Introduction

- Low GFR and high urinary ACR levels are common in US adults and are associated with adverse health outcomes.
- The utility of screening GFR and ACR levels is unknown.
- Ideally, the threshold values chosen to define normal/abnormal would be a good discriminator of death or survival; "normals" would have high survival rates and "abnormals" would have high mortality rates.
- Expressed differently, the threshold value would have a high sensitivity and a high C-statistic.
- As classic cardiovascular risk factors were considered, subjects ≥ 20 years with fasting blood tests were included (n = 6,165).

Methods

- NHANES III was a probability-based sample of the US civilian population (1988-1994).
- The characteristics of US adults (1988-1994) are shown in Table 1.
- Table 2 shows odds ratios and C-statistics for death/survival.

Results

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- Table 2 shows odds ratios and C-statistics for death/survival.

Conclusions

- GFR and ACR thresholds demonstrate prognostic discrimination close to optimal age thresholds, and with the exception of systolic blood pressure, higher than those of commonly-advocated public health screening measures.
- ACR and GFR carry prognostic discrimination in older adults.
- Optimum ACR thresholds are substantially less than 30 mg/g.