

Prof Amanda Howe (UK), President of the World Organization of Family Doctors (WONCA)

1. Today is World Kidney Day. One health problem that general practitioners have to deal with – among many others – is chronic kidney disease. Why is it important to involve a kidney function check in general health assessments?

1. It is important, because in the early stages of chronic kidney disease many people do not have symptoms. So we see what appears to be a healthy person and the only way we know that they may have a problem with their kidneys is when it shows in the blood test. But what we have to debate about is whom to test and at what age and what stage to perform the test. We should be thinking if there are any risks, have there been any previous problems, even as a child? Or does the patient have another condition like diabetes or hypertension, that might, particularly, increase the risk of developing renal problems? This selection is important, because as general practitioners we do not want to “over-medicalise” people’s lives and perform tests which are not necessary. But on the other hand, we do not want to be too late in diagnosing CKD. Therefore in many countries nephrologists, in collaboration with family doctors, have developed sensible screening guidance.

2. Early stages of chronic kidney disease can be competently treated by general practitioners. But when is the involvement of a nephrologist recommended?

As soon as the GP sees a significant deterioration of kidney function, the nephrologist should be involved. Also, if there is a rapid decline in kidney function from one check-up to the next, the patient should always see a specialist. But in all the mild cases of CKD, the GP can handle the problem alone, giving lifestyle advice and sensitising the patients to regular check-ups.

I personally also seek guidance from a nephrology colleague, if a patient with a mild deterioration of kidney function is in need of a certain therapy that might be nephrotoxic. Then it is always good to discuss the treatment risks and think about alternative therapy options, if possible.

3. Interdisciplinarity is vital these days, also in raising awareness. Are there any joint projects or collaborations between general practitioners and nephrologists that can serve as a role model?

Well, there are some collaborations on a “big scale”, e.g. in Austria there is a joint CKD screening project of nephrologists and general practitioners. But I think real collaboration always happens on an individual level: If the health system allows this kind of mutual management as I described before, so that you are able to get advice from a colleague, also without the referral of the patient, then every day is a good example of family doctors and nephrologists working together!

4. Do WONCA and ERA-EDTA work together? Are there any special programmes, joint initiatives?

Actually, I don’t think we have been asked about that so far...

5. Considering the fact that the kidneys are key organs and kidney health is more and more threatened by the rising incidence of hypertension and diabetes, do you as President of WONCA support further collaboration with nephrologists and the ERA-EDTA?

I think I am now expected to answer yes. [laughs] But I think the form of the collaboration may be important. We are always keen to get educational advice and good online patient materials.

The other area in which we like to collaborate is the workforce. In many countries, the standing and the education of family doctors is not that high. But if you believe that family doctors have an important role to play, both in diagnosis and in management, as they have in most European countries, we need to ensure that people all over the world get access to a skilled and trained family doctor, who on the other hand has access to laboratories and specialists when needed. We need to work together to get the right workforce for the people, for their optimal, but also cost-effective care and treatment. We hope that nephrologists will support us in this matter.