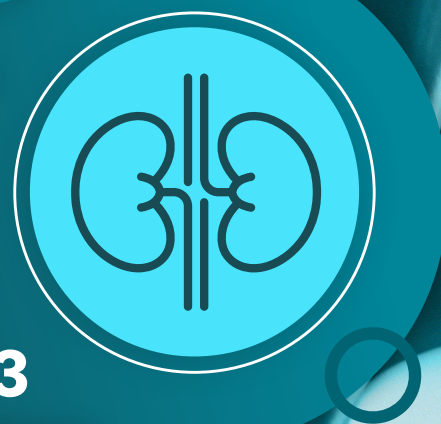


A brief of

CHRONIC
KIDNEY DISEASE,
hypertensión arterial and diabetes
mellitus situation in Colombia **2023**



Fondo Colombiano de
Enfermedades de Alto Costo

A brief of chronic kidney disease, hypertension and diabetes mellitus situation in Colombia 2023



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

Annual periodicity

Bogotá, D. C., Colombia, July 2024

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Suggested citation: Fondo Colombiano de Enfermedades de Alto Costo, Cuenta de Alto Costo (CAC).
A brief of chronic kidney disease, hypertension and diabetes mellitus situation in Colombia 2023;
Bogotá, D.C. 2024.

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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

Date	Version	Description of changes	Localization of changes
	1.0		



Characteristics of **reported** **population**



Infographic summary

Chapter 1 at a glance

Characteristics of reported population

Period: July 1st, 2022 to June 30th, 2023.



6,051,987 people diagnosed

with **HTN, DM or CKD** were analyzed, which means an increase by 13.20% compared to 2022.

60.17%

(**n= 3,641,386**) were women, and the mean age was 63.49 years (SD \pm 14.76).



Compared to 2022, the total number of prevalent cases of HTN and DM increased by 15.20% and 24.16%, respectively.



Prevalent CKD cases increased by 25.45% compared to the previous period.

HTN: Hypertension.

DM: Diabetes mellitus.

CKD: Chronic kidney disease.

SD: Standard deviation.



Population with **hypertension**



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Infographic summary

Chapter 2 at a glance

Population with hypertension

Period: July 1st, 2022 to June 30th, 2023.



304,762 new cases of HTN were reported,

32.77% less than in 2022. The crude incidence rate was 5.87 cases per 1,000 inhabitants.

56.75%

of the new cases of HTN

were women and the mean age was 56.73 years (SD ± 14.34).



The Central region and the third - payer insurance reported the highest SIR.



5,649,061 people with HTN were analyzed. The crude prevalence rate was 10.87 cases per 100 inhabitants and increased by 13.82% compared to 2022.



60.59% of the prevalent cases of HTN were women and the mean age was 63.98 years (SD ± 14.55).



Bogotá and the third-payer insurance obtained the highest estimates of SPR of HTN.



120,571 all - cause deaths were reported in people with HTN and the crude mortality rate was 232.09 cases per 100,000 inhabitants.



38.83% of deaths occurred in the Central region; meanwhile, Bogotá had the highest SMR.



The third - payer insurance had 55.57% of the total deaths in people with HTN and the highest SMR as well.

Over 50% of deaths

were in people aged 80 or higher (31.64% were women and 22.26% men).

HTN: Hypertension.

SD: Standard deviation.

SIR: Standardized incidence rate.

SPR: Standardized prevalence rate.

SMR: Standardized mortality rate.



Population with **diabetes mellitus**



Fondo Colombiano de
Enfermedades de Alto Costo



Infographic summary

Chapter 3 at a glance

Population with diabetes mellitus

Period: July 1st, 2022 to June 30th, 2023.



128,980

new cases of DM were reported,

18.96% less than in 2022. The crude incidence rate was 2.48 cases per 1,000 inhabitants.

59.44%

of the new cases of DM were women, and the mean age was 60.19 years (SD ± 14.19).



