



# Role of socioeconomic disparities in incidence and mortality of chronic kidney disease

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**Competing interests:** The authors declare that no competing interests exist.

**Received:** 19 October 2017

**Accepted:** 07 November 2017

**Published:** 18 December 2017

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## Keywords

Chronic kidney disease, End-stage renal disease, Poverty, Socioeconomics

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## Dear Editor-in-Chief

Chronic kidney disease (CKD) is a public health problem known as one of the most important factors for premature death (Coresh et al., 2007; Martins et al., 2012). The disparity in the distribution of CKD is due to the socio-economic factors, gender, ethnicity and race at the global level (Norris and Nissenon, 2008; Norris and Agodoa, 2005). Roles of socio-economic conditions have been recently taken into account as a key factor in the pathway of CKD creation and expansion (Bruce et al., 2009; Nicholas et al., 2015). Several studies worldwide investigated a strong relationship between socioeconomic status and incidence

of CKD complications (Crews et al., 2012; Jurkowitz et al., 2012; Saab et al., 2012). Martins et al. studied the relationship between microalbuminuria and macroalbuminuria and the individual economic and social situation in the United States of America, so that the odds ratio of microalbuminuria in the poor (defined as less than 200% federal poverty level) was equal to 1.35; 95% confidence interval (CI): 1.22-1.49 and for macroalbuminuria was equal to 1.78; 95% CI: 1.40- 2.26 compared to other people. According to another study by Lipworth et al., the risk of end-stage renal disease (ESRD) in people with the income level of less than or equal to \$15000 per year was 50% more than others (Lipworth et al., 2012). Risk of ESRD incidence in homeless people was also more than those who lived in houses. According to a research by Jurkowitz et al on people aged 65 and under at the high risk of CKD (people with diabetes or hypertension, and also those with a family history of CKD), the probability of ESRD incidence in the poor without insurance was 72% higher than the poor with insurance (Jurkowitz et al., 2012). Therefore, the lack of health insurance, which is more prevalent among the poor, is, in fact, a risk factor for incidence of ESRD among people at the high risk of disease. Consequently, it is suggested paying attention to people at lower social and economic classes, homeless people and those without health insurance in case finding and screening programs. Health policy makers should also pay attention to roles of social and economic factors in the prevention of incidence and reduction of complications and mortality due to the kidney diseases. Appropriate measures should also be taken to put the poor under the health insurance coverage to reduce the incidence and mortality of kidney diseases.

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## Abbreviations

CI: Confidence Interval

CKD: Chronic kidney disease

ESRD: End Stage Renal Disease

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