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## IN BRIEF

### PAEDIATRICS

#### Improved survival in kidney transplant recipients

Outcomes for paediatric transplantations have improved in the USA over the past 25 years, according to a survey of 17,446 kidney-only recipients. 10-year patient and graft survival rates were 90.5% and 60.2%, respectively, for surgeries performed in 2001 compared with 77.6% and 46.8% for those performed in 1987. Patient survival was highest in those with high panel reactive antibody scores and lowest in adolescents, those who received pretransplant dialysis and those with focal segmental glomerulosclerosis.

**Original article** Van Arendonk, K. J. *et al.* National trends over 25 years in pediatric kidney transplant outcomes. *Pediatrics* doi:10.1542/peds.2013-2775

### END-STAGE RENAL DISEASE

#### Trends in anaemia care reveal change in practice

A study of Medicare beneficiaries aged  $\geq 67$  years in the US Renal Data System revealed increased prescriptions of erythropoiesis-stimulating agents, intravenous iron supplementation and blood transfusions in anaemic patients approaching end-stage renal disease (ESRD) over the period 1995–2010. These changes in prescription practices were evident despite relatively stable mean haemoglobin concentrations 9.5–9.9 g/dl in these patients.

**Original article** Winkelmayer, W. C. *et al.* Trends in anemia care in older patients approaching end-stage renal disease in the United States (1995–2010). *JAMA Intern. Med.* doi:10.1001/jamainternmed.2014.87

### CHRONIC KIDNEY DISEASE

#### Cystic disease associated with increased risk of ESRD

An observational study of 6,245 patients with chronic kidney diseases not on dialysis in the Study of Heart and Renal Protection revealed that patients with cystic kidney disease have a higher risk of end-stage renal disease (ESRD) than those with glomerulonephritis and diabetic nephropathy. However, the risk of death before ESRD was higher in patients with diabetic nephropathy than those with cystic kidney disease. Estimated glomerular filtration rate and albuminuria were weakly associated with a risk of ESRD in patients with cystic kidney disease.

**Original article** Haynes, R. *et al.* Evaluating the contribution of the cause of kidney disease to prognosis in CKD: results from the Study of Heart and Renal Protection (SHARP). *Am. J. Kidney Dis.* doi:10.1053/j.ajkd.2013.12.013

### HYPERTENSION

#### Drug treatment more effective than renal denervation

New data show that patients with true treatment-resistant hypertension had lower systolic and diastolic blood pressures after 6 months of adjusted drug therapy ( $n=10$ ) than those treated with renal denervation with the Symplicity Catheter System ( $n=9$ ). Absolute changes in systolic blood pressure were also higher in the drug therapy group. The results call into question the use of surgical renal denervation to lower blood pressures in these patients, but require validation in a larger cohort.

**Original article** Fadl Elmula, F. E. *et al.* Adjusted drug treatment is superior to renal sympathetic denervation in patients with true treatment-resistant hypertension. *Hypertension* doi:10.1161/HYPERTENSIONAHA.114.03246