

A) COMMENTARIES TO PUBLISHED ARTICLES

Comments to the proposal for the use of indicators for the group of quality management of the SEN

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To the editor: We fully respect the work accomplished by the Group of Quality Management of the SEN (1). However we would like to make some comments based on another interpretation of the available scientific information introduced in the article, as well as on our experience in the use of these quality indicators, which we measure at our Department since June of 2005.

1. Anemia indicators. In our experience it is not possible to achieve 90% of patients having an Hb value > 11 if one or both of the following conditions are not met: an important increase (> 15-20%) of the percent of patients having a blood Hb value of at least 13 g/dL, a limit that should not be exceeded according to the KDOQI guidelines (2007); or an Hb value > 12 g/dL in patients with underlying cardiovascular disease, as shown in the European guidelines for anemia management in patients with chronic renal disease (EBPG).³

Besides, the continuing efforts to achieve this objective increase the risk for a great variability in the hemoglobin.

We consider that this standard should be reevaluated and perhaps a lower percentage could be established (about 80%). The percentage of patients that should not have an Hb value higher than 13 g/dL should also be taken into account.

2. Cardiovascular risk indicators. The KDOQI guidelines on osteodys-trophy⁴ recommend monthly assess-

ment of calcium, phosphorus, and PTH measurement quarterly.

With the introduction of the new chelating agents and calcium-mimicking agents, it is possible to control calcium and phosphorus levels and the calcium-phosphorus product, as well as to improve the indicator percentages, according to the work of Arenas et al.⁵

That is not the case when an adequate control of PTH values (within the range 150-300 pg/mL) is tried.

We consider that indicator measurements of phosphorus and PTH should not be separately carried out, as both are related and are keystones when making important decisions about the therapies to be applied. We think that both parameters should be measured together quarterly.

3. Non-priority cardiovascular risk factors indicators. Both SEN⁶ and KDOQI (7) guidelines on cardiovascular risk recommend pre-dialysis blood pressure < 140/90 and post-dialysis blood pressure < 130/80.

Blood and pulse pressure values should be evaluated in patients in hemodialysis because they are predictors of cardiovascular morbimortality.^{6,7} We do believe it is indicated to include adequate blood pressure and/or pulse pressure control among priority cardiovascular risk indicators. That further reinforces the efforts that we make during the whole pre-dialysis period, which has been shown to be very beneficial.

Guidelines, indicators and standards are instruments that the scientific evidence offers the physician to improve the patient's care. Individualization and common sense assure its quality.

1. K.López Revuelta, G. Barril, C. Caramelo, R. Delgado, F. García López, J. García Valdecasas, E. Gruss, P. Jiménez Almonacid, A. Martínez Castela, J. Luis Miguel, A. Ortiz, M^a D. del Pino, J.M^a Portolés, C. Prados, P. Sanz, A. Tato, F. Álvarez Ude, M. Angoso, J. Aranaz, M.D. Arenas y S. Lorenzo. Desarrollo de un sistema de monitorización clínica para hemodiálisis: propuesta de indicadores del Grupo de Gestión de Calidad de la SEN. *Nefrología* 27 (5) 542-559, 2007.

2. KDOQI Clinical Practice Guideline and Clinical Practice Recommendations for Anaemia in Chronic Disease: 2007 Update of hemoglobin Target. *Am J Kidney Dis* 50 (3). 468-471, 2007.
 3. Revised European Best Practice Guidelines For The Management of Anaemia in Patients With Chronic Renal Failure. *Nephrol Dial Transplant* 19 Supplement 2. May 2004.
 4. DOQI Clinical Practice Guidelines for Bone Metabolism and Disease for Bone Metabolism and Disease in Chronic Kidney Disease. *Am J Kidney Dis* 42 (4) Supl. 3, 2003.
 5. Arenas MD, Álvarez Ude F, Gil MT, Mole-dous A, Malek T, Núñez C, Devesa R, Carrretón MA, Soriano A. Implementation of «KDOQI clinical practice guidelines for bone metabolism and disease in chronic kidney disease» after the introduction of cinacalcet in a population of patients on chronic haemodialysis. *Nephrol Dial Transplant* 22: 1639-44, 2007.
 6. Goicoechea MA. Guías de la SEN. Riñón y Enfermedad Cardiovascular. *Nefrología* 24 (6) 161-163, 2004.
 7. KDOQI Clinical Practice Guidelines for Cardiovascular Disease in Dialysis Patients. *Am J Kidney Dis* 45 (4), Supl. 3. 2005.

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Response to the letter about quality indicators

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To the editor: In response to the letter of Dr. del Pozo et al. the Group on Quality Management of the SEN wants to thank this kind of initiatives, since one of the fundamental characteristics of all quality systems, and in particular of defined indicators and standards, is to be open to continuous reviews and changes. For this reason a multicentric study is being currently carried out to validate the proposed quality indicators, with the aim to analyze their feasibility and to know the actual standards in our setting.