



PRESS RELEASE

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STUDY REVEALS HIGH DEATH RATES ASSOCIATED WITH ACUTE KIDNEY INJURY IN HOSPITALIZED VETERANS

Patients face both short- and long-term risks.

Highlights

- Among veterans with acute kidney injury (AKI) at some point between 2008 to 2017, 6% died in-hospital and 28% died within 1 year. In contrast, in-hospital and one-year mortality was 0.8% and 14%, respectively, among non-AKI hospitalizations.
- In veterans hospitalized with AKI, in-hospital and one-year mortality rates remained stable throughout the study period.

Washington, DC (February 7, 2022) — Acute kidney injury (AKI), an abrupt decline in kidney function, is a frequent complication in hospitalized patients. A recent study in *CJASN* that analyzes data from the Veterans Health Administration has revealed a high rate of deaths associated AKI, as more than 1 in 4 patients with AKI died within 1 year of hospitalization.

To examine recent short- and long-term mortality trends in hospitalized patients with AKI, Ryann Sohaney, DO (Henry Ford Health System) and her research colleagues analyzed data from the national Veterans Health Administration on all patients hospitalized from October 1, 2008 to September 31, 2017.

The investigators identified 1,688,457 patients and 2,689,093 hospitalizations across the study period. Among patients with AKI, 6% died in-hospital and 28% died within 1 year. In contrast, in-hospital and one-year mortality was 0.8% and 14%, respectively, among non-AKI hospitalizations.

During the study period, there was a slight decline in in-hospital AKI-associated mortality, which was attenuated after accounting for patient demographics, comorbid conditions, and acute hospitalization characteristics. This stable trend in mortality persisted at 1 year.

“Our study indicates that AKI-associated mortality remains high, as greater than 1 in 4 patients died within 1 year. There has been no significant progress toward improving in-hospital or long-term AKI survivorship,” said Dr. Sohaney.

The study was a collaboration of multiple institutions including the Henry Ford Health System; the University of Michigan; the Centers for Disease Control and Prevention; the University of California, San Francisco; and the VA Ann Arbor Health Care System.

An accompanying editorial stressed the need for interventions that can improve AKI outcomes.

Study authors include Ryann Sohaney, DO, Huiying Yin MS, Vahakn Shahinian, MD, Rajiv Saran, MBBS, MD, MRCP, MS, Nilka Ríos Burrows, MPH, Meda E. Pavkov, MD PhD, Tanushree Banerjee, PhD, Chi-yuan Hsu, MD, Neil Powe, MD, MPH, Diane Steffick, PhD, Kara Zivin, PhD, and Michael Heung, MD.

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The article, titled “In-Hospital and 1-Year Mortality Trends in a National Cohort of US Veterans with Acute Kidney Injury,” will appear online at <http://cjasn.asnjournals.org/> on February 7, 2022, doi: 10.2215/CJN.01730221.

The editorial, titled “Improved Survival after Acute Kidney Injury: Past and Future,” will appear online at <http://cjasn.asnjournals.org/> on February 7, 2022, doi: 10.2215/CJN.16351221.

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