
The Prevalence of Anemia in Patients with Chronic Kidney Disease

Hemoglobin levels in individuals with chronic kidney disease fluctuate frequently above or below the recommended target levels within short periods of time even though the calculated mean hemoglobin remains within the target range of 11 to 12 g/dl.

Anemia is a common complication of chronic renal failure the optimal target hemoglobin levels for patients with various stages of chronic renal failure are unclear² Anemia develops as a frequent complication of chronic renal failure within incidence and severity that are proportional to the degree of renal dysfunction³ Correction of anemia and maintenance of stable hemoglobin in levels using erythropoiesis-stimulating agents (ESA) is an important aspect of disease management.

In clinical studies, moderate increase in hemoglobin in concentration is associated with relief from symptoms of anemia, improved quality of life, and decreased blood transfusion rate.

Anemia develops as a frequent complication of chronic renal failure with an incidence and severity that are proportional to the degree of renal dysfunction. Correction of anemia and maintenance of stable hemoglobin levels using erythropoiesis-stimulating agents (ESA) is an important aspect of disease management.⁷ In clinical studies, moderate increase in hemoglobin concentration is associated with relief from symptoms of anemia, improved quality of life, and decreased blood transfusion rate.

National Kidney Foundation Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines recommend target hemoglobin levels in the range 11 to 12 g/dl, whereas hemoglobin >13 g/dl should be avoided.⁹ Several recent randomized clinical trials showed targeting hemoglobin levels >13 g/dl to “normalize” hemoglobin in chronic renal failure may be associated with poor clinical outcomes,¹⁰ and recent expert review by the Food and Drug Administration has left the target range between 10 and 12 g/dl unchanged.

Anemia refers to an absolute reduction of the total number of circulating red blood cells (RBCs). For practical purposes, anemia is considered when one or more of the following are decreased: hemoglobin, hematocrit, or red blood cell (RBC) count. This condition is a laboratory finding that signifies the presence of illness or disease; anemia should not be considered a diagnosis.

Anemia usually is grouped into three etiologic categories: decreased RBC production, increased

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RBC destruction, and blood loss. Anemia of chronic illness and anemia of chronic renal failure) both fall under the category of decreased RBC production. When the classification of anemia is based on the morphology of the RBCs, both anemia of chronic illness and chronic kidney disease usually falls under the classification of normochromic and normocytic anemia.

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