**Estimated Glomerular Filtration Rate and Its Clinical Correlates Among Outpatients in a Nigerian Teaching Hospital**

**Abstract**

**Background:** Chronic kidney disease is a growing public health concern, particularly in low- and middle-income countries like Nigeria. Early identification of individuals at risk through estimated glomerular filtration rate assessment is crucial for effective intervention.

**Objective:** To assess kidney function using eGFR and examine its associations with demographic, clinical, and anthropometric factors among adult outpatients in a tertiary hospital in Nigeria.

**Methods:** A hospital-based cross-sectional study was conducted among 213 adult patients attending the medical outpatient and nephrology clinics of the University of Benin Teaching Hospital. Data were collected through structured interviews, anthropometric measurements, and laboratory investigations. Kidney function was assessed by estimating the glomerular filtration rate using the Chronic Kidney Disease Epidemiology Collaboration equation and analyzed as a continuous variable. Statistical analyses included independent samples t-tests, analysis of variance, and Pearson correlation tests.

**Results:** The mean eGFR declined significantly with increasing age (P < .01) but showed no significant difference between sexes. Participants with haematuria had significantly lower eGFR (P = .04), while diabetes, hypertension, and proteinuria were associated with lower eGFR but not at statistically significant levels. Waist–hip ratio and body mass index showed significant negative correlations with eGFR (r = –0.203, P = .02; and r = –0.169, P = .049, respectively).

**Conclusion:** Advancing age and central obesity are key predictors of declining renal function in this population. Routine eGFR monitoring and anthropometric assessments could support early detection and management of CKD in Nigerian outpatient settings.

***Keywords: Chronic kidney disease, eGFR, obesity, hypertension, Nigeria***

**BACKGROUND**

Chronic kidney disease (CKD) has become a major global health concern, affecting approximately 850 million people worldwide, with increasing prevalence reported across both developed and developing countries.(Deng et al., 2025; Francis et al., 2024) The disease is characterized by a gradual loss of kidney function over time, often progressing silently until the late stages when complications such as end-stage renal disease (ESRD), cardiovascular disease, and death become imminent.(Vaidya & Aeddula, 2024) In many low- and middle-income countries (LMICs), including Nigeria, the burden of CKD is particularly alarming due to the dual challenges of underdiagnosis and limited access to renal replacement therapies such as dialysis and transplantation.(Adetunji & Fatokun, 2023; Stanifer et al., 2016)

The estimated glomerular filtration rate (eGFR), typically derived from serum creatinine levels, serves as a practical, non-invasive, and widely accepted index for assessing kidney function in population-based settings.(Provenzano et al., 2024) A reduced eGFR is not only indicative of impaired renal function but is also a strong independent predictor of cardiovascular events and all-cause mortality, therefore understanding the distribution of eGFR and its associated risk factors within local populations is critical for early detection, risk stratification, and the implementation of appropriate public health interventions.(Guo et al., 2018)

Multiple determinants influence kidney function, ranging from non-modifiable factors such as age, sex, and genetic predisposition to modifiable risk factors including hypertension, diabetes mellitus, obesity, and lifestyle-related metabolic disturbances. In sub-Saharan Africa, hypertension and diabetes, often undiagnosed or poorly controlled, remain the leading contributors to CKD, with significant overlap among individuals with concurrent cardiometabolic risk factors.(Kabinga et al., 2024) Anthropometric indices such as body mass index (BMI), waist circumference, and waist-to-hip ratio have also been linked to renal outcomes, as they reflect central adiposity, insulin resistance, and systemic inflammation, which may contribute to glomerular hyperfiltration and progressive renal injury.(Vela-Bernal et al., 2023)

In Nigeria, while studies on CKD have been conducted among specific patient groups such as diabetics and hypertensives, there remains a scarcity of data on kidney function and its determinants in broader adult populations, especially in community or outpatient settings. Given the increasing urbanization, dietary changes, and sedentary lifestyles among Nigerians, it is imperative to identify early indicators of renal dysfunction and the modifiable risk factors that drive its progression.

This study, therefore, aims to assess the pattern of kidney function, measured using eGFR, among adults in a Nigerian population and to identify the demographic, clinical, and anthropometric factors associated with impaired renal function. By generating context-specific evidence, the findings are expected to inform targeted screening, early preventive strategies, and policy development aimed at reducing the growing burden of kidney disease in Nigeria.

