

Acute critical illness increases risk of kidney complications and death

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Acute critical illness in people without previous renal disease puts them at risk of kidney complications as well as death, according to a study published in *CMAJ (Canadian Medical Association Journal)*.

"[P]atients with acute critical illness without apparent underlying renal disease—a group traditionally considered to be at low risk of renal diseases—have clinically relevant long-term renal risks," write Dr. Shih-Ting Huang and Dr. Chia-Hung Kao, Taichung Veterans General Hospital and China Medical University, Taichung, Taiwan, with coauthors.

Most studies have looked at patients with pre-existing kidney disease, while this study looked at data on 33 613 Taiwanese patients with critical acute illness and no pre-existing kidney disease compared with 63 148 controls for medium-term renal outcome. More than half the patients (53%) were over age 65 and two-thirds (67%) had high blood pressure. Patients who had experienced acute kidney illness were at increased risk of [renal complications](#), developing [chronic kidney disease](#) and [end-stage renal disease](#), with septicemia and septic shock being the strongest risk factors. Of the critically ill patients in the study, 335 developed end-stage renal disease, with a rate of 21 per 10 000 person-years compared with 4.9 per 10 000 person-years in the control group.

Patients who developed chronic kidney disease and end-stage renal disease were at a higher risk of death.

The authors suggest clinicians monitor kidney function at 30-90 days in [patients](#) with acute critical illness without preexisting renal disease and then at least yearly afterwards.

"Renal complications and subsequent mortality in acute [critically ill patients](#) without pre-existing renal disease" is published September 10, 2018.

More information: Shih-Ting Huang et al. Renal complications and subsequent mortality in acute critically ill patients without pre-existing renal disease, *Canadian Medical Association Journal* (2018). [DOI: 10.1503/cmaj.171382](https://doi.org/10.1503/cmaj.171382)

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