

论著

3547例慢性肾脏疾病患者分期及相关因素分析

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摘要:

目的: 慢性肾脏病(CKD)是人类面临的主要健康问题之一, 本研究调查了中南大学湘雅二医院肾内科CKD患者的分期情况及病因、年龄、性别等相关因素分析。方法: 回顾性分析2003年1月到2008年12月6年间中南大学湘雅二医院肾内科收住的3 547例CKD3期及以上的第一次住院患者 ( $\geq 14$ 岁)的资料, 参照 NKF K/DOQI指南的标准来定义CKD, 按照简化的MDRD公式求eGFR [ $eGFR=186.3 \times \text{血肌肝(Scr)}-1.154 \times \text{年龄}-0.203 \times 0.742$ (女性)  $\text{mL/min} \cdot 1.73 \text{ m}^2$ ]。记录患者的性别、年龄、住院号、病因及功能诊断、病程、收缩压和舒张压、血红蛋白、尿量、肾功能、血白蛋白、肾脏B超、治疗方式等项目, 并进行统计分析。结果: (1)原发性肾小球疾病、高血压病和糖尿病是导致CKD的主要病因, 分别占55.20%, 14.55%和11.78%。6年间的病因构成无明显差异 ( $P>0.05$ )。但病因构成中慢性肾小球肾炎比例有所下降, 而高血压肾病、糖尿病肾病的比例有所上升。(2)CKD3期到5期患者所占比例分别为11.59%, 23.03%和65.38%。41~60岁的患者占CKD的39.24%, 大于60岁的患者占CKD的36.88%。慢性肾小球肾炎患者的年龄常见于21~40和41~60岁年龄组。狼疮性肾炎患者年龄较轻, 21~40岁占48.35%。高血压肾病和糖尿病肾病患者年龄较大, 95%以上见于40岁以上患者。(3)梗阻性肾病、痛风性肾病多发于男性, 而狼疮性肾炎以女性多见。(4)大多数 CKD患者伴贫血 (94.28%)和高血压 (56.91%), 且随CKD病程进展, 贫血、高血压发生率及严重程度增高 ( $P<0.005$ )。(5)CKD5期患者2 319例, 926例行血透, 181例行腹透。结论: CKD病因前3位依次为慢性肾小球肾炎, 高血压肾病, 糖尿病肾病。糖尿病肾病和高血压肾病的比例呈上升趋势。CKD3期到5期患者中以5期患者居多, 老年人是CKD的高危人群。

关键词: 慢性肾脏病 病因学 回顾性分析

Stages of 3 547 patients with chronic kidney disease and relevant factor analysis

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Abstract:

Objective To investigate the prevalence and distribution of chronic kidney disease(CKD) in Second Xiangya Hospital of Central South University. Methods We retrospectively analyzed the medical records of 3547 CKD patients ( $\geq 14$  years old) admitted to Second Xiangya Hospital for the 1st time from January 2003 to December 2008. Glomerular filtration rate (GFR) was estimated by using the MDRD equation abbreviated [ $eGFR=186.3 \times \text{Scr}-1.154 \times \text{age}-0.203 \times 0.742$  (for women)  $\text{mL/min} \cdot 1.73 \text{ m}^2$ ]. Data of patients' gender, age, admission number, etiologic and functional diagnose, course of disease, blood pressure, hemoglobin, urine, renal function, blood albumin, and kidney ultra B were collected. Results (1) The most common causes for CKD were primary glomerulonephritis(55.20%), hypertension (14.55%) and diabetes (11.78%). The composition of the causes during this 6 years was not significantly different ( $P>0.05$ ). The proportion of chronic glomerulonephritis declined while that of hypertensive nephropathy and diabetic nephropathy increased as time passed. (2) Patients were respectively distributed from stage 3 to stage 5 at the following percentages: 11.59% (stage 3), 23.03% (stage 4), and 65.38% (stage 5). Middle aged and young patients (41 years<age<60 years) accounted for 39.24% of the CKD patients. Elderly patients (age>60 years) accounted for 36.88% of the CKD patients. Chronic glomerulonephritis was often seen at 21 40 and 41 60 year olds. Patients with lupus nephritis were younger, 48.35% of whom were 21 40 years old. On the contrary, patients with hypertensive nephropathy and diabetic nephropathy were much older. They were mainly seen in older than 40 year groups. (3) Obstructive nephropathy and gout nephropathy occurred mainly in men while it seemed much easier for women to suffer from lupus nephritis. (4) The majority of CKD patients was accompanied by anemia (94.28%) and hypertension (56.91%), and the incidence and degree of anemia and hypertension increased as CKD developed ( $P<0.005$ ). Conclusion The top 3 causes of CKD are chronic glomerulonephritis, hypertensive nephropathy, and diabetic nephropathy. The proportion of hypertensive nephropathy and diabetic nephropathy is on the rise. Elderly people are the high risk group for CKD.

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PubMed

Keywords: chronic kidney disease;etiology;retrospective analysis

收稿日期 2009-05-10 修回日期 网络版发布日期

DOI: 10.3969/j.issn.1672 7347.2010.

基金项目:

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