

EDITORIAL

Decreased Kidney Function in the Elderly: Clinical and Preclinical, Neither Benign

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Decreased kidney function is extremely common in elderly persons and is also an important independent predictor of cardiovascular disease. An advance in detecting decreased kidney function and quantifying its prognostic and therapeutic implications is, therefore, important news for clinicians. In this issue, Shlipak and colleagues advance our understanding of the broad consequences of mildly decreased kidney function in elderly persons. They also demonstrate that cystatin C has some advantages over serum creatinine as a marker of decreased glomerular filtration rate (GFR) in predicting future complications.

In summary, Shlipak and colleagues show that 2 markers of decreased kidney function, estimated GFR and cystatin C concentration, are strong risk factors for noncardiovascular death in addition to cardiovascular death and disease incidence.

The most urgent next step is to evaluate these markers in combination with data on albuminuria. Cost-effectiveness analyses should evaluate the settings in which these new measures of kidney function can help improve targeting of prevention strategies, such as intensified cholesterol-lowering and tailored antihypertensive management. Among older adults, cystatin C provides better prediction than serum creatinine.

Ann Intern Med. 2006; 145(4): 299-301

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- *Shlipak and colleagues evaluate cystatin C as a prognostic marker of death, cardiovascular disease, and incident chronic kidney disease (CKD) in a community-based sample of elderly Cardiovascular Health Study (CHS) participants without known CKD.*
 - *The CHS used the highest-quality laboratory, epidemiologic, and statistical methods.*
 - *Evidence from the CHS strongly suggests that unlike standard cardiovascular risk factors, which become less predictive in older adults, markers of kidney function are strong risk factors for a wide range of adverse outcomes.*