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Polycystic kidney disease (PKD) is a genetic condition characterized by fluid-filled cysts in the kidneys that progressively damage both kidneys and result in end-stage kidney disease (ESKD).[1] Autosomal dominant PKD (ADPKD) is the most common form of the disease, with symptoms often starting between ages 30 and 40 years.[3] The major genes causing ADPKD are ADPKD1 and ADPKD2, together accounting for >90% of affected families.[1,2] Autosomal recessive PKD (ARPKD) is very rare and often called infantile PKD, as symptoms can start in the womb. ADPKD is the fourth leading cause of ESKD behind diabetes, hypertension, and glomerulonephritis, accounting for 5% of all ESKD in the United States.[4,5]

Among Medicare beneficiaries aged 65 and older, prevalence of diagnosed PKD remained constant between 2016 and 2021, at ~0.1% or ~25,000 people. Males had a higher prevalence of PKD than females (0.13% vs. 0.09% in 2021), and non-Hispanic Black beneficiaries had a consistently higher prevalence than all other racial and ethnic groups, ranging from a high of 0.19% in 2018 to a low of 0.16% in 2021. PKD was also higher among beneficiaries with certain comorbidities, such as diabetes (0.12% vs. 0.1% in 2021) or hypertension (0.14% vs. 0.017% in 2021).

Although PKD is generally thought to be a disease of younger adults, these trends suggest that it is not uncommon to encounter PKD in adults 65 or older among Medicare beneficiaries. Whether these beneficiaries represent survivors of ADPKD to an older age or represent milder forms of ADPKD, or both, requires further investigation.

Figure 1: Trends in Prevalence of PKD Among Medicare Beneficiaries ≥65 Years, by Sex

