LETTER TO THE EDITOR

Comments on “Progression of stages 3b–5 chronic kidney disease—Preliminary results of Taiwan national pre-ESRD disease management program in Southern Taiwan”

Dear Editor,

We read the article by Dr Lin and co-workers1 that reported on the preliminary results of Taiwan national pre-end-stage renal disease (ESRD) management program. In their article, Lin et al1 demonstrated a very low decline of estimated glomerular filtration rate (eGFR) in Southern Taiwan among the pre-ESRD program participants. In the “Discussion” section, by comparing the decline of eGFR between their cohort and another study cohort without the pre-ESRD program, the authors proposed that these results were suggestive of the beneficial effect of multidisciplinary care. However, there are several interesting issues that should be addressed before coming to such a conclusion.

First, the study populations were different between these two cohorts. In addition, the patient care system and treatment policies may have also been different. All these factors could influence the results while studying renal function deterioration. A paradoxical rise of eGFR in stage 3b nondiabetic patients in their study but not in the other cohort indicated that the study populations were different.

Second, whether better outcomes achieved with surrogate markers, such as eGFR decline rate, could be transformed into better clinical outcomes, that is, lower incidence of dialysis or transplantation, is open to doubt.2 It would have been better had the effect of the pre-ESRD multidisciplinary education program been shown by comparing the reduction rates of long-term dialysis in the education group with that of the noneducation group. Several studies were carried out to address this issue. Chen et al3 conducted a 3-year prospective propensity-score-matched cohort study. Their study result revealed a paradoxical increase in the number of patients undergoing dialysis in the multidisciplinary care group. Another propensity-score-matched cohort in Korea also failed to demonstrate the lower rate of patients undergoing dialysis in the multidisciplinary care group.4

By contrast, we observed a 15% drop in the incidence of ESRD in Taiwan after the initiation of nationwide pre-ESRD program. According to the National Health Insurance Administration, 119,136 patients were included in the program until December 2013. This comprised only 47% of stages 3b–5 chronic kidney disease (CKD) patients. This decrease of dialysis-needed ESRD in Taiwan might indicate the beneficial effect of the pre-ESRD program. In our center, we conducted a retrospective study and concluded that the pre-ESRD multidisciplinary education program provided better health care and reduced the incidence of renal replacement in patients with advanced stages of CKD. The result is compatible with the phenomenon that dialysis-needed ESRD incidence decreased after the initiation of nationwide pre-ESRD program.

References


Ping Min Chen
Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

Ping Yu Chen
Department of Internal Medicine, Chi Mei Medical Center, Chia Li Campus, Tainan, Taiwan

Wen Chih Chiang*
Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

*Corresponding author.
Department of Internal Medicine, National Taiwan University Hospital, Number 7, Chung-Shan South Road, Taipei 100, Taiwan. E-mail address: wcchiang@ntu.edu.tw

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