

Effect of rehabilitation on renal outcomes after acute kidney injury associated with cardiovascular disease: a retrospective analysis

Introduction

There is no likely cure for the treatment of acute kidney injury (AKI).

We hypothesize that rehabilitation may be beneficial for renal outcomes after AKI associated with cardiovascular disease.

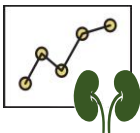
Methods


107 patients with AKI associated with cardiovascular disease

**Intervention
(Rehabilitation)**
(n = 36)

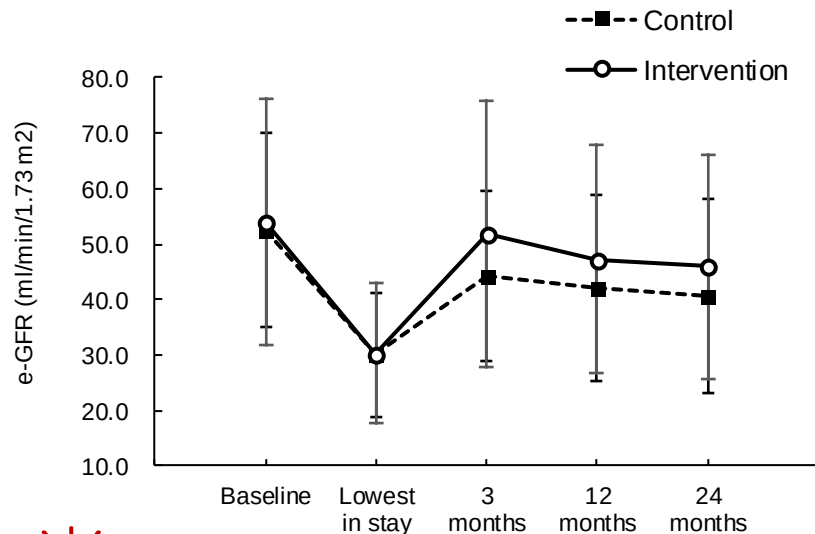
Control
(n = 71)


Rehabilitation


Renal outcome

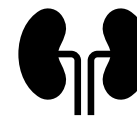
Results

Comparison of eGFR 2 years after AKI



There was a significant interaction effect between group and time from baseline to 3, 12, and 24 months.

Rehabilitation for patients with AKI associated with cardiovascular disease may help reduce the decline in renal function after AKI.



eGFR (ml/min/1.73 m²)

Intervention

Control

Baseline

53.9

52.5

**3
month**

51.8

44.2

$p < 0.001$

**24
month**

47.3

42.1

$p < 0.05$

**24
month**

46.0

40.6

$p < 0.001$