

Prevalence and Clinical characteristics of Saudi Dialysis patients with or without positive family histories of Kidney Disease

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Abstract

Objective

This study aimed at evaluating the prevalence and clinical characteristics of Saudi dialysis patients with a positive family history of kidney disease and to compare these to those without a family history of kidney disease.

Secondary objectives were to assess the certainty of the diagnoses of causes CKD among the patients by their physicians

Methods & Material

This is a cross-sectional survey based study on adult Saudi patients on hemodialysis in six dialysis centers in four Saudi cities.

The survey had two parts. The first part (filled by the physicians of the patient) asked about the patient's sex, age, dialysis vintage, CKD vintage, cause of the renal failure and whether the diagnosis is definitive or speculative. The second part (filled by the patients) asked about the presence of kidney disease among first degree relatives (history of CKD, urinary abnormality and/or is or having been on dialysis).

Results

1080 patients were included, 55.4% males. The Mean age was 56.1 ± 20 years and the mean dialysis vintage was 5.7 ± 5.9 years and the mean time between diagnosis of CKD and onset of dialysis was 3.0 ± 5.6 years

Table 1 shows the causes of the CKD as determined by the patients' physician and whether this diagnosis is "definitive" or "speculative". Of all the diagnoses given, 57.8% were either "unknown" (33%) or only "speculative" (25.3%). In those with a diagnostic label, the diagnosis was thought to be definitive in only 62.2% of the cases". (Table 1).

21.5% had first-degree relatives with kidney disease with no significant difference cities. There were more patients with "unknown" or "hypertensive" diagnosis among patients with FH of kidney than in those without ($p=0.07$ and 0.005 respectively). No differences were observed when the cause was DN or GN.

No significant difference in the prevalence FH was seen by age ($p=0.5$). Dialysis vintage was significantly shorter ($p=0.03$) and CKD vintage was significantly longer ($p=0.0001$) in the patients with FH (table 2)

Conclusion

More patients with "unknown" or "hypertensive" diagnostic labels were seen in patients with FH but not when the causes of the patients were DN or GN This suggests that under the umbrella of "unknown" or "hypertensive" diagnostic labels, a number of genetically-based kidney diseases might well be concealed. The dialysis vintage was significantly shorter and CKD vintage was significantly longer in the patients with FH.



Biography:

Abdulla A Al Sayyari is serving at an esteemed position in King Saud Bin Abdulaziz University for Health Sciences, Saudi Arabia. He is the recipient of numerous awards for his expert research works in related fields. His research interests reflect in his wide range of publications in various national and international journals.

Speaker Publications:

1. Al-Khader AA. Enhancing research productivity in the Arab world. Saudi Med J. 2004;25(10):1323–1327.
2. Cursiefen C, Altunbas A. Contribution of medical student research to the Medline-indexed publications of a German medical faculty. Med Educ. 1998;32(4):439–440.



3. Solomon SS, Tom SC, Pichert J, Wasserman D, Powers AC. Impact of medical student research in the development of physician-scientists. J Investig Med. 2003;51(3):149–156.
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[21st Global Nephrology, Urology and Kidney Failure Congress](#); June 10-11, 2020.

Abstract Citation:

Abdulla A Al Sayyari, Prevalence and Clinical Characteristics of Saudi Dialysis Patients with or without Positive Family Histories of Kidney Disease, Nephrologists 2020, 21st Global Nephrology, Urology and Kidney Failure Congress; June 10-11, 2020
(<https://nephrologists.insightconferences.com/speaker/2020/abdulla-a-al-sayyari-king-saud-bin-abdulaziz-university-for-health-sciences-saudi-arabia>)