

Relationship of 25(OH)D Testing on MBD Outcomes and Medication Utilization in Hemodialysis Patients

Joe Weldon, MBA*1; Mary B Burgess, MS, RD1; Deborah A. Benner, MA, RD, CSR1; Karen M Spach, PhD1; Mahesh Krishnan, MD, MBA, MPH, FASN1 (1) DaVita Inc., Denver, CO

INTRODUCTION

KDIGO recommends evaluation of 25-hydroxyvitamin D [25(OH)D] in patients with stage 5D CKD and repletion with ergocalciferol or cholecalciferol (nutritional) vitamin D given the low serum 25(OH)D levels in this population.

Small studies have shown nutritional vitamin D use may improve mineral and bone disease (MBD) outcomes and decrease active vitamin D and erythropoiesis stimulating agents (ESAs) requirements. We evaluated 25(OH)D testing at a dialysis facility level and correlated the percent of patients being tested with MBD outcomes.

METHODOLOGY

- We assessed the 25(OH)D testing patterns of 1393 hemodialysis (HD) facilities.
- All patients treated more than 13 times in 2009 and at a single facility throughout 2009 were included (Tables 1 and 2).
- Of those, the 730 that tested for 25(OH)D deficiency in their patients were grouped by percent of patients in the facility tested in 2009 at any one point in time.
- This was correlated with MBD target outcomes (phosphorus <5.5 mg/dL; corrected calcium <9.5 mg/dL and PTH 150-300 ng/ml) and medication utilization for December 2009.

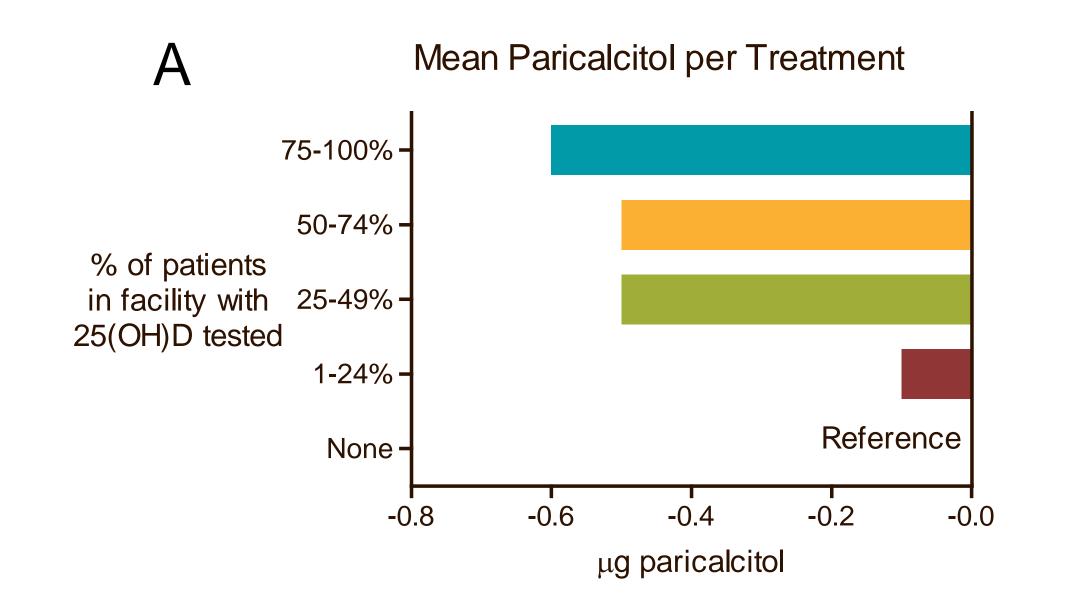
RESULTS

Table 1. Patients Demographics

Mean ± SD	Treatment
N	119,359
Age (yr)	62.1± 15.1
% Male	55.7%
Race and Ethnicity	
% African American	36.8%
% Hispanic	15.8%
% Asian, Pacific Islander	3.8%
% Native American	1.4%
% Unknown	0.1%
% Diabetic	71.6%
Vintage (yr)	3.9 ± 3.7
BMI	27.6 ± 7.2

Table 2. Vitamin D Testing Patterns by Facility

3	J
% of Patients in Facilit with 25(OH)D Tested	y Facilities
None	663
1% to 24%	518
25% to 49%	44
50% to 74%	48
75% to 100%	120



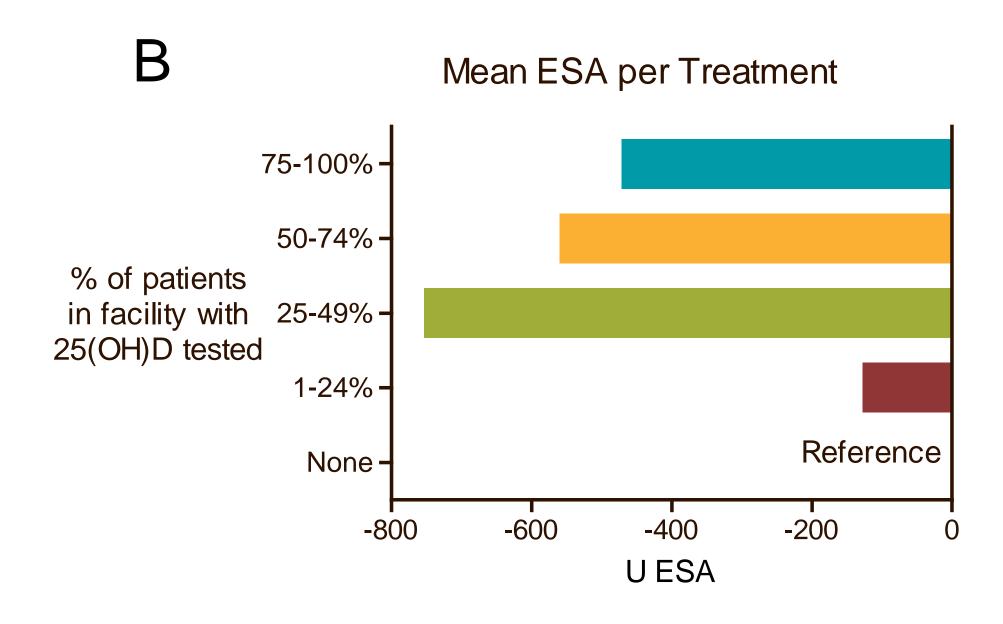


Figure 1. Medication Use by Facility Testing

SUMMARY of RESULTS

- When facilities are stratified by the percent of patients being tested for 25(OH)D levels, the percent of patients meeting the MBD target outcomes (P, Ca and PTH) did not differ.
- Medication use varied with facility testing patterns (Figure 1A and 1B).
- Patients in facilities that selectively test 25(OH)D show lower paricalcitol and ESA doses than those that do not test, despite comparable MBD outcomes.

KEY LEARNINGS

- ✓ We used 25(OH)D testing as a surrogate for detection and treatment of vitamin D deficiency with cholecalciferol or ergocalciferol.
- ✓ Our findings are consistent with those of smaller clinical trials regarding the potential benefits of testing and treatment of 25(OH)D deficiency in ESRD pts.
- ✓ Further prospective clinical trials are warranted.

We express our sincere appreciation to the teammates in our nearly 1600 clinics who work every day not only to take care of patients but also to ensure the extensive data collection on which our work is based. We thank DaVita Clinical Research® for support in preparing this poster. DCR is committed to advancing the knowledge and practice of kidney care.

*Correspondence: joe.weldon@davita.com American Society of Nephrology RenalWeek 2010, Denver, CO