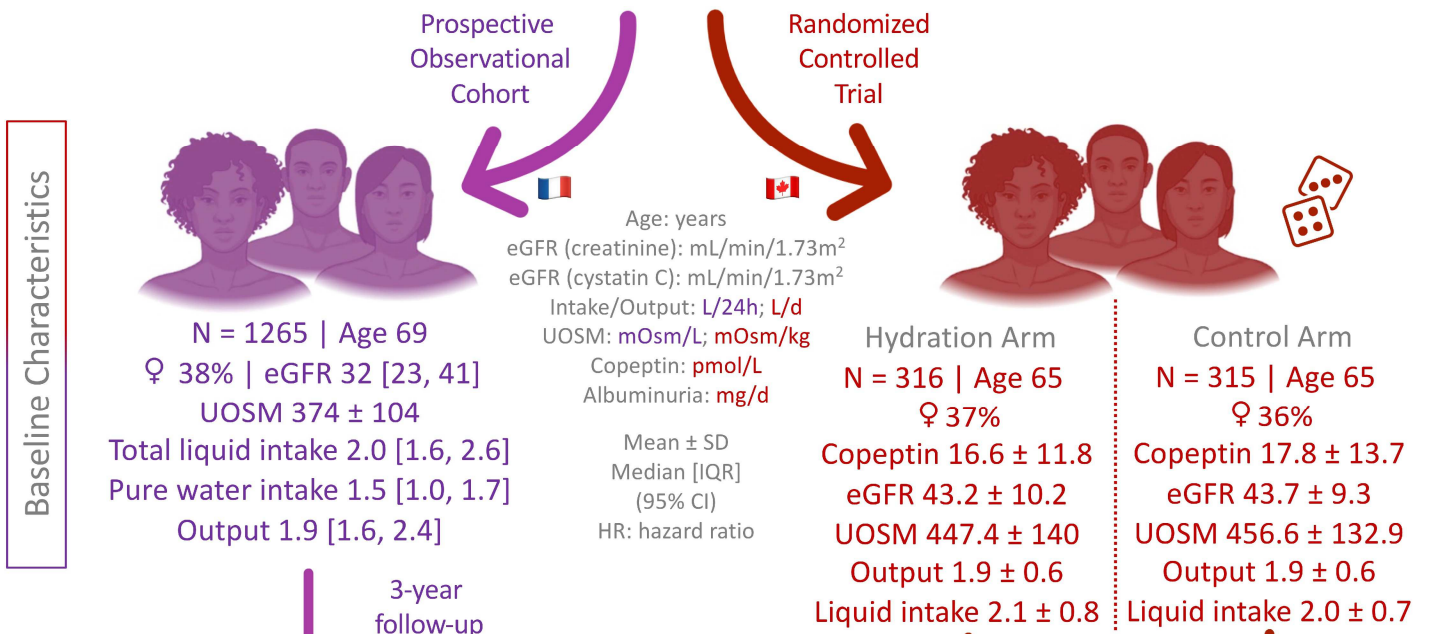


CKD-REIN: NDT 2021:1 (doi 10.1093/ndt/gfab036)

CKD WIT: JAMA 2018:319:1870 (doi 10.1001/jama.2018.4930)

## Does water intake slow the progression of chronic kidney disease?



**3-year follow-up**

Δ eGFR or HR for CKD progression

UOSM	Δ eGFR (creatinine)
< 326:	-2.04 (-2.4 to -1.63)
326-410:	-1.74 (2.16 to -1.32)
> 410:	-1.89 (-2.29 to -1.45)

Pure water intake	Hazard Ratio
< 0.5:	1.92 (1.03 to 3.56)
0.5-1.0:	1.69 (1.11 to 2.56)
1.0-1.5:	Reference
1.5-2.0:	1.17 (0.72 to 1.89)
> 2.0:	2.43 (1.49 to 3.97)


Outcome	Hydration Arm	Control Arm	Between group Δ
↑ daily intake by 1.0-1.5	-	-	-
Δ eGFR 1 year follow-up	-2.2	-1.9	-0.3 (-1.8 to 1.2)
Creatinine	-2.2	-1.9	-0.3 (-1.8 to 1.2)
Cystatin C	-4.5	-4.4	-0.2 (-3.8 to 3.4)

No Δ in daily intake

Multiple post-hoc analyses by eGFR (<45 v ≥45), diabetic status (present v absent), albuminuria (<300 v ≥300): no difference between groups

- Conclusions**
- These studies do not support the contention that augmented water intake is kidney protective
  - Neither high nor low water intake is definitively beneficial
  - Due to a lack of evidence, drinking to quench thirst may be reasonable
  - Both studies have limitations that warrant further discussion & investigation
- Journal club?

**More**

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