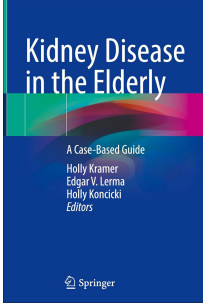


KIDNEY DISEASE IN THE ELDERLY, A Case-Based Guide

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DESCRIPTION:

The over-65 population in the United States is rapidly growing. There are currently about 52 million people over 65 years of age in the United States or 16.5% of the U.S. population. This percentage is expected to reach 22% or 70 million by 2050. This means that during the professional lives of current trainees, they can expect to see an increasing number of older patients in their practice. Average life expectancy in 2004 was 75.2 yr for men and 80.4 yr for women. Due to the pandemic, average life expectancy has decreased for both men and women with declines differing by race and ethnicity. Overall, current average life expectancy is 75.1 years for men and 80.5 years for women.

During the 1990s, the over-85 population was the fastest growing group at 38% growth. This older age group was the largest consumer of healthcare services. By 2060, the number of people age 85 years and older is projected to triple from its current estimate of 6.7 million to 19.0 million.

A substantial percentage of this population has some level of disability: sensory, physical, mental, or self-care. Once a senior develops disability, it greatly impacts their ability to self-manage their disease and follow a complex medical regimen. Patients with chronic kidney disease (CKD) usually require complicated medication routines, complex dietary restrictions, frequent medical visits and receive care from multiple physicians. Thus, providing nephrology care for older patients with CKD requires specific knowledge and skills that are unique to this population.

Elderly patients will make up a growing proportion of the practice of nephrologists and other providers (physicians and allied health providers) involved with their care. Clinical practitioners will need to become more comfortable with shouldering the full care of this segment of their patient population and work closely with a geriatrician and internists and family practitioners. As we become more willing to offer life-prolonging technologies in this vulnerable group, we need to be willing to deal with the consequences of this decision. Finally, with their elderly patients, clinicians face challenging ethical problems, such as whether to withhold or withdraw dialysis. Unless addressed promptly and effectively, these ethical issues will greatly increase the stress on both the healthcare provider and family members.

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