

SALUD RENAL EN INMIGRANTES LATINOAMERICANOS EN US DE ACUERDO CON EL REGISTRO NHANES: 2015 – MARCH 2020

**Nombres y apellidos
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RESUMEN

La migración es un fenómeno complejo que trasciende fronteras y culturas, con factores que influyen en la salud y bienestar de estas comunidades. Los inmigrantes latinoamericanos que han establecido sus vidas en US representan un grupo importante, diverso y dinámico, siendo la salud renal un indicador importante de estado general de la comunidad.

Objetivo: Evaluar la Salud renal de los inmigrantes latinoamericanos radicados en US de acuerdo con el tiempo de permanencia de acuerdo con el registro de la Encuesta Nacional de Nutrición y Salud (NHANES) entre los años 2015-March 2020.

Metodología: Se ejecutó un estudio transversal con 826 adultos registrados en NHANES entre enero de 2015 y marzo de 2020. Se realizaron sumarios estadísticos de las variables poblacionales y clínicas, el riesgo renal fue evaluado con kidney failure risk equation (kfre), las comparaciones tiempo de estancia con un Kruskal-Wallis. Se empleó el software R-CRAN v4.3.0

Resultados: Se incluyeron 826 adultos latinoamericanos en US, con mediana de edad de 42 años. La mayoría tenían una estancia regularizada (75%). El 36% tenía menos de 10 años de estancia y el 10% más de 31 años. Sobrepeso afectó al 39% y obesidad (34.6%). Las comorbilidades comunes fueron dislipidemia (25%), HTA (21%), ECR (13%), DM2 (12%) y artritis reumatoide. Los participantes con más de 31 años de estancia tenían mayor prevalencia de dislipidemia e hipertensión. Se encontró que había una alta proporción de casos con alto riesgo de falla renal según el score KFR y que, a mayor IMC, la función renal disminuía. No hubo diferencias en la proporción de pacientes con ERC según estadio (G3-G5), aquellos con menos de 10 años de estancia tenían mayor riesgo de falla renal a 2 y 5 años.

Conclusión: La duración de la estancia en US influye en la salud y el riesgo de enfermedad renal en la población latina, con un mayor riesgo de ERC en aquellos con una estancia más corta.

Palabras clave: Enfermedad renal crónica; Encuesta Nacional de Nutrición y Salud (NHANES); Migración; Latinoamericanos; Salud renal.

ABSTRACT

Migration is a complex phenomenon that transcends borders and cultures, with factors influencing the health and well-being of these communities. Latin American immigrants who have established their lives in the US constitute a significant, diverse, and dynamic group, with renal health serving as a crucial indicator of the overall community's well-being.

Objective: To evaluate the renal health of Latin American immigrants residing in the US based on their length of stay, utilizing data from the National Health and Nutrition Examination Survey (NHANES) spanning from 2015 to March 2020.

Methodology: A cross-sectional study was conducted involving 826 adults enrolled in NHANES between January 2015 and March 2020. Statistical summaries of population and clinical variables were performed, with renal risk assessed using the Kidney Failure Risk Equation (KFRE). Length of stay comparisons were made using the Kruskal-Wallis test. R-CRAN software version 4.3.0 was employed for analysis.

Results: The study included 826 Latin American adults in the US, with a median age of 42 years. The majority had regularized immigration status (75%). Thirty-six percent had been in the US for less than 10 years, while 10% had been for over 31 years. Overweight affected 39%, and obesity affected 34.6%. Common comorbidities included dyslipidemia (25%), hypertension (21%), chronic kidney disease (CKD) stage 3-5 (13%), type 2 diabetes mellitus (12%), and rheumatoid arthritis. Participants with over 31 years of stay had a higher prevalence of dyslipidemia and hypertension. A substantial proportion of cases were found to have a high risk of renal failure according to the KFR score, and higher BMI was associated with decreased renal function. There were no differences in the proportion of patients with CKD by stage (G3-G5), but those with less than 10 years of stay had a higher risk of renal failure at 2 and 5 years.

Conclusion: The duration of stay in the US significantly influences the health and risk of renal disease in the Latinx population, with a greater risk of chronic kidney disease observed in those with shorter stays.

Keywords: Chronic Kidney Disease; National Health and Nutrition Examination Survey (NHANES); Migration; Latino Americans; Renal Health.

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