

Kidney Disease in African Americans

- African Americans are nearly four times more likely than Caucasians to develop kidney failure,¹ which requires dialysis or a kidney transplant.
- An NKDEP survey of African Americans found that only eight percent named kidney disease as a consequence of high blood pressure, and only 17 percent named kidney disease as a consequence of diabetes. Of those surveyed who had high blood pressure and diabetes, only 10 percent and 29 percent, respectively, identified kidney disease as a negative consequence of not treating their conditions.²
- African Americans make up about 12 percent of the population but account for 32 percent of people with kidney failure.¹
- Among new patients whose kidney failure was caused by high blood pressure, more than half (51.2 percent) are African American.¹
- Among new patients whose kidney failure was caused by diabetes, almost one third (31.3 percent) are African American.¹
- African-American men ages 20 to 29 are 10 times more likely to develop kidney failure due to high blood pressure than Caucasian men in the same age group. African-American men ages 30 to 39 are about 14 times more likely to develop kidney failure due to high blood pressure than Caucasian men in the same age group.¹

Kidney Disease in the United States

- Approximately 20 million Americans have kidney disease.³
- Early kidney disease has no symptoms. If left undetected, it can progress to kidney failure with little or no warning.
- By the end of 2003, more than 128,000 people were living with a kidney transplant, and almost 325,000 were on dialysis – a number that has nearly tripled since 1988.¹
- Public and private spending to treat patients with kidney failure in the United States in 2003 was \$27.3 billion,¹ up from around \$22 billion in 2001.
- The most common causes of kidney failure are diabetes and high blood pressure, together accounting for about 70 percent of new cases.¹
- By 2030, more than 2 million people will be receiving treatment for kidney failure.⁴
- Kidney disease can be effectively treated if detected early. ACE (angiotensin-converting enzyme) inhibitors^{5,6,7,8} or ARBs^{9,10} (angiotensin receptor blockers) can prevent or slow progression of kidney disease to kidney failure.

References

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