The Central and Caribbean regions reported the highest SIR with 2.94 and 2.87 cases per 1,000 inhabitants, respectively.



1,985,718 people with DM were reported. The crude prevalence rate was 3.82 cases per 100 inhabitants and increased by 22.44% compared to 2022.



The prevalent cases of DM had a mean age of 64.18 years (SD ± 13.78) and 60.04% were women.



Bogotá and the third-payer insurance reported the highest SPR of DM.



44,969 people with DM passed away from all causes during the period.



The mean age of the people with DM who died was 76.50 years (SD ± 12.64) and 54.75% were women.



The highest SMR was estimated in the third - payer insurance with 95.22 deaths per 100,000 affiliates.

Bogotá had

99.56 deaths

per 100,000 inhabitants, the highest SMR among the regions.

DM: Diabetes mellitus.

SD: Standard deviation.

SIR: Standardized incidence rate.

SPR: Standardized prevalence rate.

SMR: Standardized mortality rate.

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Population with
**chronic kidney
disease**



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Infographic summary

Chapter 4 at a glance

Population with chronic kidney disease

Period: July 1st, 2022 to June 30th, 2023.



200,182 new cases with CKD were reported,

74.46% more than in 2022.

The number of new cases in **stage 4 CKD** increased nearly fivefold, while in stages 2, 3, and 5 it was twice as much as in 2022.



The Central region and the third - payer insurance had the highest SIR.



991,212 people with CKD were analyzed. The crude prevalence was 1.91 cases per 100 inhabitants and, compared to 2022, the value for women and men increased by 30.86% and 17.42%, respectively.



Of the total CKD cases, 15.26% were caused by vascular renal disease and 8.17% by diabetes.



Compared to 2022, the number of prevalent CKD cases in stages 2, 3, 4, and 5 increased by 27.08%, 30.33%, 59.74% and 12.73%, respectively.



In 35.57% of the prevalent cases, the stage of CKD was unknown.



32,519 all - cause deaths were reported in people with CKD, and crude mortality increased by 4.93% compared to the previous period.



The highest SPR and SMR of CKD were estimated in Bogotá and in the third - payer insurance.

53.39% of CKD all - cause deaths had **80 years or more,**

52.18% were women and 20.15% were in stage 3.

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



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



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Infographic summary

Chapter 5 at a glance

Population with chronic kidney disease by risk groups

Period: July 1st, 2022 to June 30th, 2023.



The number of cases with a **CKD workup,**

with either confirmed or ruled out CKD, increased by 25.45% and 23.12%, respectively, compared to 2022.

40.10% of people with **only HTN**

and **36.95%** with **only DM** were not screened for CKD during the period.



In 32.74% of the cases with both comorbidities, complete studies to screen for CKD were not performed.



35.57% of the total prevalent cases had an unknown stage of CKD.



Of the people with only DM, most were in stages 1 - 2, while in the people with only HTN or both comorbidities, the most frequent stage was 3.



The Pacific region had the highest SPR in the three risk groups.



The standardized incidence, prevalence and mortality of CKD in the different risk populations was higher in the state insurance.



