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In Reply to 'The Myth of the Future Burden of CKD in United States'

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In our *AJKD* article, we reported estimates of the future prevalence of CKD using existing definitions of the disease.[1] In their letter, Drs Delanaye, El Nahas, and Glassock state that the high prevalence of CKD in persons aged 65 and older is primarily due to aging and does not represent an added mortality risk.[2] A few studies have indeed found that estimated GFR values between 45 and 59 mL/min/1.73 m^2 are not associated with increased mortality.[3] However, other large epidemiologic studies have found that the relative and absolute risks of mortality are higher for the elderly with estimated GFR in this range than for the elderly with greater estimated GFR levels, even after controlling for albuminuria.[4,5] Thus, we believe that CKD staging does provide prognostic information for persons aged 65 and older. We agree with Delanaye et al that not all persons who reach CKD stage 3a will progress to more advanced CKD stages; however, we disagree with their statement that "clearly stage 3a neither progresses to more severe stages nor shortens life expectancy" in persons aged 65 and older.

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References

1. Hoerger TJ, Simpson SA, Yarnoff BO, et al. The future burden of CKD in the United States: a simulation model for the CDC CKD Initiative. Am J Kidney Dis. 2015; 65(3):403–411. [PubMed: 25468386]
2. Delanaye P, El Nahas M, Glassock RJ. The myth of the future burden of CKD in United States. Am J Kidney Dis. 2015; 66(1):171–172. [PubMed: 26111905]
3. Gansevoort RT, Correa-Rotter R, Hemmelgarn BR, et al. Chronic kidney disease and cardiovascular risk: epidemiology, mechanisms, and prevention. Lancet. 2013; 382(9889):339–352. [PubMed: 23727170]
4. O'Hare AM, Hailpern SM, Pavkov ME, et al. Prognostic implications of the urinary albumin to creatinine ratio in veterans of different ages with diabetes. Arch Intern Med. 2010; 170(11):930–936. [PubMed: 20548004]
5. Hallan SI, Matsushita K, Sang Y, et al. Age and the association of kidney measures with mortality and end-stage renal disease. JAMA. 2012; 308(22):2349–2360. [PubMed: 23111824]