Knowledge Gaps Regarding Chronic Kidney Disease and Diabetes in a Population of Inner-City Dialysis Patients

Introduction: We interviewed pts with ESKD secondary to diabetic kidney disease regarding their knowledge of their disease and how it is related to chronic kidney disease (CKD).

Methods: 15 randomly selected dialysis pts with diabetes (DM) were surveyed regarding knowledge about DM and kidney disease, including questions about the state of their knowledge at the time of DM diagnosis. Demographic information was also collected.

Results: Mean age was 64.3 +/- 2.9 yrs, 8 men (53%), 7 (47%) had less than a college education, 8/9 (89%) made <$40K/yr, mean time with diabetes 29.0 +/- 6.9 yrs. 8/13 (62%) pts saw an endocrinologist. 12/13 (92%) reported no knowledge of what CKD was and 10/13 (77%) did not know that diabetes could cause kidney disease at the time of their DM diagnosis. Pts who were older were less likely to see an endocrinologist (r=-0.64, p=0.019), checked their blood glucose less frequently (r=-0.71, p=0.006), and did not check after eating (r=-0.62, p=0.023). 13/14 (93%) pts stated that they knew what HbA1c was. 11/14 (79%) pts knew that insulin decreases blood glucose levels. 12/14 (86%) pts knew that a person with type 2 diabetes has increased blood glucose. 10/14 (71%) patients knew HbA1c should be checked every 3 months. 6/13 (46%) said they did not know what a nephrologist is and 9/13 (69%) didn't know how kidney function is measured.

Conclusion: In our population of inner-city dialysis pts with DM: 1. The majority of pts had no knowledge of kidney disease and did not know that diabetes could cause kidney disease at the time of their diagnosis. 2. Almost half of pts currently did not know what a nephrologist was and did not know how kidney function is measured. 3. An early education program for our underserved population regarding the relationship between kidney disease and diabetes should be designed in the hopes of delaying progression to ESKD.

Keywords: Diabetes, Diabetic Kidney Disease, Hemodialysis, Education