

Racial inequalities exist for kids with kidney disease

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Among children with kidney disease, certain races are less likely to get kidney transplants and are more likely to die than other races, according to two studies from Emory University that were presented during the American Society of Nephrology's Annual Kidney Week.

Kidney transplantation is the optimal treatment for patients with kidney failure, but the demand for organs outweighs the supply. That's why most patients with kidney failure must start on dialysis while they wait for a kidney transplant. Rachel Patzer, PhD and her colleagues looked to see how race and poverty impact access to [kidney transplantation](#) before dialysis -- called preemptive transplantation -- among children with kidney failure.

By analyzing data from the United [States Renal Data System](#) from 2000 to 2008, the researchers found that the average annual rate of preemptive transplantation was higher among whites than Hispanics and blacks. Racial differences were also evident in the type of preemptive transplants children received, where more white patients had living donors (78.8%) vs Hispanics (57.3%) and blacks (48.8%). Hispanics had a 50% and blacks a 56% lower rate of preemptive transplants than whites.

"Among [pediatric kidney](#) disease patients in the United States, white patients have a significantly higher rate of getting a [kidney transplant](#) without ever starting dialysis compared to blacks and Hispanics," concluded Dr. Patzer. "The reasons for this racial disparity are not

entirely clear, but could be due to lower access to health care among minority patients," she added.

In another study, these same researchers examined racial differences in deaths among children with kidney failure. Sandra Amaral, MD and her team examined all kidney failure patients under 21 years of age who went on dialysis between January 2000 and September 2008 and did not receive a transplant during the study, which ended in September 2009.

Among 8,146 pediatric kidney failure patients, 896 (9.7%) died. Blacks with no health insurance had a 59% greater rate of death after developing kidney failure compared with whites, while Hispanics had a significantly lower rate of death vs the other racial groups regardless of insurance status. "More studies are needed to understand why these differences occur," said Dr. Amaral.

Provided by American Society of Nephrology

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