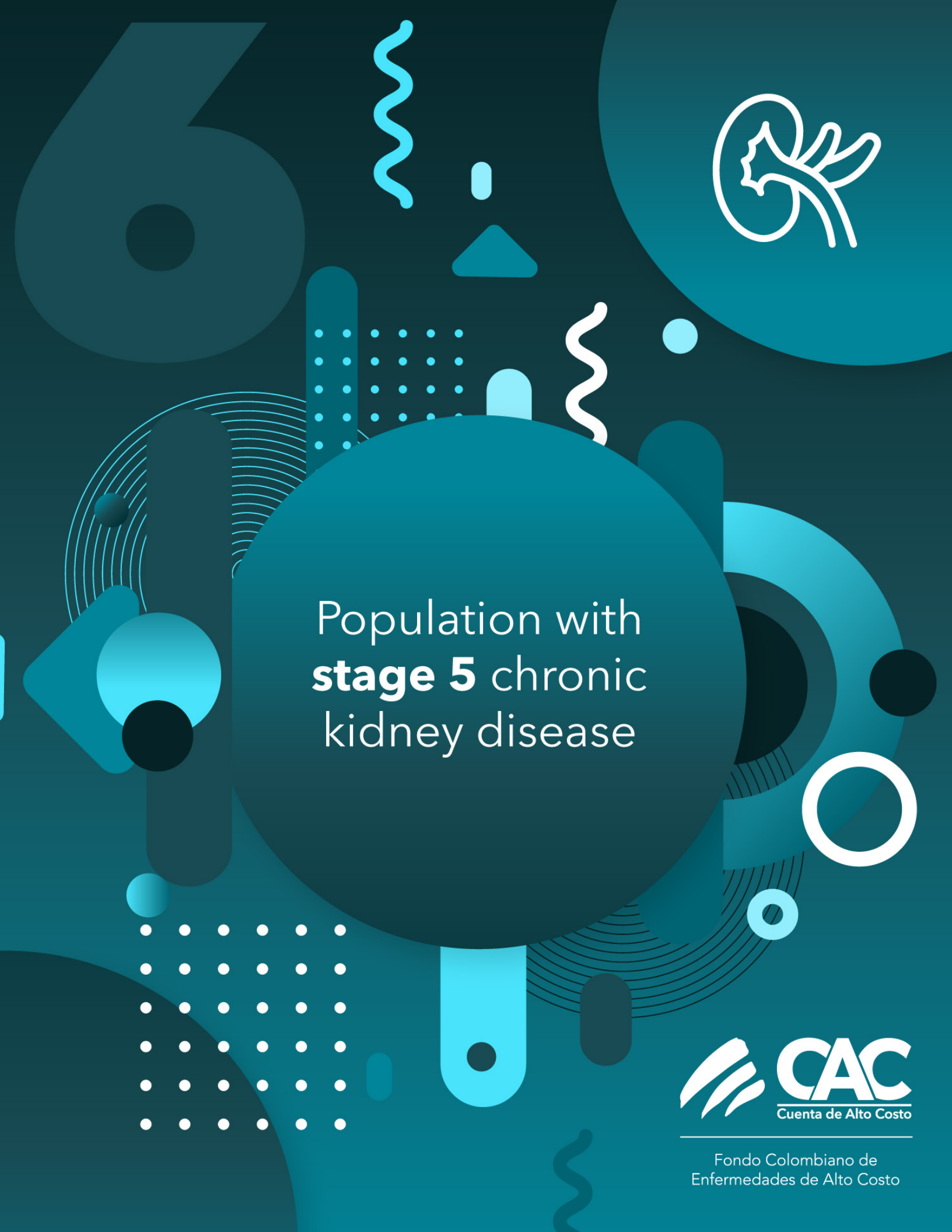
In the population with only HTN or with only DM, the most frequent stage of all - causes deaths was 3, with 21.81% and 22.67%, respectively.



In people with HTN and DM or with only CKD, most of those who died were in stage 5.

51.01% of those who died **had CKD** in an unknown stage.

CKD: Chronic kidney disease.
HTN: Hypertension.
DM: Diabetes mellitus.
SPR: Standardized prevalence rate.



Population with
stage 5 chronic
kidney disease



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Infographic summary

Chapter 6 at a glance

Population with stage 5 chronic kidney disease

Period: July 1st, 2022 to June 30th, 2023.



4,096 patients were reported

as new onset ESRD cases. The crude incidence was 7.88 cases per 100,000 inhabitants.

55.13% of incident ESRD cases were men

and mean age was 62.65 years (SD ± 17.74).



The Caribbean region and Bogotá, reported the highest SIR in the country.



The SIR was higher in the state insurance with 10.42 cases per 100,000 affiliates.



40,427 cases with ESRD were analyzed, 12.73% more than in 2022 and the crude prevalence was 77.82 cases per 100,000 inhabitants.



The mean age of people with ESRD was 60.61 years (SD ± 17.03) and 56.72% were men.



The SPR of ESRD increased by 19.45% in the state insurance and exceeded that of the third - payer, which had a mild increase of 4.52%. Region - wise, the Caribbean had the highest value.



Crude mortality from all causes in people with ESRD was 8.44 deaths per 100,000 inhabitants.



The mean age of the all - cause death with ESRD was 68.72 years (SD ± 14.97), and 56.30% were men.



In 5.24% of the deaths with ESRD, the reported cause was CKD and in 32.76%, it was due to cardiovascular disease. 27.88% of deaths had no cause reported, and in 20.20% other causes were mentioned.

The highest SMR was estimated in the Caribbean region,

with 11.16 deaths per 100,000 inhabitants, and in the state insurance, with 9.80 cases per 100,000 affiliates.

ESRD: End stage renal disease.

SD: Standard deviation.

SIR: Standardized incidence rate.

SPR: Standardized prevalence rate.

SMR: Standardized mortality rate.

CKD: Chronic kidney disease.



Risk management **indicators**



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Infographic summary

Chapter 7 at a glance

Risk management indicators

Period: July 1st, 2022 to June 30th, 2023.



70.17% of the population enrolled in third - payer insurance

had adequate blood pressure control, while in the state insurance, 54.87% met the goal.

42.36% of the total

cohort population

had measurements of 24 - hour albuminuria or urine albumin - creatinine ratio.



67.88% of the total cohort population remained without significant loss of renal function, as measured by the CKD - EPI equation.



The goals of blood pressure control, glycemic control (HbA1c < 7%) in people with DM, LDL < 100 mg/dL and preserved renal function indicators were achieved for the HTN and DM population.

The **HbA1c, LDL** and preserved **renal function**

goals were met in all CKD populations, regardless of the stage.

CKD-EPI: Chronic kidney disease epidemiology collaboration.


HbA1c: Glycosylated hemoglobin.

DM: Diabetes mellitus.

LDL: Low - density lipoprotein.

HTN: Hypertension.

CKD: Chronic kidney disease.



Population with
**renal replacement
therapy**



Infographic summary

Chapter 8 at a glance

Population with renal replacement therapy

Period: July 1st, 2022 to June 30th, 2023.



4,583 new cases of RRT were reported.

Of these, 48.53% had only HTN, 1.00% only DM and 45.95% had both comorbidities.



The SIR of the state insurance increased by 28.77% and was above the third - payer insurance.

44,512 people with RRT were analyzed, and the crude prevalence was 85.68 cases per 100,000 inhabitants.



Bogotá and the third - payer insurance had the highest SPR.



Hemodialysis was the most frequent RRT (57.43%). There was an increase in the number of cases for all types of therapy compared to 2022.



3,656 all - cause deaths were reported in people with RRT. Of these, 72.84% were aged 60 years or older, and 59.14% were men.



The most frequent vascular access for hemodialysis was the fistula (68.92%), followed by the central venous catheter (30.26%).



The Kt/V measure, hemoglobin, albumin and phosphorus risk management indicators achieved the goals set for both hemodialysis and peritoneal dialysis adult patients.



777 new cases of renal transplants were identified; 55.98% were between 30 and 54 years old, and 57.53% were men.



The most frequently used immunosuppressant agents in patients with renal transplant were mycophenolate (86.08%) and tacrolimus (73.86%).

8,324 personas with kidney transplants were reported, and the crude prevalence was **160.23** cases per 1,000,000 inhabitants.

RRT: Renal replacement therapy.

HTN: Hypertension.

DM: Diabetes.

SIR: Standardized incidence rate.

SPR: Standardized prevalence rate.



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