirs reinforce interest in metabolic syndrome in patients on haemodialysis (HD). Although methodologically different, since our main objective was to analyse the effect of metabolic syndrome and to determine the influence of fat mass and conicity index on cardiovascular events in HD and in which a larger number of patients were included, both studies show similar results.

Based on matching the results in both studies and the statistical power of our data, we agree in stating that due to the high prevalence of metabolic syndrome in HD patients, it is necessary to closely monitor these patients to prevent short-term morbidity and that further studies are needed with longer follow-up to analyse long-term mortality.

Conflicts of interest

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

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B) BRIEF PAPERS ON RESEARCH AND CLINICAL EXPERIMENTS

Occult kidney disease determined using glomerular filtration rate equations in Primary Care

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To the Editor,

In Spain, around 11% of the adult population suffers from some degree of chronic kidney disease¹, a figure that will progressively grow due to

an ageing population and the increase in the prevalence of other chronic diseases such as diabetes mellitus, high blood pressure, dyslipidaemia and obesity.

We carried out this study with the objective of determining the percentage of patients with occult kidney disease using the Cockcroft-Gault (C-G) and/or the 4-variable MDRD (Modification of Diet in Renal Disease) equations as an indirect measurement of renal function, analysing the potential error made by exclusively assessing serum creatinine.

MATERIAL AND METHOD

We performed a cross-sectional descriptive study with adult patients older than 18 years of age, whose serum creatinine had been requested on at least two occasions in a one-year period in their health centre, excluding those whose tests showed high variability (greater than 0.5mg/dl of creatinine between the two tests).

RESULTS

A total of 183 patients were included with a mean age of 59.1±18.2 years,