

# The AKI Risk In Derby (ARID) study

<b>Submission date</b> 15/01/2014	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 06/03/2014	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 24/01/2025	<b>Condition category</b> Urological and Genital Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Acute Kidney Injury (AKI) refers to an abrupt drop in kidney function and is often seen in unwell patients who require hospitalisation. In the short term, AKI increases the complexity and duration of treatment and reduces the chance of patient survival. In many patients that do recover, there is also an improvement in kidney function. It is possible that episodes of AKI may have effects on patients in the longer term, leading to kidney damage over time or reducing long-term survival. There is a lack of good quality research in this area. This study intends to find out the long-term effects of AKI on the development and progression of long-term kidney disease as well as the effects of AKI on patient survival.

### Who can participate?

Hospitalised patients with similar characteristics, one group who did sustain AKI and one group who did not.

### What does the study involve?

Patients will be identified through routine blood tests to measure kidney function that were collected during their hospital stay. They will be invited to participate in the study about three months after these blood tests were taken, by which time they will have recovered from their hospital stay. We will then collect three routine blood tests to measure kidney function: the first at the start of the study (i.e., three months after the episode of AKI to assess the degree of recovery of kidney function); the second at nine months (1 year after the episode of AKI) and the third at 33 months (three years after the episode of AKI). These blood tests can be taken in the community at the patients GP surgery or local blood-taking clinic. Samples from all three blood and urine tests will be stored for further testing. Stored samples will be disposed of at the end of the study. We will confirm the medical details of patients from hospital records and we will monitor health status (including cause of death for any patients who die) through the records kept at the NHS Information Centre.

### What are the possible benefits and risks of participating?

Taking part in this study will ensure that the patients kidney function is monitored regularly. This will allow us to pick up any abnormalities and respond to them. The results will be reviewed by our researchers and a specialist doctor. Their GPs will be given advice about how to respond to abnormal results. There are no major disadvantages, risks or side effects. The blood tests will take about 5 minutes of your time and there may be a small amount of discomfort.

Where is the study run from?

The Department of Renal Medicine, Royal Derby Hospital, UK.

When is the study starting and how long is it expected to run for?

The study started in March 2013 and is expected to run for two years.

Who is funding the study?

1. The Bupa Foundation (UK)
2. British Renal Society (UK)
3. Kidney Research (UK)

Who is the main contact?

Dr Nick Selby

nick.selby@nhs.net

## Contact information

### Type(s)

Scientific

### Contact name

Dr Nick Selby

### ORCID ID

<https://orcid.org/0000-0003-0351-8326>

### Contact details

Uttoxeter Road  
Derby  
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DE22 3NE

## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

13864

## Study information

### Scientific Title

Defining the long-term consequences of acute kidney injury: the AKI Risk In Derby (ARID) study

### Acronym

ARID

### **Study objectives**

The research questions that the study has been designed to address are as follows:

1. Does AKI lead to the onset or progression of chronic kidney disease?
2. Does AKI increase the risk of cardiovascular events?
3. Does AKI confer an increased risk of long-term mortality?
4. Can we develop strategies to identify those patients at higher risk of worse long-term outcomes following an episode of AKI?

### **Ethics approval required**

Ethics approval required

### **Ethics approval(s)**

approved 06/12/2021, Derbyshire Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 207 104 8236; derby.rec@hra.nhs.uk), ref: 12/EM/0441

### **Study design**

Non-randomized; Observational; Design type: Case-controlled study

### **Primary study design**

Observational

### **Study type(s)**

Diagnostic

### **Health condition(s) or problem(s) studied**

Topic: Renal and Urogenital; Subtopic: Renal and Urogenital (all Subtopics); Disease: Renal

### **Interventions**

Patients will be identified through routine blood tests to measure kidney function collected during their hospital stay. They will be invited to participate in the study at least two months after these blood tests, by which time they will have recovered from their hospital stay. We will collect three routine blood and urine samples to measure kidney function: the first at recruitment (3 months after the episode of AKI to assess the degree of recovery of renal function); the second at 9 months (1 year after the AKI) and the third at 33 months (three years after the AKI). These samples can be collected in the community at the patient's GP surgery or local blood-taking clinic. We will retain samples for further testing. We will confirm medical details of patients from hospital records and we will monitor health status (including cause of death for any patients who die) through the records kept at the NHS Information Centre.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

Current primary outcome measures as of 28/03/2017:

Mortality, progression to a combined renal end point (initiation of RRT, GFR<15ml/min/1.73m<sup>2</sup>, doubling of serum creatinine) at one, three, five and ten years.

Previous primary outcome measures:  
CKD progression; Timepoint(s): 1 year and 3 years

**Key secondary outcome(s))**

Current secondary outcome measures as of 28/03/2017:  
CKD progression defined as  $\geq 25\%$  decline in eGFR plus decline in eGFR stage measured at one, three and five years.

Previous secondary outcome measures:  
Mortality; Timepoint(s): 1, 3 and 5 years

**Completion date**

14/04/2026

## **Eligibility**

**Key inclusion criteria**

1. Age 18-85 years
2. Recent inpatient at Royal Derby Hospital during which a blood test was sent to assess kidney function, and was classified either as AKI or as NAKI (screened for possible AKI but who did not sustain AKI)

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

85 years

**Sex**

All

**Total final enrolment**

1125

**Key exclusion criteria**

1. Inability/refusal to give informed consent to participate
2. Language barrier that prevents informed postal consent
3. Death during the same hospital admission that AKI occurred
4. Receiving palliative care

**Date of first enrolment**

23/04/2013

**Date of final enrolment**

14/04/2016

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Royal Derby Hospital**

Uttoxeter Road

Derby

United Kingdom

DE22 3NE

## **Sponsor information**

**Organisation**

Derby Hospital NHS Foundation Trust (UK)

## **Funder(s)**

**Funder type**

Research organisation

**Funder Name**

The Bupa Foundation (UK)

**Funder Name**

British Renal Society

**Alternative Name(s)**

BRS

**Funding Body Type**

Private sector organisation

### Funding Body Subtype

Associations and societies (private and public)

### Location

United Kingdom

### Funder Name

Kidney Research UK

### Alternative Name(s)

### Funding Body Type

Private sector organisation

### Funding Body Subtype

Trusts, charities, foundations (both public and private)

### Location

United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Nicholas Selby at [Nicholas.Selby@nottingham.ac.uk](mailto:Nicholas.Selby@nottingham.ac.uk)

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		21/08/2023	24/01/2025	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Interim results article</a>		21/08/2023	07/11/2023	Yes	No
<a href="#">Interim results article</a>		01/05/2022	07/11/2023	Yes	No
<a href="#">Interim results article</a>		01/02/2023	07/11/2023	Yes	No
<a href="#">Interim results article</a>		26/05/2022	07/11/2023	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Protocol file</a>	version v1	04/12/2015	22/07/2020	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes