Prevalence and Clinical Characteristics of Dialysis Patients

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Chronic kidney disease (CKD) is a serious health issue. Currently there are more than 20,000 patients on dialysis and around 10,000 patients undergoing post kidney transplantation follow up. The prevalence of renal transplantation therapy in KSA is estimated at 294.3 per million populations. This study aimed at evaluating the prevalence and clinical characteristics of dialysis patients with a positive family history of kidney disease and to compare these to those without a family history of kidney disease. Secondary objectives were to assess the certainty of the diagnoses of causes CKD among the patients by their physicians.

This is a cross-sectional survey based study on adult patients on hemodialysis. The survey had two parts. The first part asked about the patient's sex, age, dialysis vintage, CKD vintage, cause of the renal failure and whether the diagnosis is definitive or speculative. The second part asked about the presence of kidney disease among first degree relatives with history of CKD, urinary abnormality and/or is or having been on dialysis.

1080 patients were taken, 55.4% males. The mean age was 56.1±20 years and the mean dialysis vintage was 5.7±5.9 years and the mean time between diagnosis of CKD and onset of dialysis was 3.0±5.6 years Table 1 shows the causes of the CKD as determined by the patients' physician and whether this diagnosis is definitive or speculative. Of all the diagnoses given, 57.8% were either unknown or only speculative. In those with a diagnostic label, the diagnosis was thought to be definitive in only 62.2% of the cases. 21.5%

had first-degree relatives with kidney disease with no significant difference cities. There were more patients with "unknown" or "hypertensive" diagnosis among patients with FH of kidney than in those without. No differences were observed when the cause was DN or GN. No significant difference in the prevalence FH was seen by age. Dialysis vintage was significantly shorter and CKD vintage was significantly longer in the patients with FH.

More patients with "unknown" or "hypertensive" diagnostic labels were seen in patients with FH but not when the causes of the patients were DN or GN This suggests that under the umbrella of "unknown" or "hypertensive" diagnostic labels, a number of genetically-based kidney diseases might well be concealed. The dialysis vintage was significantly shorter and CKD vintage was significantly longer in the patients with FH.