

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

The Incidence of End-Stage Renal Disease in Georgia, 1999–2002

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PEER REVIEWED

Track: Methods and Surveillance

Each year in the United States, approximately 80,000 people are diagnosed with end-stage renal disease (ESRD), a condition requiring dialysis or kidney transplant to sustain life. The primary causes of the disease for the majority of patients are diabetes and hypertension. We sought to assess racial disparities in the burden of ESRD and its contributing causes in Georgia.

ESRD Network 6 is part of the United States Renal Data System, a nationwide 18-network ESRD surveillance system that collects information on newly diagnosed and chronic ESRD patients. We used data from the ESRD Network 6 Web site to calculate age-adjusted ESRD incidence rates in Georgia and to describe the demographic characteristics of newly diagnosed patients from 1999 through 2002. We also used data from the Behavioral Risk Factor Surveillance System to compare the age-adjusted prevalence of diabetes (2002) and hypertension (2001) among blacks and whites aged 18 years or older in Georgia.

Each year, more than 3000 persons in Georgia are diagnosed with ESRD. From 1999 through 2002, the age-adjusted incidence rate for ESRD was higher in Georgia (42 per 100,000) than in the nation (33 per 100,000). Of the

newly diagnosed ESRD patients in Georgia, 57% were older than 65 years, and 50% were female. Diabetes was the primary cause of 40% of ESRD cases, and hypertension was the primary cause of 30% of ESRD cases. Although adult blacks were 1.7 times more likely than whites to have diabetes and 1.4 times more likely than whites to have hypertension, blacks were 4.3 times more likely than whites to develop ESRD.

ESRD is a major public health burden, especially among blacks. Although a higher percentage of blacks than whites suffer from diabetes and hypertension, the racial disparity in the prevalence of ESRD is much greater. The incidence of ESRD might be reduced by 1) educating patients with diabetes and hypertension about the importance of diligent self-management and regular medical care, and by 2) encouraging physicians to monitor the renal function of their patients with diabetes and hypertension.

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