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Title

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Permalink

<https://escholarship.org/uc/item/96r9s3ph>

Journal

American Journal of Kidney Diseases, 67(5)

ISSN

0272-6386

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Publication Date

2016-05-01

DOI

10.1053/j.ajkd.2016.03.290

Peer reviewed

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CHRONIC KIDNEY DISEASE AND ITS RISK FACTORS ACROSS VARIOUS RACIAL/ETHNIC GROUPS IN HAWAII Connie Rhee¹, Amy You¹, Linda Wong², Victoria Page³, Glen Hayashida³, Ashley Graham³, Kamyar Kalantar-Zadeh¹

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Chronic kidney disease (CKD) appears to be disproportionately more prevalent in Hawaii vs. the broader US population. Little is known about how the prevalence of CKD and its risk factors vary across Hawaiian racial/ethnic groups. We examined data from the National Kidney Foundation of Hawaii's (NKF-Hawaii) Kidney Early Detection Screening Program (KEDS), a program in effect since 2005 with the objectives of raising awareness of CKD and stimulating early screening among Hawaiians. Using data from KEDS Wave 1 health screening events over the period of 2006-9, we examined the distribution of self-reported CKD and its risk factors across various racial/ethnic groups. Amongst 1,243 KEDS participants, we observed that the most commonly represented racial/ethnic subgroups in the KEDS screening events were participants of Caucasian (22%), Japanese (19%), multi-racial (19%), Filipino (13%), and Pacific Islander (8%) background (**Figure**). Compared with these other racial/ethnic subgroups, Pacific Islanders had a higher prevalence of self-reported kidney disease (10%), diabetes (44%), hypertension (57%), hyperlipidemia (45%), smoking (11%), micro- (17%) and macroalbuminuria (5%). Pacific Islanders also had higher median BMI (32 kg/m²), weight (192 lbs), and glucose (113 mg/dl) vs. other subgroups. These data suggest that Pacific Islanders have a

higher prevalence of CKD and risk factors compared to other racial/ethnic subgroups in the KEDS Program. Further studies are needed to determine the unique risk factors for CKD and its related complications and the effectiveness of CKD interventions in the broader Hawaiian population.

Pie Chart with racial/ethnic groups (1,243 KEDS patients)

