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Chronic Kidney Disease: everyone's concern

850 million people worldwide are affected by kidney disease. This worrying figure was published last June by the three leading nephrology societies (ASN, ISN and ERA-EDTA) [1] – and it continues to rise at an alarming rate. The leading preventable causes of chronic kidney disease, which carries significant health burden, are diabetes, high blood pressure and obesity. The risk of death, particularly in the advanced stages and particularly from cardiovascular disease, is drastically increased. Prevention of chronic kidney disease is a global concern and the fight against preventable causes must be intensified. ERA-EDTA has published a leaflet [2] with practical tips to help reduce the risk of developing conditions which can lead to chronic kidney disease.

Chronic kidney disease is defined as an abnormality of kidney structure or function that persists for more than three months. It is prevalent, affecting 10.4% of men and 11.8% of women, worldwide [3]. Chronic kidney disease can progress such that between 5.3 and 10.5 million people need kidney replacement therapy in the form of dialysis or transplantation. Although there are many who do not receive these treatments due to lack of resource or financial barriers.

The number of patients affected is growing. The unadjusted incidence rate of renal replacement therapy among all countries represented in the European Renal Registry was 121 per million in 2016 – compared to 117 per million population five years previously in 2011 [4]. This is largely explained by the significant rise in the previous decade by the number of people who suffer from diabetes and hypertension, conditions which can lead to chronic kidney disease. Approximately 425 million adults (20-79 years of age) were living with diabetes in 2017, and this figure will rise further to 629 million by 2045, according to the International Diabetes Federation [5]. The number of people affected by high blood pressure has increased from 594 million in 1975 to over 1.1 billion in 2015 [6]. Diabetes and hypertension are the two most common causes of kidney failure requiring dialysis: one in three patients on dialysis need renal replacement secondary to diabetes. In many instances, the development of diabetes and hypertension is avoidable.

“Against the background of ever-increasing numbers of patients with diabetes and hypertension, there is cause for concern that the incidence of chronic kidney disease, too, will continue to rise”, explains ERA-EDTA President Professor Carmine Zoccali. “We are worried that we are only seeing the tip of the iceberg right now. This is why ERA-EDTA has decided to build awareness through education and to provide material to aid prevention.”

It is not only the dramatic rise in incidence which is of concern but also the significant risk of ill health and death associated with chronic kidney disease. “Even, if many patients with impaired kidney function do not feel ill over a long period of time, they are at a particularly high risk of many other health outcomes, especially dangerous cardiac complications.” A recently published study [2] showed that renal patients are very complex patients – they have more comorbidities and the highest risk of mortality, when compared to patients managed by other specialties including of infectious disease specialists, pulmonologists, hematologists, rheumatologists, gastroenterologists, cardiologists, endocrinologists, and family physicians.

“This means we have the most vulnerable patients, and the incidence of chronic kidney disease is increasing still further. This is why we have to raise our voices and take action now”, explains Professor Zoccali. “Prevention of chronic kidney disease must become a general topic in public discourse.”

Press Contact:
ERA-EDTA PRESS OFFICE
Dr Bettina Albers
Jakobstrasse 38
99423 Weimar
Germany
Tel. +49 3643/ 7764-23
Fax +49 3643/ 7764-52

[1] <https://web.era-edta.org/uploads/180627-press-era-asn-isn.pdf>

[2] <http://www.era-edta.org/press/30-01-19-ERA-Card.pdf>

[3] GBD 2013 Mortality and Causes of Death Collaborators. Global, regional, and national age-sex specific all-cause and cause-specific mortality for 240 causes of death, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet. 2015 Jan 10;385(9963):117-71.

[4] ERA-EDTA Registry. Annual Report 2016 and 2011: <https://www.era-edta-reg.org/index.jsp?p=14>

[5] <https://idf.org/52-about-diabetes.html>

[6] <http://www.bloodpressureuk.org/mediacentre/Newsreleases/1billionpeopleworldwidenowhavehighbloodpressure>

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About ERA-EDTA

With more than 11,000 members, the ERA-EDTA ("European Renal Association – European Dialysis and Transplant Association") is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. It also supports a number of studies as well as research groups and has founded a special "Fellowship Programme" for young investigators as well as grant programmes. In order to involve young nephrologists in all its activities, ERA-EDTA has created the "Young Nephrologists' Platform" (YNP), a very active committee whose board includes members who are 40 years old or younger. In addition, it has established various working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, a "European Renal Best Practice" (ERBP) advisory board was established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: The series of CME courses combined with the annual congress offer an attractive scientific programme to cover the need for continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation. The association's journals, NDT (Nephrology, Dialysis, Transplantation) and CKJ (Clinical Kidney Journal), are currently the leading nephrology journals in Europe; furthermore NDT-Educational is the Society's online educational journal, with free access for all users, as well as being a very important and useful feature of the NDT-Educational "Literature Review". The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practices throughout Europe. ENP, the European Nephrology Portal, is the latest new initiative of ERA-EDTA, where all those interested in the activities of the Society can find everything that is happening, all in one place. Finally, ERA-EDTA is a member of the European Kidney Health Alliance (EKHA), a consortium of patients, nurses and foundations relating to renal issues that actively interacts with the European Parliament. For more information, please visit www.era-edta.org