

Chronic Kidney Disease patients with Inheritable Kidney Disease have higher associated healthcare costs

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AIM
To identify characteristics and health service utilisation (HSU) amongst patients with chronic kidney disease (CKD) due to Autosomal Dominant Polycystic Kidney Disease (ADPKD), Inherited Kidney Disease (IKD) and all-CKD causes in Queensland.

BACKGROUND
Those with ADPKD and non-ADPKD IKD are an identifiable minority of CKD patients. Their HSU in Australia are not defined.

METHODS
Patients with ADPKD and IKD were identified from the CKD.QLD Registry (n=7,541) and a matched Queensland Health CKD cohort (n=22,129) based upon ICD-10 coding. Characteristics and HSU related to hospital presentations were analysed for 5 years retrospective from June 2016.

RESULTS
309 (1.04%) ADPKD and 277 (0.93%) IKD patients were identified from the combined cohort (n=29,670).

The median age at first admission of ADPKD, IKD and All-CKD patients were 53.7, 47.9 and 65.7 years respectively with mean eGFR at CKD.QLD consent being 34.1, 36.5 and 40.8 ml/min/1.73m². ADPKD and IKD compared to All-CKD had lower frequency of diabetes (17% vs 21% vs 48%) and cardiovascular disease (CVD; 34% vs 32% vs 46%). ADPKD and IKD were associated with higher incidence than All-CKD of dialysis within that 5 year period (34% vs 24% vs 9%).

Median hospital admissions were higher in those with ADPKD or IKD compared to All-CKD (7 vs 8 vs 4) with similar average length of stay (3.2 vs 4.4 vs 3.6 days). Median 5 year healthcare costs were higher in those with ADPKD and IKD compared to All-CKD (\$42,088 vs \$45,929 vs \$16,403).

Figure 1 – Study Cohort

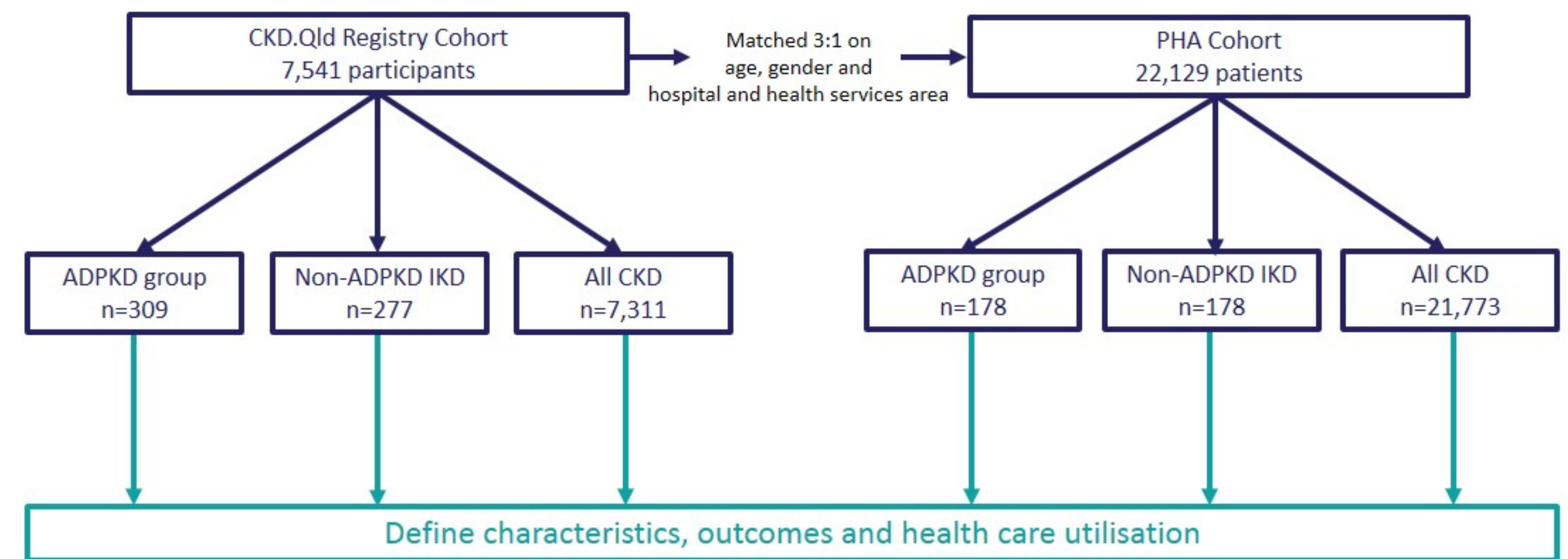


Table 2 – ADPKD & IKD ICD-10 Codes

ADPKD	
Q61	Cystic kidney disease
Z82.71	Family history of polycystic kidney
Other IKD	
D57	Sickle-cell disorders
E72.04	pyelonephritis and tubulo-interstitial nephritis in cystinosis
E75.21	Fabry disease
E85.0	Non-neuropathic hereditary amyloidosis
E85.2	Hereditary amyloidosis, unspecified
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N07	Hereditary nephropathy, not elsewhere classified
N25.1	Nephrogenic diabetes insipidus
P96.0	Congenital renal failure
Q60	Renal agenesis and other reduction defects of kidney
Q62	Congenital obstructive defects of renal pelvis and congenital malformations of ureter
Q63	Other congenital malformations of kidney
Q64	Other congenital malformations of urinary system
Q85.1	Tuberous sclerosis
Q87.2	Congenital malformation syndromes predominantly involving limbs
Q87.81	Alport Syndrome
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
Z84.1	Family history of disorders of kidney and ureter
Z87.71	Personal history of (corrected) congenital malformations of genitourinary system

