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### Diabetes-related end-stage renal disease

In a retrospective cohort study of 90 429 adults with diabetes mellitus, the risk of end-stage renal disease was 2.66 times higher among First Nations than non-First Nations participants. The higher risk of death among First Nations people declined with increasing age at the time of diagnosis of diabetes. Dyck and colleagues note that understanding ethnicity-based disparities in diabetes-related end-stage renal disease is vital in developing more effective prevention and management initiatives. **See Research, page 103**

Commenting on a research paper that estimates excess risk of end-stage renal disease among First Nations people in Saskatchewan, McDonald notes similarities between rates among Aboriginal people in other countries. **See Commentary, page 93**

### Kidney failure rates in First Nations

First Nations people had 2- to 3-fold higher rates of progression to kidney failure across all levels of kidney function, regardless of the presence or severity of albuminuria. Using urine dipstick measurements and demographic data from the Alberta Health Registry, the authors investigated the progression of chronic kidney disease to kidney failure in 48 669 First Nations people in Alberta. These findings suggest that there are unique factors relevant to First Nations people that determine progression to kidney failure that are independent of albuminuria. **See Research, page E86**

### Frailty score helps define prognosis

Among critically ill patients, a higher clinical frailty score was associated with increased mortality and major adverse events, even after adjustment for comorbidities and illness severity. The authors enrolled 421 patients aged 50 or more who were admitted to intensive care units and recorded their outcomes in hospital and vital status after 6 months and 1 year. The diagnosis of frailty could improve the classification of prognosis, suggest the authors. **See Research, page E95**

### Guideline for timing chronic dialysis

When should chronic dialysis be initiated for patients with chronic kidney disease? New guidance from the Canadian

Society of Nephrology assesses the latest evidence to offer advice on optimal timing. **See Guidelines, page 112**

### Chronic hypertension in pregnancy

A 30-year-old woman with well-controlled chronic hypertension is considering pregnancy. Is her risk of eclampsia lowered because her hypertension is controlled? Is she likely to need medication throughout her pregnancy? How should she be monitored? In addressing these and other questions, the authors provide a brief overview of the management of chronic hypertension in pregnancy. **See Practice, page 129**

### Tick-borne fever in pregnancy

A 34-year-old woman in her 31st week of pregnancy presented to an obstetrics clinic with a two-day history of fever, vomiting and myalgia. Thrombocytopenia on initial laboratory investigations prompted a routine peripheral blood smear. To the surprise of all involved, spirochetes were seen on the smear. Hussein and colleagues describe the significance of this finding and review the diagnosis and management of tick-borne relapsing fever in pregnancy. **See Practice, page 131**

### Intrapartum care of the HIV-positive woman

With the adoption of highly active antiretroviral therapy during pregnancy, there have been important changes in intrapartum care for HIV-positive women. Those with an undetectable viral load can be encouraged to pursue a vaginal delivery, and a longer duration of ruptured membranes can be safe in this circumstance. **See Practice, page 135**

### Cough and renal cell carcinoma

A 68-year-old woman presented with a three-month history of progressively worsening dry cough. Despite extensive investigations, no cause for her cough was found. Six months later, after developing night sweats and weight loss, renal cell carcinoma was diagnosed. Although renal cell carcinoma can present in many ways, dry cough is an unusual presentation of this malignant disease. **See Practice, page 136**