

Delivery of standardized diabetes care could help achieve equitable health outcomes for all patients

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Although kidney problems related to type 2 diabetes disproportionately affect blacks, when black and white individuals received comparable diabetes care within the context of a clinical trial, black race was not associated with faster development or progression of chronic kidney disease (CKD). The findings, which appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN), suggest that delivering standardized care to patients with type 2 diabetes may reduce racial disparities in diabetes-associated complications.

Among patients with type 2 diabetes, blacks have a disproportionate burden of diabetes-related complications. Also, among diabetic patients with chronic kidney disease, the risk of progressing to kidney failure is two- to three-fold higher in blacks compared with whites. It is unclear whether these disparities are due to differences in biologic factors or differences in medical care.

To investigate, a team led by Claire Gerber, PhD, MPH and Tamara Isakova, MD, MMSc (Feinberg School of Medicine, Northwestern University) analyzed information on 1937 black and 6372 white patients with type 2 diabetes who were participating in the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial. All patients received comparable type 2 diabetes care.

During a median follow-up period of 4 to 5 years, black race

was not associated with accelerated kidney function decline, and fewer black participants developed CKD.

“In spite of blacks having more risk factors for adverse kidney outcomes in our study, we found that comprehensive type 2 diabetes care within the context of a clinical trial eradicated racial disparities in the development and progression of CKD,” said Dr. Gerber. Dr. Isakova noted that the findings are similar to recent results from the Indian Health Service first Diabetes Standards of Care implementation effort that delivered comprehensive diabetes care to American Indians and Alaska Natives. “Taken together, our results and the findings from the Indian Health Service demonstrate that delivery of comparable diabetes care has the potential to achieve equitable health outcomes for all patients with diabetes.”

In an accompanying editorial, Katherine Tuttle, MD, FASN, FACP, FNKF (Providence Medical Research Center, in Spokane) calls for action. “Optimal care for diabetes and CKD can, and must, be achieved by strategic focus, for example, by increasing opportunity for clinical trial participation and through broad-based population management,” she wrote. “The time is now to lead the way forward to better kidney health for all without distinction.”

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