**METHODOLOGY**

**Study Area**

This study was conducted at the University of Benin Teaching Hospital (UBTH), a tertiary healthcare facility located in Benin City, Edo State, Nigeria. As one of the foremost referral centers in Southern Nigeria, UBTH provides a wide range of diagnostic and specialist services, including nephrology care, to a diverse patient population. The hospital's central role in managing both acute and chronic diseases makes it a suitable setting for evaluating kidney function and associated clinical parameters in an adult population.

**Study Design**

A hospital-based cross-sectional study was employed. Consecutive adult patients attending medical outpatient and nephrology clinics were recruited between July and September 2022. A total of 213 participants were enrolled using a convenience sampling technique. Data were collected via structured interviewer-administered questionnaires, physical measurements, and laboratory evaluations.

**Study Population**

Inclusion criteria were adults aged 18 years and above who gave written informed consent. Patients with incomplete data or those with known chronic kidney disease on renal replacement therapy were excluded.

**Data Collection**

Demographic data, medical history (including hypertension and diabetes), and urinalysis findings (proteinuria, haematuria) were obtained. Anthropometric measurements were taken following standard protocols. Body mass index (BMI) was calculated as weight in kilograms divided by height in meters squared, and waist–hip ratio was derived from waist and hip circumferences. Random blood sugar levels were also measured.

Venous blood samples were collected for serum creatinine estimation, and the estimated glomerular filtration rate (eGFR) was calculated using the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation, expressed in mL/min/1.73 m². eGFR was treated as a continuous variable throughout the analysis.

**Data Analysis**

Data were analyzed using IBM SPSS version 27. Continuous variables were presented as means with standard deviations, and categorical variables as frequencies and percentages. Differences in mean eGFR across age groups, gender, and clinical subgroups (hypertension, diabetes, proteinuria, haematuria) were assessed using independent t-tests or one-way ANOVA as appropriate. Pearson’s correlation was used to evaluate relationships between continuous variables, including BMI, waist–hip ratio, random blood sugar, and eGFR. A P-value less than 0.05 was considered statistically significant.

**Ethical Approval**

Ethical approval was obtained from the Research and Ethics Committee of UBTH. Written informed consent was secured from all participants prior to data collection. Confidentiality and privacy were maintained throughout the study.

**RESULTS**

**Association Between eGFR, Age, and Gender (Table 1 and Figure 1)**

The mean estimated glomerular filtration rate (eGFR) varied significantly across age groups. Participants aged ≤40 years had the highest mean eGFR (104.46 ± 30.1 mL/min/1.73 m²), followed by those aged 41–50 years (101.82 ± 30.2 mL/min/1.73 m²). A marked decline in eGFR was observed among individuals aged 51–60 years (85.97 ± 24.4 mL/min/1.73 m²) and those above 60 years (80.48 ± 21.4 mL/min/1.73 m²). This downward trend in kidney function with increasing age was statistically significant (F = 5.941, P < .01).

In contrast, no statistically significant difference in mean eGFR was observed between males and females. The mean eGFR among male participants was 95.26 ± 27.4 mL/min/1.73 m², compared to 95.58 ± 29.0 mL/min/1.73 m² in females (t = -0.116, P = .91),

**Correlation Between Key Clinical Parameters (Figure 2)**

Significant positive correlations were observed between waist–hip ratio and random blood sugar (r = 0.172, P = .02), as well as waist–hip ratio and body mass index (r = 0.269, P < .01). Waist–hip ratio also showed a significant negative correlation with estimated glomerular filtration rate (r = –0.203, P = .02). Similarly, estimated glomerular filtration rate was negatively correlated with body mass index (r = –0.169, P = 0.049). However, random blood sugar showed no statistically significant correlation with either estimated glomerular filtration rate (r = –0.162, P = 0.06) or body mass index (r = 0.034, P = .64).

**Association Between eGFR and Key Clinical Variables (Figure 3)**

Participants with a history of diabetes mellitus had a lower mean estimated glomerular filtration rate (83.43 ± 25.0 mL/min/1.73 m²) compared to those without diabetes (96.23 ± 29.2 mL/min/1.73 m²); however, this difference was not statistically significant (P = .26).

