



Prevention may not reduce the demand for renal transplantation

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To the Editor:

The recent editorial by Delmonico [1] suggests that a national program of aggressive preventative measures would result in a reduction in demand for kidney transplantation. There is reason to suppose this is not the case.

Most patients with chronic kidney disease die from cardiovascular complications prior to reaching ESRD. Recent national data reported by the Centers for Disease Control show that deaths due to cardiovascular disease declined by 3.5% in 2003. [2] It is also widely recognized that the median age for incident and prevalent patients with ESRD has been increasing. [3] A plausible explanation of the higher median age of incident ESRD patients is that the unintended consequence of the successful treatment of cardiovascular risk factors is that patients with chronic kidney disease are now living long enough to reach ESRD. This, in turn, results in an increase in the demand for renal replacement therapy, including transplantation.

Delmonico is correct in observing that there is much room for improved implementation of preventative strategies. [4] But it is not clear that even robust prevention programs will result in fewer, rather than more patients living to reach ESRD. Since the manifest benefits of transplantation over dialysis are also realized by older patients, [5] laudable programs of aggressive risk factor reduction may actually exacerbate the shortage of transplantable organs. Furthermore, such efforts can hardly be expected to significantly attenuate the strain on the organ supply in the United States if the waiting list exceeds 100,000 by 2010. [6]

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