EFFECT OF HURRICANE KATRINA ON COMPLIANCE RATES AMONG PEDIATRIC KIDNEY TRANSPLANT RECIPIENTS.


Tulane Abdominal Transplant Institute, Tulane University School of Medicine, New Orleans, Louisiana, United States* and Dept. of Pediatrics, Tulane University School of Medicine, New Orleans, Louisiana, United States**.

Non-compliance remains an issue among pediatric/adolescent transplant recipients. Stressful situations can potentially change family dynamics of such patients and may influence compliance rates. We performed this study to evaluate the effect of Hurricane Katrina on compliance in pediatric (<18 yrs) kidney transplant recipients.

Methods: Seventeen pediatric patients received kidney transplants between January 2000 & January 2004. We evaluated rejection episodes, mean trough levels and variations of tacrolimus levels and mean creatinine levels pre & post-Katrina, as well as graft losses in the year following Katrina. These events were examined for significant association with race, age (pre vs. adolescent), socioeconomic status, distance from transplant center and type of insurance.

Results: The mean age of patients was 9.94 +/- 5.83 years. 47% of patients were African-American (AA). 24% of patients lived further than 100 miles of the transplant center. The most common insurance was Medicaid (59%). 47% had a history of psychiatric disorder in patient or family member. 1 patient (6%) had a rejection episode pre-Katrina, 5 patients (29%) in the period post-Katrina (all AA). 1 patient (6%) lost their graft during the year post-Katrina (AA). Statistical analysis revealed that there was a significant increase in rejection episodes (p=0.02) and graft loss (p = 0.02) among AA recipients only. None of the other variables were associated with significant deterioration of graft function.

Conclusions: Across demographic data, AA race appeared to be a significant factor influencing graft deterioration due to compliance issues among pediatric patients post Hurricane Katrina.