

Election 2004

Arnold M. Epstein, M.D., Mary Beth Hamel, M.D., M.P.H., and Jeffrey M. Drazen, M.D.

No event provides stronger evidence of democracy at work than a national election campaign in which the incumbent must defend his or her past record and future plans. The open debate between incumbent and challenger allows voters to identify and evaluate the major national issues. Health care services now account for more than one seventh of our economy and are critical to the day-to-day well-being of our nation's populace. Health care policy is clearly an important domestic campaign issue.

This issue of the *Journal* contains the first article of a new series, "Election 2004," which will include weekly articles about vital health policy controversies. Robert Blendon, Drew Altman, and colleagues lead the series with a Special Article reporting national survey data on citizens' views about how important health care issues are in their choice of president and about which health care issues are most important. Voters' priorities will influence the health care debate during the election campaign and are

likely to dictate much of the health policy agenda for our next president.

Upcoming articles in the series will address four major health policy controversies: the Medicare drug benefit and drug reimportation, expansion of coverage for the uninsured, control of the cost of private insurance and the affordability of care, and the financing and long-term viability of Medicare. Each article will provide the pertinent background information, explain the policy options, and describe the candidates' positions. To conclude the series, the candidates themselves have been invited to offer their own position statements on the expansion of insurance coverage and the Medicare program.

The Election 2004 series is designed to illuminate the context of the health care debate and provide a primer on the most pressing issues. Our goal is to inform the choices of our readers, many of whom, as direct providers of health care, are especially interested in the debate about health care policy during the election campaign.

Chronic Kidney Disease Predicts Cardiovascular Disease

Thomas H. Hostetter, M.D.

The prevalence of end-stage renal disease continues to rise in the United States. Even more disturbingly, the current number of patients with early chronic kidney disease — the pool from which future end-stage renal disease patients will emerge — exceeds the present number with end-stage renal disease by a factor of 30 to 60.^{1,2} However, early chronic kidney disease will not progress to end-stage renal disease in all patients. Indeed, many will probably die of other conditions first. Over the past few years, investigators have shown that many people in this vast pool of patients with chronic kidney disease have cardiovascular disease and die prematurely from this condition instead of surviving long enough to face dialysis or transplantation.^{3,4} Two articles in this issue of the *Journal* tighten the epidemiologic link between chronic kidney disease and cardiovascular disease. Beginning with quite different populations — a large, community-based sample from a health maintenance organization⁵ and

survivors of myocardial infarction from the Valsartan in Acute Myocardial Infarction Trial (VALIANT)⁶ — both studies report a graded, inverse relation between initial renal function and the subsequent risks of death and complications from cardiovascular disease.

The connections between chronic kidney disease and cardiovascular disease are probably numerous.³ Insofar as chronic vascular disease occurs through general mechanisms that act in all circulatory beds, renal vascular dysfunction may signify a vascular system that is in some way unusually sensitive to classic risk factors. That is, renal dysfunction may simply serve as a convenient, quantifiable surrogate for systemic vascular disease. Much as an ophthalmoscopic examination can be used to gauge the degree of hypertensive disease even outside of the eye, the quantitation of renal function seems to provide an index of overall vascular health. Furthermore, people with chronic kidney disease tend to