

Submission No.: ANF1-9001

Session Title: Asian Nephrology Forum

Date & Time, Place: April 29 (Sat), 15:30 - 17:30, Room 1

Prevention and Diagnosis of AKI: Community-and Hospital-Acquired Aki

Nattachai Srisawat
Chulalongkorn University, Thailand

Etiologies for acute kidney injury (AKI) vary by geographic region and socioeconomic status. While considerable information is now available on AKI in the Americas, Europe and China, large comprehensive epidemiologic studies of AKI from Southeast Asia (SEA) are still lacking. The aim of this lecture was to demonstrate the characteristics of AKI (both community- and hospital-acquired) among intensive care unit (ICU) patients in Southeast Asia (SEA). We have conducted the largest prospective observational study of AKI in SEA. The data were serially collected on the first 28 days of ICU admission by registration in electronic web-based format. AKI status was defined by full KDIGO criteria. We used AKI occurrence as the clinical outcome and explored the impact of modifiable and non-modifiable risk factors on the development and progression of AKI. Finally, we enrolled 5476 patients from 23 ICU centers across region from 2013 to 2015. In Thailand, AKI occurred in 2471 of 4668 patients (52.9%). Overall, the maximum AKI stage was Stage 1 in 7.5%, Stage 2 in 16.5% and Stage 3 in 28.9%. In the multivariable adjusted model, we found that older age, female sex, admission to a regional hospital, medical ICU, high body mass index, primary diagnosis of cardiovascular-related disease and infectious disease, higher APACHI II, non-renal SOFA scores, underlying anemia and use of vasopressors were all independent risk factors for AKI development. In Thai ICUs, AKI is very common. Identification of risk factors of AKI development will help in the development of a prognostic scoring model for this population and should help in decision making for timely intervention, ultimately leading to better clinical outcomes.