

The Medical Journal of Australia • MJA

MEDIA RELEASE

INDIGENOUS: PRIMARY CARE KEY TO KIDNEY HEALTH

EMBARGOED UNTIL 12:01am Monday 29 April 2019

SYSTEMS-based approaches to identifying and managing patients with acute kidney injury (AKI), and preventing infections could improve health outcomes for Indigenous Australians, according to the authors of research published online today by the *Medical Journal of Australia*.

AKI is linked with short- and long-term morbidity and mortality, including progression to chronic kidney disease (CKD). The prevalence of AKI in Indigenous population has not been documented until now.

The researchers, led by Dr Emma Griffiths from the Rural Clinical School of Western Australia, set out to describe the frequencies of AKI and of associated diagnoses in Indigenous people in the Kimberley region of Western Australia. They analysed the data from Aboriginal and Torres Strait Islander patients, aged 15 years or more, who did not have end-stage kidney disease, for whom AKI was confirmed between 1 June 2009 and 30 May 2016 by an acute rise in serum creatinine levels.

They found that the overall AKI rate was 323 events per 100 000 population; 92 events (28%) were in people aged 15–44 years. Over 50% of principal diagnoses were infectious in nature, including pneumonia (12% of events), infections of the skin and subcutaneous tissue (10%), and urinary tract infections (7.7%). Eighty events (34%) were detected on or before the date of admission; fewer than one-third of discharge summaries (61 events, 28%) listed AKI as a primary or other diagnosis.

“The age distribution of AKI events among Indigenous Australians in the Kimberley was skewed to younger groups than in the ... broader Australian population as recorded in the National Hospital Morbidity Database,” Mohan and colleagues wrote.

“Infectious conditions were common among patients, underscoring the significance of environmental determinants of health.

“One-third of events in our study were detected before or on the day of hospital admission, indicating that AKI can be prevented and identified in community as well as in hospital settings. Primary care services [therefore] can play an important role in preventing community-acquired AKI; applying pathology-based criteria could improve its detection,” they concluded.

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