

A brief of
**CHRONIC KIDNEY
DISEASE,**
hypertension and diabetes
mellitus situation in Colombia

2024



Fondo Colombiano de
Enfermedades de Alto Costo

A brief of chronic kidney disease, hypertension and diabetes mellitus situation in Colombia 2024



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Fondo Colombiano de Enfermedades de Alto Costo
Cuenta de Alto Costo (CAC)

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The full textbook in spanish of the situation of chronic kidney disease in Colombia is available [at this link](#).

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Change Tracking Table

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A brief of chronic kidney disease, hypertension and diabetes mellitus situation in Colombia 2024	1.0	August 19 th 2025	

1.

Characteristics of **reported population**



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Enfermedades de Alto Costo

1.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Characteristics of reported population

Period: July 1st, 2023, to June 30th, 2024.



A total of **6,571,317** individuals were reported

with a diagnosis of HTN, DM, or CKD, representing an 8.58% increase compared to the previous period.

60.13% — 
were women


(n= 3,951,502), with a mean age of 63.80 years (SD ± 14.81).



HTN continues to exhibit an upward trend, with a 10.61% increase in reported cases (n= 6,248,153) compared to the previous period.



DM shows a growing trend, with a 17.11% increase in reported cases (n= 2,325,477).

Prevalent CKD cases increased by **26.30%** — 
(n= 1,251,930),

although its trend appears more variable and less clearly defined compared to the other two conditions.

HTN: Hypertension.
DM: Diabetes mellitus.
CKD: Chronic kidney disease.
SD: Standard deviation.

2.

Population with **hypertension**



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2.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Population with hypertension

Period: July 1st, 2023, to June 30th, 2024.



214,741 new cases of HTN were reported,

representing a 29.54% decrease compared to 2023.

The crude incidence was the lowest since 2017, with

4.09

cases per 100 inhabitants,

marking a 30.22% reduction from the previous period.



56.52% of the new cases of HTN were women (n = 121,591), with a mean age of 55.43 years (SD ± 14.24).



The number of prevalent cases of HTN increased by 10.61%, reaching a total of 6,248,153 individuals.



The crude prevalence was 11.91 cases per 100 inhabitants.



The highest SPR was recorded in the Central region, followed by Bogotá, D. C. and the Caribbean, as well as in the third-payer insurance.



All-cause deaths in people diagnosed with HTN increased by 7.91%, totaling 130,110 deaths.



54.50% of deaths were women (n= 70,913), with a mean age of 80 years (SD ± 12.94).

The SMR was

180.97 deaths per **100,000 affiliates**

in state insurance, and 190.34 per 100,000 affiliates in the third-payer insurance.

HTN: Hypertension.

SD: Standard deviation.

SIR: Standardized incidence rate.

SPR: Standardized prevalence rate.

SMR: Standardized mortality rate.

3.

Population with **diabetes mellitus**



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3. INFOGRAPHIC SUMMARY

| Chapter at a glance |

Population with diabetes mellitus

Period: July 1st, 2023, to June 30th, 2024.



85,887 new cases of DM were reported, representing a 33.41% decrease compared to the previous period.

The crude incidence of DM was **1.64 cases** — per 1,000 inhabitants, the lowest recorded since 2017.



59.15% of the new cases were women (n= 50,798), with a mean age of 60.68 years (SD ± 14.21).



The number of prevalent DM cases increased by 17.11% (n= 2,325,477), compared to the previous period.



The third-payer insurance continues to record the highest SPR, with 4.04 cases per 100 affiliates.



Compared to 2023, crude prevalence increased by 10.85% in women and 18.79% in men.



All-cause deaths in people with DM increased by 13.48% (n= 51,032).



The Central region and Bogotá, D. C. showed the highest SMR estimates.

The highest SMR was reported in the **third-payer insurance, with 75.80 deaths** per 100,000 affiliates.

DM: Diabetes mellitus.

SD: Standard deviation.

SPR: Standardized prevalence rate.

SMR: Standardized mortality rate.

4.

Population with
**chronic kidney
disease**



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4.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Population with chronic kidney disease

Period: July 1st, 2023, to June 30th, 2024.



CKD incident cases

increased by **40.73%**,
with 281,715 individuals reported.

A total of

14.82% — of new CKD diagnoses

were associated to vascular renal disease, and 12.54% were related to DM.



Since 2021, the incidence in the third-payer insurance has shown a rising trend, with a 72.55% increase compared to 2023.



A increase was observed in CKD stages 1 and 2, with rises of 26.39% (n= 27,002) and 39.31% (n= 43,710), respectively.



Prevalent cases increased by 26.30%, whit 1,251,930 people.



The Pacific region and Bogotá, D. C. recorded the highest SPR.



In the third-payer insurance, the SPR increased by 25.52%, reaching 2.33 cases per 100 affiliates.



Crude mortality reached its highest level since 2022, with a 17.72% increase.

In the third-payer insurance, the SMR increased by **21.83%** with **58.88 deaths** per 100,000 affiliates.

CKD: Chronic kidney disease.
SIR: Standardized incidence rate.
DM: Diabetes mellitus.
SPR: Standardized prevalence rate.
SMR: Standardized mortality rate.

5.

Population with
chronic kidney
disease **by risk
groups**



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5.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Population with chronic kidney disease by risk groups

Period: July 1st, 2023, to June 30th, 2024.



The number of cases with a complete CKD workup, with either confirmed or ruled out CKD, increased by **26.30% and 6.31%** respectively, compared to 2023.