Those with a history of hypertension also had a lower mean estimated glomerular filtration rate (89.00 ± 21.6 mL/min/1.73 m²) than their normotensive counterparts (97.83 ± 3.9 mL/min/1.73 m²). This difference approached statistical significance (P = .07).

Participants with proteinuria had a slightly lower mean estimated glomerular filtration rate (86.63 ± 2.5 mL/min/1.73 m²) compared to those without proteinuria (96.13 ± 29.5 mL/min/1.73 m²), though this difference was not statistically significant (P = .37).

However, the presence of haematuria was significantly associated with lower kidney function. Participants with haematuria had a mean estimated glomerular filtration rate of 76.67 ± 21.0 mL/min/1.73 m² compared to 96.91 ± 29.1 mL/min/1.73 m² among those without haematuria (P = .04).

**Table 1: Distribution of eGFR among study participants**

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| --- | --- |
| **Variable** | **Mean eGFR (mL/min/1.73 m²) ± S.D** |
| **Age** |  |
| ≤40 | 104.46 ± 30.1 |
| 41 – 50 | 101.82 ± 30.2 |
| 51 – 60  | 85.97 ± 24.4 |
| >60 | 80.48 ± 21.4 |
|  | **F = 5.941, P < .01** |
| Gender |  |
| Male | 95.26 ± 27.4 |
| Female | 95.58 ± 29.0 |
|  | **t = -0.116, P = .91** |

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**Figure 1: Means plot showing eGFR across age groups**

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**Figure 2: Correlation matrix of clinical variables**

**Figure 3: Mean eGFR in relation to co-morbidities**

**DISCUSSION**

A key observation was the significant decline in kidney function with increasing age. The mean eGFR was highest among participants aged ≤40 years and declined progressively across older age groups, reaching the lowest value among those aged >60 years. This trend is consistent with existing literature, which identifies aging as a non-modifiable risk factor for reduced renal function due to nephron loss, decreased renal perfusion, and age-associated glomerulosclerosis.(Denic et al., 2016) In our study, this decline shows the need for routine renal function monitoring in older adults, even in the absence of overt disease.

Unlike age, gender did not demonstrate a significant association with eGFR, as both male and female participants had similar mean values. This aligns with previous studies that found negligible gender differences when eGFR is indexed to body surface area.(Ellam et al., 2013) However, other studies have reported gender variations in renal function, possibly influenced by hormonal, muscle mass, and dietary factors.(Fenton et al., 2018; Franco-Acevedo et al., 2021) The lack of difference in this cohort may reflect a relatively homogenous sample or the overriding influence of other risk factors.

Although participants with diabetes and hypertension had lower mean eGFR values compared to their non-diabetic and normotensive counterparts, these differences did not reach statistical significance. This is somewhat surprising given the well-established role of these conditions as major contributors to chronic kidney disease.(Akpor et al., 2022; Kabinga et al., 2024) One possible explanation is that many of the affected participants may have been receiving treatment, thereby mitigating further renal damage. Additionally, the cross-sectional design limits inference about duration or control status of these comorbidities, which are critical determinants of renal outcome.

Proteinuria, a marker of kidney damage, was not significantly associated with lower eGFR in this study. However, the presence of haematuria was significantly linked to reduced renal function. This suggests a possible underlying glomerular pathology in affected individuals, warranting further investigation. In resource-limited settings like Nigeria, routine urine dipstick testing can serve as a cost-effective tool for early detection of kidney injury.(Mmoh et al., 2022)

Anthropometric indices showed noteworthy associations. Waist–hip ratio correlated negatively with eGFR and positively with both random blood sugar and body mass index. Similarly, BMI also demonstrated a modest but statistically significant inverse correlation with eGFR (r = –0.169, p = .049). These findings are in keeping with the growing evidence that central obesity and metabolic syndrome contribute to renal dysfunction through pathways involving insulin resistance, inflammation, and glomerular hyperfiltration.(Bansal & Chonchol, 2025; Hall et al., 2020) Given the rising prevalence of obesity in Nigeria, these results highlight the importance of lifestyle interventions in kidney disease prevention.

**Conclusion**

This study highlights age and central obesity as significant predictors of declining kidney function among adult outpatients at UBTH. The findings support routine eGFR screening, especially in older adults and those with elevated waist–hip ratios, to enable early detection and prevention of chronic kidney disease.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

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