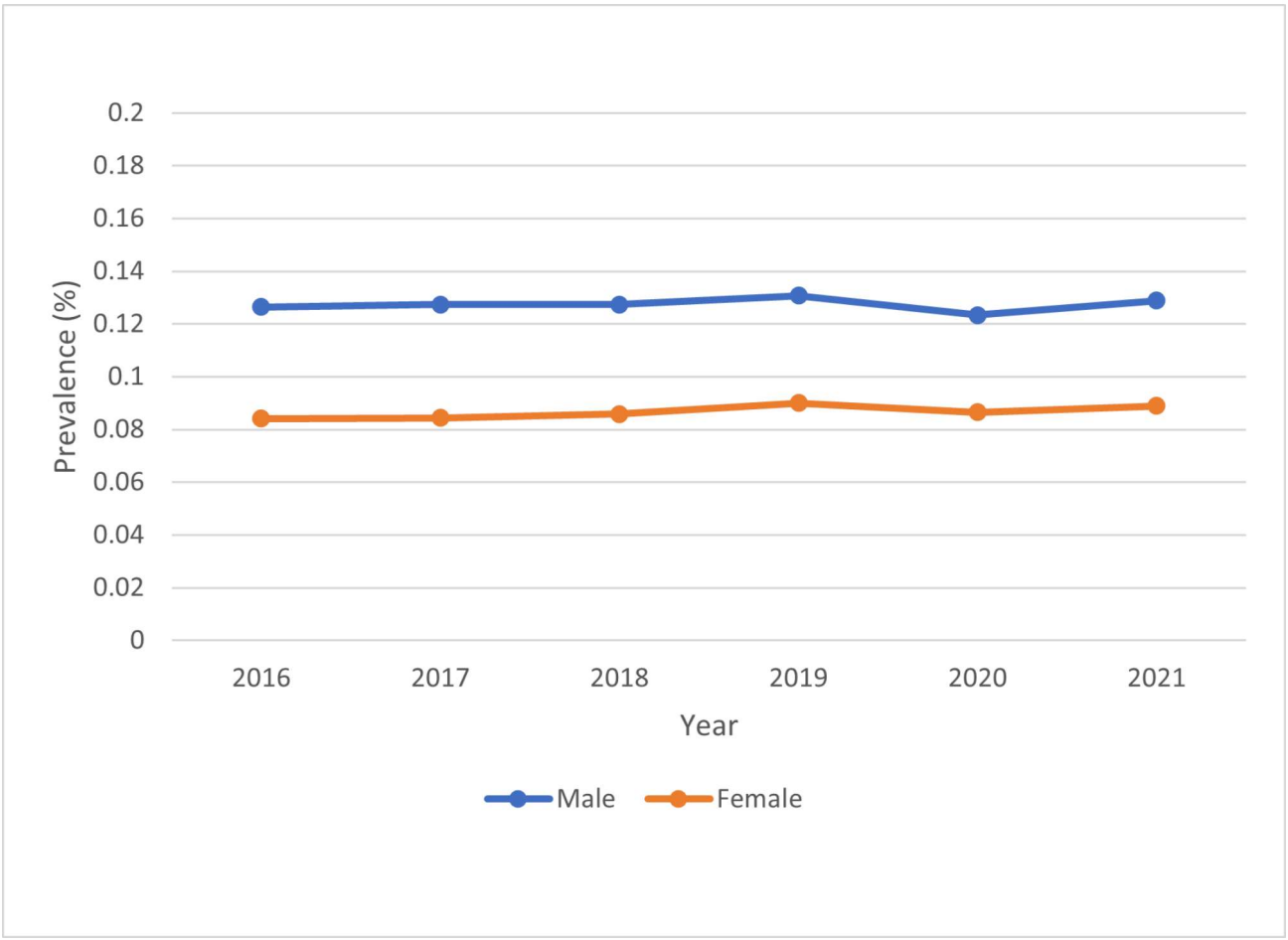
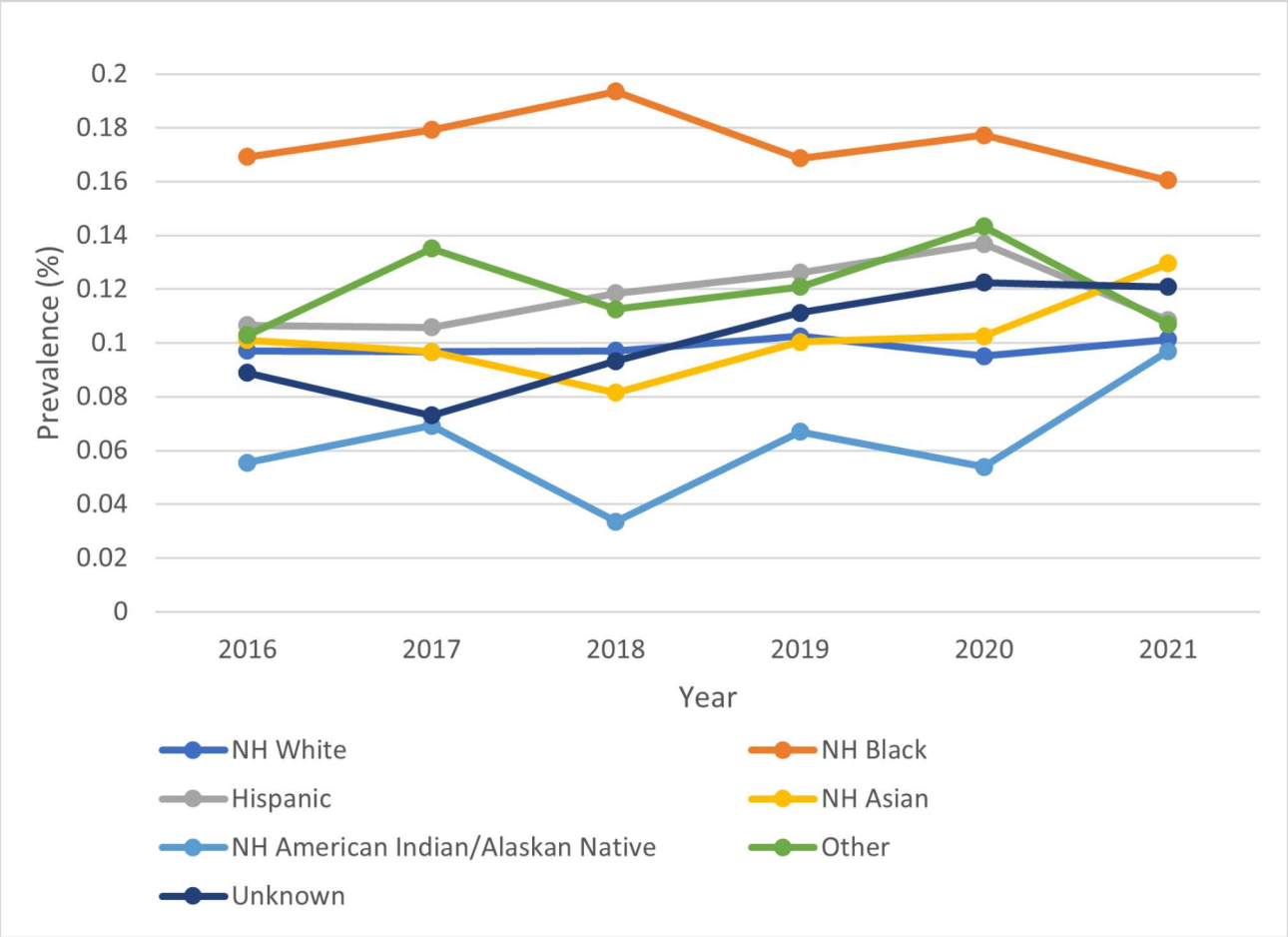


Figure 2: Trends in Prevalence of PKD Among Medicare Beneficiaries ≥65 Years, by Race and Ethnicity



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