The number of indeterminate* cases decreased by **14.19%**, compared to the previous period.



Among individuals with only HTN, 46.24% were not screened for CKD during the period. This was 48.12% in people with only DM, and 33.17% in those with both precursor conditions.



34.39% of prevalent CKD cases did not include information on disease staging.



Among people with only DM, most were in CKD stage 1, while in populations with only HTN or both precursor conditions, stage 3 was the most common.



The highest SIR of CKD across all three risk groups was found in the third-payer insurance.



The highest SPR of CKD in the population with HTN or either precursor condition was observed in Bogotá, D. C. while the highest SPR in people with DM was in the Pacific region.



In individuals with only CKD, stage 1 was the most common stage at death.



49.30% of all-cause deaths in people with CKD had no staging reported.

The Pacific region and the state insurance had the highest

SMR of CKD

across all risk groups.

HTN: Hypertension.
DM: Diabetes mellitus.
CKD: Chronic kidney disease.
SIR: Standardized incidence rate.
SPR: Standardized prevalence rate.
SMR: Standardized mortality rate.

* Refers to cases in which all complementary tests to confirm or rule out the diagnosis have not been performed or chronicity has not been confirmed.

6.

Population with
**stage 5 chronic
kidney disease**



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6.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Population with stage 5 chronic kidney disease

Period: July 1st, 2023, to June 30th, 2024.



4,067 new cases were reported

as new onset ESRD cases. The crude incidence was 7.75 cases per 100,000 inhabitants.

53.48% of incident ESRD cases

were men, and the mean age was 64.31 years (SD ± 18.41).



The Caribbean region, followed by Bogotá, D. C. and the Central region, recorded the highest SIR in the country.



The highest SIR was found in the third-payer insurance, with 6.70 cases per 100,000 affiliates.



43,924 cases with ESRD were analyzed, 8.65% more than in 2023. The crude prevalence was 83.74 cases per 100,000 inhabitants.



The mean age of individuals with ESRD was 61.37 years (SD ± 17.09), and 56.40% were men.



The SPR of ESRD increased by 4.21% in the state insurance and 5.12% in the third-payer insurance. The Caribbean region reported the highest estimate.



The crude all-cause mortality in people with ESRD was 10.25 deaths per 100,000 inhabitants.



The mean age of people with ESRD who died was 68.78 years (SD ± 15.56), and 53.56% were men.



In 6.70% of the deaths with ESRD, the reported cause was CKD and in 22.16%, it was due to cardiovascular disease. 45.67% had no cause reported, and 15.31% had other causes documented.

The highest SMRs were estimated in the Caribbean region

(10.50 deaths per 100,000 inhabitants)

and in the state insurance (9.61 cases per 100,000 affiliates).

ESRD: End stage renal disease.

SIR: Standardized incidence rate.

SD: Standard deviation.

SPR: Standardized prevalence rate.

SMR: Standardized mortality rate.

CKD: Chronic kidney disease.

7.

Risk management indicators



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7.

INFOGRAPHIC SUMMARY

| Chapter at a glance |

Risk management indicators

Period: July 1st, 2023, to June 30th, 2024.



73.30% of the population enrolled

in third-payer insurance had adequate blood pressure control, while in the state insurance, 50.87% met the goal.

33.69% of the population had measurement of albumin-creatinine ratio.



67.96% of the total cohort population remained without significant loss of renal function, as measured by the CKD-EPI equation.



Blood pressure control, glycemic control (HbA1c < 7%), and preserved renal function showed high levels of compliance in populations with HTN and/or DM.

Blood pressure and HbA1c control, LDL, and preserved renal function were met in all

CKD populations, regardless of the stage.

BP: Blood pressure.
CKD-EPI: Chronic Kidney Disease Epidemiology Collaboration.
HbA1c: Glycated hemoglobin.
DM: Diabetes mellitus.
HTN: Hypertension.
LDL: Low-density lipoprotein.
CKD: Chronic kidney disease.




8.

Population with **renal replacement therapy**



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8. INFOGRAPHIC SUMMARY

| Chapter at a glance |

Population with renal replacement therapy

Period: July 1st, 2023, to June 30th, 2024.



4,109 new cases of RRT were reported.

Of these, 45.83% had only HTN, 1.00% only DM, and 47.75% had both comorbidities.



The SIR in the state insurance decreased by 17.02% but remained higher than that of the third-payer insurance.

49,042 people

with RRT were analyzed, and the crude prevalence was 93.49 cases per 100,000 inhabitants.



Bogotá, D. C. and the third-payer insurance had the highest SPR.



HD was the most frequent RRT (57.92%). The number of cases increased for all therapy types compared to 2023.



4,797 all-cause deaths were reported in people with RRT. Of these, 73.23% were aged 60 years or older, and 55.85% were men.



The most frequent vascular access for HD was the arteriovenous fistula (69.06%), followed by the catheter (30.25%).



The Kt/V measure, hemoglobin, and albumin risk management indicators in adults with HD and PD achieved high compliance with the established goals in the national consensus.



832 new renal transplant cases were identified, 50.96% were between 30 and 54 years, and 56.97% were men.



The most frequently used immunosuppressant agents in patients with renal transplant were mycophenolate (83.20%) and tacrolimus (73.76%).

9,202 people with renal transplants

were reported, and the crude prevalence was 175.42 cases per 1,000,000 inhabitants.

RRT: Renal replacement therapy.

HTN: Hypertension.

DM: Diabetes mellitus.

SPR: Standardized prevalence rate.

HD: Hemodialysis.

PD: Peritoneal dialysis.



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