

Professor Marshall, European Association for the Study of Diabetes

1. Today is World Kidney Day. What is the relationship between diabetes and chronic kidney disease?

Diabetes is the single most common cause worldwide of kidney failure requiring dialysis. Depending on the country, A third to one half of individuals requiring renal replacement therapy have diabetes. So, naturally, there is a very close link between diabetes and chronic kidney disease.

2. How important is it to monitor kidney function in patients with diabetes?

It's very important indeed. All the guidelines say that, at least once a year, people with diabetes should have a blood test to measure kidney function, and a urine test to check the urine for any leaking of the protein called albumin. Deteriorating kidney function can thus be detected at an early stage and therapeutic measures can be taken to slow disease progression.

3. Interdisciplinarity is vital these days, especially in research. Are there any joint projects or collaborations between diabetologists and nephrologists that can serve as a role model?

Yes – the European Diabetic Nephropathy Study Group can certainly serve as such a role model. At present I am the President of this group, in which professionals from diabetology and nephrology work closely together. The aim is to assemble researchers from different backgrounds who are interested in diabetic renal disease in order to study the epidemiology, pathology, pathophysiology and treatment of this complication of diabetes mellitus. The present projects range from genetics studies about diabetes and diabetic kidney disease to treatment studies. The ultimate goal is to prevent kidney disease in patients with diabetes.

4. Do the European Association for the Study of Diabetes and the ERA-EDTA work together? Are there any special programmes, joint initiatives?

At our annual congresses we always have sessions on diabetic nephropathy, and some of the speakers are nephrologists. There's also the European Diabetic Nephropathy Study Group, of course, which is a study group within the European Association for the Study of Diabetes (EASD), but which is open to nephrologists and ERA-EDTA members, too.

5. Given the considerable overlap between diabetology and nephrology, do you as a member of the executive committee of the European Association for the Study of Diabetes support further collaboration with nephrologists and the ERA-EDTA?

Yes, we should be collaborating with nephrologists in the same way as we should be collaborating with cardiologists, neurologists and ophthalmologists. Diabetes has many facets, and in managing diabetes we have to address every aspect of this condition – and need to work very closely with all these specialists, including nephrologists, that's for sure.