Response to ‘Need for a more realistic cutoff GFR value to define chronic renal failure’


We thank Drs Barai and Gambhir for their thoughtful comments. Indeed, our paper intended to stimulate the discussion on ‘normal’ values. Obviously, reference values of glomerular filtration rate (GFR) may vary between populations. In the Indian population, GFR appears 20 ml min$^{-1}$ lower than in the European population.$^2$ It is important, however, to realize that differences in the methodology of GFR measurement may bias these results. In this respect, we wonder if Barai et al.$^2$ have used the correction factor of 1.15, which was proposed by Mulligan et al.$^5$ to improve the accuracy of GFR measurement using the Russell two point method. Thus, a GFR of 100 ml min$^{-1}$ should be corrected to 115 ml min$^{-1}$.

Most important is the definition of what is normal. As GFR decreases with age, it seems wise to use age-dependent reference values as ‘normal’ values. As such, the use of a fixed GFR cutoff point for defining chronic kidney disease is not logical. Still, the most important step is to define particular cutoff points that are independently associated with an increased risk of morbidity or mortality. Indeed, a recent study suggested that in elderly persons a lower GFR threshold should be used.$^6$ Certainly, more epidemiological data in different populations are needed. Meanwhile, we feel that in daily patient care, it is wise to compare the values of an individual patient with values obtained in age- and sex-matched controls.

1. Barai S, Gambhir S. Need for a more realistic cutoff GFR value to define chronic renal failure.

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