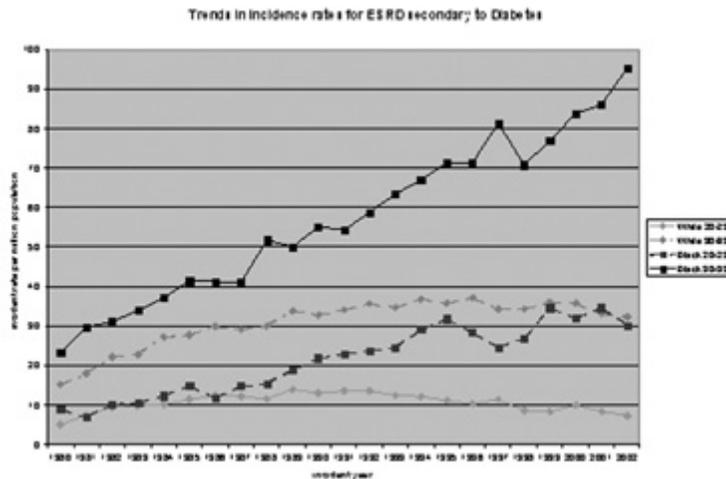


Trends in Incidence Rates for ESRD Secondary to Diabetes Mellitus (DM): The Potential Impact of Clinical Interventions to Slow CKD Progression.

Allan J. Collins, Eric T. Frazier, Shu-Cheng Chen, David T. Gilbertson. U. S. Renal Data System, MMRF, Minneapolis, MN; Medicine, University of Minnesota, Minneapolis, MN

Overall, incidence rates for ESRD have continued to increase over the last 10 years. ESRD secondary to DM, particularly in the older population, is the leading cause of ESRD. Therapies to reduce progression of kidney disease have been available since 1993, yet little information is available on the potential implications of these therapies on the trends in ESRD incidence rates for younger patients. We studied ESRD incidence rates secondary to DM from 1980-2002 by race in patients aged 20-29 and 30-39 years old. CMS Medical Evidence Form 2728 information was assessed for a primary cause of ESRD focusing on the younger population. The specific type of DM (I vs II) was not readily apparent since the coding system typically classified patients as insulin or non-insulin dependent. The total cohort (N=42,079) included all incident Whites and Blacks with ESRD secondary to DM with the computed rates as the number of new cases divided by the census at-risk population.



White patients aged 20-29 peaked in their incidence rates in the early 1990s and declined from 12.5 pmp in 1993 to 7.3 pmp in 2002, a 72% decrease. DM ESRD incidence rates in Whites aged 30-39 were flat from 1994-2000 and decreased slightly from 36.1 pmp in 1999 to 32.3 pmp in 2002, a 10.5% decline. The Black population has seen a continued increase in ESRD secondary to DM. These data suggest ESRD in Whites may be truly on the decline, but ESRD secondary to DM in Blacks is a major problem. Differences in Type I vs II DM in minorities need to be addressed, as well as the timing of reports to treat CKD progression in DM II and access to care.