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Poster presentation

Subclinical kidney disease in HIV-infected patients

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Purpose of the study

There is an increasing concern about renal dysfunction in HIV-infected patients. Early identification of patients with high risk of developing chronic kidney disease provides the opportunity to prevent or to delay its progression. The aim of the study was to detect the prevalence of subclinical chronic kidney disease in HIV-infected patients.

Method

A cross-sectional study was carried out in the HIV-Unit at a University Hospital in Barcelona, Spain. All patients were 20 years of age or older. A screening was made to detect the patients in stage I and II according to the "K/DOQI Clinical Practice for Guidelines Chronic Kidney Disease" [1]. Estimated glomerular filtration rate (EGFR) was ascertained according to the Modification of Diet in Renal Disease formula (MDRD-4). Glomerular damage (proteinuria and/or haematuria) was determined by dipstick, sequential urinalysis was made in 3 consecutive months, when proteinuria was detected to confirm the result the albumin/creatinine ratio (ACR) was determined, microalbuminuria was defined as ACR > 3 mg/mmol.

Summary of results

854 patients were included in the study: 72.8% males; 90% Caucasians. Glomerular damage was detected in 15% of patients, 9.3% had microalbuminuria and 8.2% had microhaematuria. Chronic kidney disease stage I (EGFR > 90 mL/min/1.73 m^2 with glomerular damage) was detected in 58 (6.8%) patients. Chronic kidney disease stage II (EFGR between 60 and 89 mL/min/1.73 m^2) was detected in 358 (41.8%) of patients; and stage III or higher (< 60 mL/min/1.73 m^2) was detected in 51 (6%) of patients. Markers of glomerular damage were found in 13.1% and 45.1% for patients in stage II and III of chronic kidney disease, respectively.

Conclusion

Early stages of kidney disease were detected in a high proportion of HIV-infected patients. Simple and cheap laboratory analysis (dipsticks and estimated glomerular filtration rate) appears to be useful as screening method to detect subclinical kidney disease; at this stage the measures of control and prevention can be more effective.

References

1. Levey AS, *et al.*: **National Kidney Foundation practice guidelines for chronic kidney disease: evaluation, classification, and stratification.** *Ann Intern Med* 2003, **139:**137-47.