

**Evaluation of the adequacy of drug prescriptions in patients with chronic kidney disease:
results from the CKD-REIN cohort**

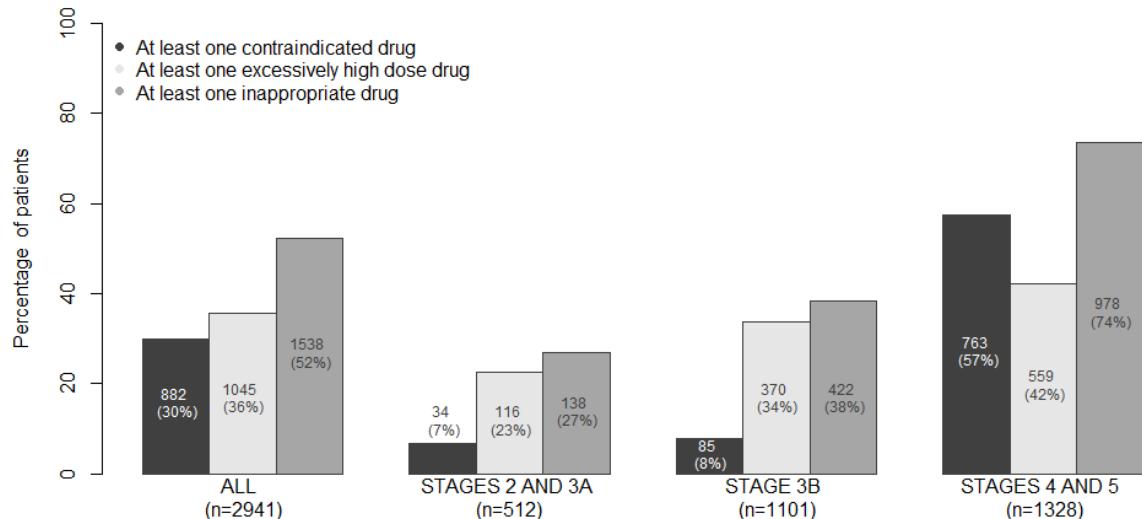
S.M. Laville, M. Metzger, B. Stengel, C. Jacquelinet, C. Combe, D. Fouque, M. Laville, L. Frimat, C. Ayav, E. Speyer, B.M. Robinson, Z.A. Massy, S. Liabeuf

British Journal of Clinical Pharmacology

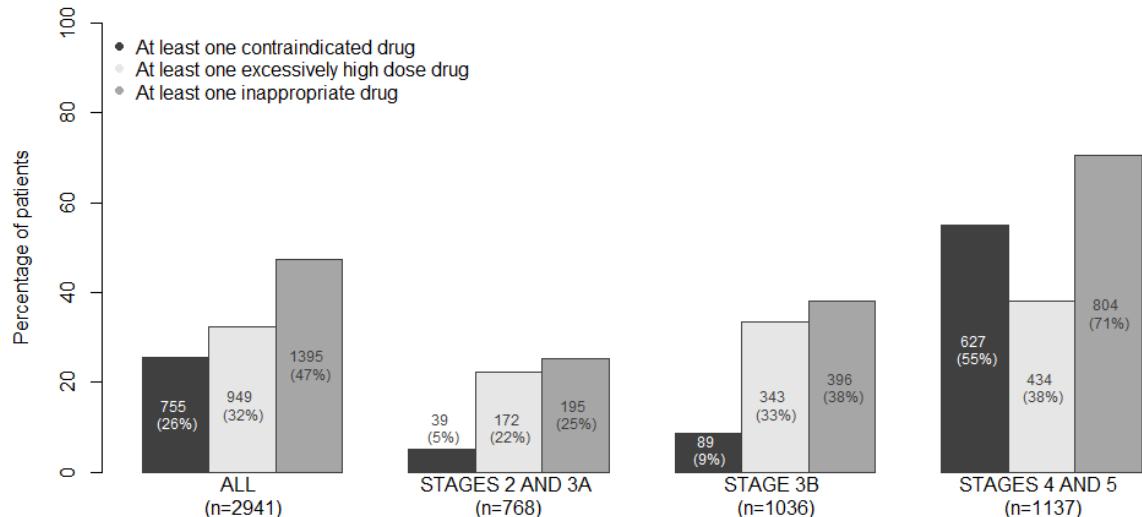
Corresponding author:

Bénédicte Stengel
Director, Inserm U1018, Team 5
UPS-UVSQ, CESP, Centre for Epidemiology and Population Health
EpReC Team, Renal and Cardiovascular Epidemiology
16, avenue P. Vaillant Couturier
94 807 Villejuif cedex
France
Phone: + 33 1 4559 5039
E-mail: benedicte.stengel@inserm.fr

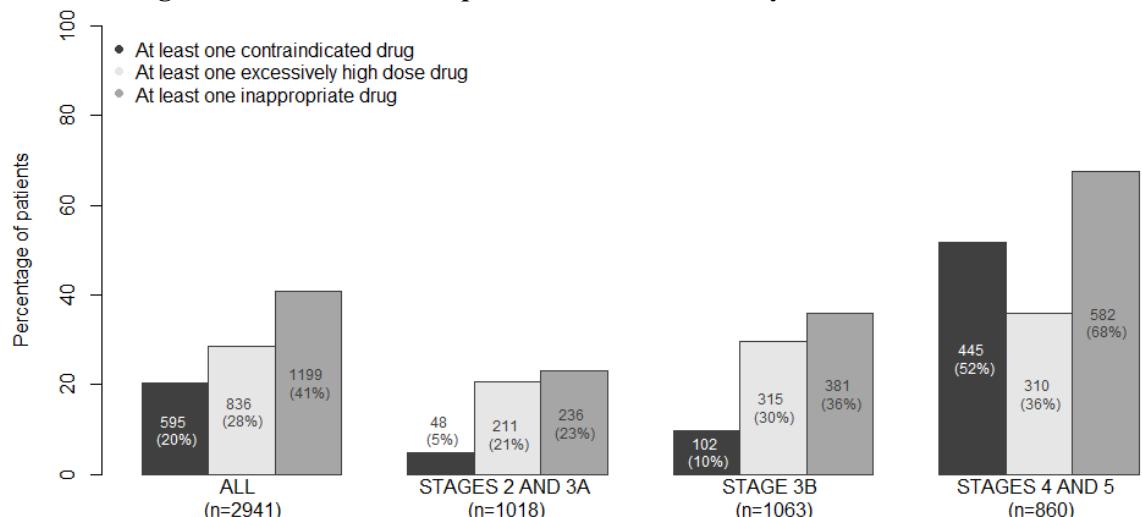
a. Using the CKD-EPI equation to estimate kidney function



b. Using the de-indexed CKD-EPI equation to estimate kidney function



c. Using the Cockcroft-Gault equation to estimate kidney function



Supplementary Figure 3: Percentages of contraindicated, inappropriately high dose or inappropriate prescriptions (i.e. contraindicated or inappropriately high dose), by CKD stage.

a. Using the CKD-EPI equation to estimate renal function
b. Using the de-indexed CKD-EPI equation to estimate renal function
c. Using the Cockcroft-Gault equation to estimate renal function.

These analyses were restricted to the 2941 patients with data on weight and height.