

## Chronic kidney disease in Taiwan

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In Chi Peng Wen and colleagues' paper on the mortality attributable to chronic kidney disease (CKD) in Taiwan,<sup>1</sup> the prevalence of CKD must be interpreted with caution.

Wen and colleagues use a non-calibrated creatinine concentration to estimate glomerular filtration rate (GFR). Even if such non-calibration has little importance for mortality linked to CKD, it could have serious consequences on prevalence data.<sup>2</sup> These prevalence data are thus not easy to compare with those of the US population, for which the newly expressed Modification of Diet in Renal Disease (MDRD) study equation<sup>3</sup> was used. This equation is applied to standardised creatinine with a factor of 175; Wen and colleagues used the version of the equation with a factor of 186.

Moreover, the relation between creatinine and GFR varies with ethnic origin. For African-American<sup>3</sup> and Japanese<sup>4</sup> populations, correction factors of 1.21 and 0.763, respectively, must be applied. Such a correction was not done by Wen and colleagues and should be discussed.

Lastly, Wen and colleagues show that nearly one in three patients older than 65 years presented with stage 3 CKD. The term "disease" in this age group is debatable because the normal GFR in older populations is not well defined; a GFR of less than 60 mL/min/1.73 m<sup>2</sup> could be regarded as physiological in a healthy older person.<sup>5</sup>

### References

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