Capsule Commentary on Kurani et al., Use of Potentially Nephrotoxic Medications by U.S. Adults with Chronic Kidney Disease: NHANES, 2011–2016

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This study by Kurani et al.¹ examined the prevalence of the use of potentially inappropriate medications (PIM) in patients with chronic kidney disease (CKD), using a cross-sectional analysis of 2011–2016 NHANES data. The authors also explored the relationship between CKD stage, patient awareness of CKD, and PIM use. Results showed that PIM use is common in patients with CKD, with > 50% of patients across all CKD stages using PIM. Patient unawareness of their kidney disease was high, especially in patients with stage 3 CKD (91.6% in stage 3a, 73.1% in stage 3b). There was no association between patient awareness of CKD and odds of PIM use.

This is an important area of investigation because people with CKD are at risk for adverse events and disease progression with nephrotoxic medications.² Prescribing medications to people with CKD is often complicated, because these patients commonly have multiple comorbidities and require many medications.³ A limitation of this study is that it does not address this complex decision-making. The cross-sectional analysis only showed if medicines were prescribed, so it did not reveal details about the prescribers' decision-making process or discussions with patients about the risks and benefits of taking PIM.

Despite this limitation, the study adds to existing literature suggesting that we overuse PIM in patients with CKD.^{4, 5} Based on the study data, providers need to do a better job at communicating CKD diagnoses, especially in patients with

stage 3 disease. However, based on this study, increasing patient awareness of CKD is not sufficient for optimal CKD management. Clinicians also need to regularly review medications with CKD patients.

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Compliance with Ethical Standards:

Conflict of Interest: The author has no conflicts of interest with this article.

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