

# Person—end-stage renal disease status (diabetes complication), code N

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to [info@aihw.gov.au](mailto:info@aihw.gov.au).

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at [meteor@aihw.gov.au](mailto:meteor@aihw.gov.au).

# Person—end-stage renal disease status (diabetes complication), code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Renal disease—end-stage (diabetes complication)
<b>METEOR identifier:</b>	270373
<b>Registration status:</b>	<a href="#">HealthI</a> , Standard 01/03/2005
<b>Definition:</b>	Whether an individual has end-stage renal disease as a complication of diabetes, and has required dialysis or has undergone a kidney transplant, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Person—end-stage renal disease status</a>
<b>Value Domain:</b>	<a href="#">End-stage renal disease code N</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	N
<b>Maximum character length:</b>	1

	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	End-stage renal disease - developed in the last 12 months
	2	End-stage renal disease - developed prior to the last 12 months
	3	No end-stage of renal disease
<b>Supplementary values:</b>	9	Not stated/inadequately described

## Data element attributes


## Collection and usage attributes

<b>Collection methods:</b>	Ask the individual if he/she has required dialysis or has undergone a kidney (renal) transplant (due to diabetic nephropathy). Alternatively obtain the relevant information from appropriate documentation.
----------------------------	--

## Source and reference attributes

<b>Submitting organisation:</b>	National Diabetes Data Working Group
<b>Origin:</b>	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

## Relational attributes

<b>Related metadata references:</b>	Is re-engineered from  <a href="#">Renal disease - end stage, diabetes complication, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf</a> (17.9 KB) <i>No registration status</i>
-------------------------------------	--

**Implementation in Data Set Specifications:**

[Diabetes \(clinical\) DSS](#)

[Health!](#), Superseded 21/09/2005

**DSS specific information:**

To determine chronic renal impairment: -

Glomerular filtration rate (GFR)

GFR > 90 ml/min normal

GFR > 60 - 90 ml/min: mild renal impairment

GFR > 30 - 60 ml/min: moderate renal impairment

GFR 0- 30 ml/min: severe renal impairment

For greater than 3 months.

In general, patients with GFR < 30 ml/min/1.73 m<sup>2</sup> are at high risk of progressive deterioration in renal function and should be referred to a nephrology service for specialist management of renal failure.

Patients should be assessed for the complications of chronic renal impairment including anaemia, hyperparathyroidism and be referred for specialist management if required.

Patients with rapidly declining renal function or clinical features to suggest that residual renal function may decline rapidly (i.e. hypertensive, proteinuric (>1 g/24 hours), significant co-morbid illness) should be considered for referral to a nephrologist well before function declines to less than 30 ml/min. (Draft CARI Guidelines 2002. Australian Kidney Foundation).

Patients in whom the cause of renal impairment is uncertain should be referred to a nephrologist for assessment.

End-stage renal disease is a recognised complication of Type 1 and Type 2 diabetes mellitus. Diabetes is the commonest cause for renal dialysis in Australia.

The term end-stage renal disease has become synonymous with the late stages of chronic renal failure. Diabetic nephropathy may be effectively prevented and treated by controlling glycemia and administering angiotensin-converting enzyme (ACE) inhibitors. *J Am Soc Nephrol 2002 Jun; 13(6): 1615-1625*.

[Diabetes \(clinical\) NBPDS](#)

[Health!](#), Standard 21/09/2005

**DSS specific information:**

To determine chronic renal impairment: -

Glomerular filtration rate (GFR)

GFR > 90 ml/min normal

GFR > 60 - 90 ml/min: mild renal impairment

GFR > 30 - 60 ml/min: moderate renal impairment

GFR 0- 30 ml/min: severe renal impairment

For greater than 3 months.

In general, patients with GFR < 30 ml/min/1.73 m<sup>2</sup> are at high risk of progressive deterioration in renal function and should be referred to a nephrology service for specialist management of renal failure.

Patients should be assessed for the complications of chronic renal impairment including anaemia, hyperparathyroidism and be referred for specialist management if required.

Patients with rapidly declining renal function or clinical features to suggest that residual renal function may decline rapidly (i.e. hypertensive, proteinuric (>1 g/24 hours), significant co-morbid illness) should be considered for referral to a nephrologist well before function declines to less than 30 ml/min. (Draft CARI Guidelines 2002. Australian Kidney Foundation).

Patients in whom the cause of renal impairment is uncertain should be referred to a nephrologist for assessment.

End-stage renal disease is a recognised complication of Type 1 and Type 2 diabetes mellitus. Diabetes is the commonest cause for renal dialysis in Australia.

The term end-stage renal disease has become synonymous with the late stages of chronic renal failure. Diabetic nephropathy may be effectively prevented and treated by controlling glycemia and administering angiotensin-converting enzyme

(ACE) inhibitors. *J Am Soc Nephrol* 2002 Jun; 13(6): 1615-1625].