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# Renal disease therapy

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**Important note:** This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at <http://meteor.aihw.gov.au>

## *Identifying and Definitional Attributes*

Data Dictionary: NHDD  
Knowledgebase ID: 000675 Version number: 1  
Metadata type: DATA ELEMENT  
Registration Authority: NHIMG Admin status: SUPERSEDED  
Effective date: 01-MAR-05  
Definition: The therapy the person is receiving for renal disease.  
Context: Clinical settings:  
Its main use is to enable categorisation of management regimes.

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## *Relational and Representational Attributes*

Datatype: Numeric  
Representational form: CODE  
Representation layout: N  
Minimum Size: 1  
Maximum Size: 1  
Data Domain: 1 Drugs for modification of renal disease  
2 Drugs for treatment of complications of renal disease  
3 Peritoneal dialysis  
4 Haemodialysis  
5 Functioning renal transplant

Guide For Use: More than one code can be selected.

Code 1 :-Drugs for modification of renal disease, includes drugs intended to slow progression of renal failure. Examples include antiproteinurics such as angiotensin converting enzyme inhibitors (ACEI), angiotensin II receptor antagonists (ATRA) and immunosuppressants.

Code 2 :-Drugs for the treatment of the complications of renal disease. Examples include antihypertensive agents and drugs that are intended to correct biochemical imbalances caused by

renal disease. (e.g. Loop diuretics, ACEI, erythropoietin, calcitriol, etc).

Code 3 :-Peritoneal dialysis, chronic peritoneal dialysis, delivered at home, at a dialysis satellite centre or in hospital.

Code 4 :-Haemodialysis, chronic haemodialysis delivered at home, at a dialysis satellite centre or in hospital.

Code 5 :-Functioning renal transplant, the presence of a functioning renal transplant.

Collection Methods: To be collected on commencement of treatment and regularly reviewed.

Related metadata: is used in conjunction with Service contact date version 1

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### *Administrative Attributes*

Source Document: CARI Guidelines. Australian Kidney Foundation

Source Organisation: CV-Data Working Group

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Comments: Cardiovascular disease (clinical):

Nephrotoxic agents (including radiocontrast) should be avoided where possible.

Drugs that impair auto-regulation of glomerular filtration rate (GFR) (NSAIDs, COX-2, ACEI, ATRA) should be used with caution in renal impairment, particularly when patients are acutely unwell for other reasons (sepsis, peri-operative etc).

Although combination ACEI and diuretic can be a very potent and efficacious means of reducing blood pressure (and thereby slowing progression), either drug should be introduced individually and carefully in a patient with underlying renal impairment. At the very least, diuretic therapy should be held or reduced when commencing an ACEI in a patient with renal impairment.

Combination therapy with ACEI, diuretics and NSAIDs or COX-2 may be particularly harmful.

Drugs, which are primarily excreted by the kidney (e.g. metformin, sotalol, cisapride, etc.) need to be used with caution in patients with renal impairment. The calculated GFR needs to be determined and the dose reduced or the drug avoided as appropriate.

### *Data Element Links*

*Information Model Entities linked to this Data Element*

NHIM

Physical wellbeing

*Data Agreements which include this Data Element*

DSS - Cardiovascular disease (clinical)

From 01-Jan-03 to

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