Renal disease - end-stage, diabetes complication

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary:	NHDD		
Knowledgebase ID:	000844	Version number:	1
Metadata type:	DATA ELEMENT		
Registration Authority:	NHIMG	Admin status:	SUPERSEDED
		Effective date:	01-MAR-05

Definition: Whether an individual has end-stage renal disease as a complication of diabetes, and has required dialysis or has undergone a kidney transplant.

Context: Public health, health care and clinical settings:
Diabetes mellitus specific data element.

Relational and Representational Attributes

Datatype: Numeric

Representational form: CODE

Representation layout: N

Minimum Size: 1

Maximum Size: 1

Data Domain:

1	End-stage renal disease - developed in the last 12 m
2	End-stage renal disease - developed prior to the last
3	No end-stage of renal disease
9	Not stated / inadequately described

Collection Methods: 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.

Related metadata: relates to the data element Blood pressure - diastolic measured version 1
relates to the data element Blood pressure - systolic measured version 1
relates to the data element Creatinine serum - measured version 1

relates to the data element Microalbumin / protein - measured version 1

Administrative Attributes

Source Document: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Source Organisation: National Diabetes Data Working Group

Comment: 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 m2 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].

Data Element Links

Information Model Entities linked to this Data Element

NHIM	Physical wellbeing

Data Agreements which include this Data Element

DSS - Diabetes (clinical)	From 01-Jan-03 to