CONCLUSIONS

- Those with ADPKD and IKD are younger with earlier stage CKD and lower prevalence of diabetes and CVD compared to other CKD patients.
- Despite this, they are more likely to require dialysis within 5 years and have increased hospital costs.

Table 1 – All Data and Variables

	CKD Registry cohort			PHA cohort		
	PKD	Other Genetic	All CKD	PKD	Other Genetic	All CKD
N	131	99	7,311	178	178	21,773
Gender						
Male, n (%)	68 (52%)	63 (64%)	3995 (55%)	94 (52%)	101 (57%)	11750 (54%)
Age, n (%)						
<40	20 (15%)	38 (38%)	732 (10%)	23 (13%)	35 (20%)	721 (3%)
40-49	27 (21%)	15 (15%)	699 (10%)	24 (13%)	22 (12%)	869 (4%)
50-59	36 (27%)	13 (13%)	1199 (16%)	44 (25%)	29 (16%)	1697 (8%)
60-69	24 (18%)	12 (12%)	1933 (26%)	53 (30%)	31 (17%)	3824 (18%)
70-79	18 (14%)	15 (15%)	1978 (27%)	23 (13%)	41 (23%)	6341 (29%)
>80	6 (5%)	6 (6%)	770 (11%)	11 (6%)	20 (11%)	8321 (38%)
Median	53.7	47.9	65.7	59.2	60.6	75.7
Indigenous						
N non-missing	88 (67%)	73 (74%)	5136 (70%)	174 (98%)	176 (99%)	21715 (100%)
n (%)	1 (1%)	3 (4%)	354 (7%)	4 (2%)	6 (3%)	1077 (5%)
eGFR at consent (ml/min/1.73m²)						
N non-missing	114 (87%)	91 (92%)	6183 (85%)	--	--	--
Median (IQR)	28 (34)	32 (25)	37 (27)	--	--	--
Mean (SD)	34.1 (24.2)	36.5 (23.6)	40.8 (21.7)	--	--	--
Diabetes						
N non-missing	92 (70%)	80 (81%)	5423 (74%)	--	--	--
n (%)	16 (17%)	17 (21%)	2592 (48%)	--	--	--
CVD						
N non-missing	71 (54%)	62 (63%)	4379 (60%)	--	--	--
n (%)	24 (34%)	20 (32%)	2029 (46%)	--	--	--
Hypertension						
N non-missing	68 (52%)	54 (55%)	4066 (56%)	--	--	--
n (%)	54 (79%)	43 (80%)	3291 (81%)	--	--	--
BMI						
N non-missing	76 (58%)	65 (66%)	4507 (62%)	--	--	--
Median (IQR)	29 (7)	28 (8)	30 (9)	--	--	--
Mean (SD)	29.8 (7.5)	29.2 (8.1)	31.2 (7.8)	--	--	--
Dialysis						
≥1 dialysis admissions, n (%)	44 (34%)	24 (24%)	661 (9%)	91 (51%)	56 (31%)	1580 (7%)
Hospital admissions[^]						
≥1 admissions, n (%)	130 (100%)	99 (100%)	6407 (88%)	178 (100%)	178 (100%)	21746 (100%)
Median (IQR)	7 (6)	8 (9)	4 (7)	8 (9)	10 (15)	7 (8)
Mean (SD)	8.8 (9.1)	10.2 (9.1)	7.2 (9.9)	11.0 (9.2)	14.4 (12.4)	10.5 (15.2)
Average length of stay, days[^]						
Mean (SD)	3.2 (2.7)	4.4 (6.6)	3.6 (3.8)	4.4 (3.6)	5.4 (5.9)	6.0 (8.2)
Cost of health care						
Non-zero cost, n (%)	127 (97%)	97 (98%)	6050 (83%)	NA	NA	NA
Median (IQR)	\$42,088 (69384)	\$45,929 (75587)	\$16,403 (55150)	NA	NA	NA
Mean (SD)	\$68,190 (95175)	\$78,436 (87583)	\$48,761 (86751)	NA	NA	NA

[^] excludes dialysis

CKD Registry is a CKD surveillance program collecting information from consented participants

The PHA cohort is a group of de-identified patients whose data were made available for research purposes based on the Public Health Act in Queensland, Australia

NA not available at the time of writing