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P096 -Opportunities to improve care through optimising use of ACEi and ARB in high risk chronic kidney disease

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Background
ACEi/ARBs have a strong evidence base for slowing progression of chronic kidney disease (CKD) in patients with diabetes and CKD, and non-diabetes CKD with very heavy proteinuria. This reno-protection is in addition to their impact on blood pressure control. The NICE guideline states that ACEi/ARBs should be used in these patient groups, however it is uncertain what proportion of patients with a renal indication for ACEi/ARBs receive these drugs.

Aims
We studied a prospective cohort of patients with CKD at a high risk of progressing to end-stage renal failure (ESRF) – taken from the RIISC trial. It was assessed to see if patients with a renal indication for an ACEi or ARB were receiving one of these medications and where that medication was not used, what the reason for this was.

Methods
770 patients recruited into a prospective cohort study of patients with pre-dialysis CKD were studied. Inclusion criteria comprised the NICE 2008 CKD guideline criteria for review in a secondary care renal service in patients who were already under follow-up by the service.

We identified all patients who fulfilled renal criteria for ACEi/ARB at inception. We assessed the proportion of these patients who were receiving an ACEi/ARB. For patients who were not receiving an ACEi/ARB, the electronic patients' records and laboratory information from inception was reviewed.

Results
371 patients (48.2%) fulfilled NICE criteria for a renal indication for use of an ACEi or an ARB. Of this group 66% (n=244) were receiving ACEi/ARBs. 127 patients with a renal indication for an ACEi/ARB were not receiving an ACEi/ARB; for 98 of these patients (77.2%) there was no indication in the EPR or laboratory results as to why they were not receiving an ACEi/ARB. The results suggest a higher mortality in the group that was not receiving ACEi/ARB (n=58, 45.7%) compared to the group that was receiving one of these drugs (n=58, 23.8%).

Recommendations
One third of patients in a prospective secondary care study, who have an established indication for the use of ACEi/ARBs are not receiving this treatment, in almost 80% of cases there is no documentation in the clinical records as to the reason for this. This shows room for improvement in both the areas of medication review and note taking.