COMMENTARY ON THE BURDEN OF CHRONIC KIDNEY DISEASE

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The kidneys are two bean shaped organs situated in the abdomen that is responsible for the excretion of metabolic waste, production of hormones, and metabolism and excretion of drugs and toxins amongst others. Chronic renal failure is said to occur when there is an irreversible deterioration of kidney function, which develops over a period of years. This ultimately leads to end-stage renal failure at which stage kidney function must be replaced artificially by either renal dialysis or renal transplantation in order to avert death.

The incidence and prevalence of kidney failure has been on the increase in recent times. The prevalence increased from 10% in 1988-1994 to 13.1% in 1999-2004. Kidney failure is also the ninth leading cause of death in the United States. In Nigeria, the data from various centres indicate an increasing incidence of kidney diseases in the population. The increase in kidney failure is partly explained by the rising incidence and prevalence of Diabetes and hypertension, the two leading causes of kidney failure. Other causes of kidney failure include glomerular disease, analgesic nephropathy, obstructive uropathy, chronic pyelonephritis, sickle cell disease amongst others.

The symptoms of kidney failure include nausea, vomiting, loss of appetite, and hiccough due to uraemia, weakness, difficulty with breathing and fatigue due to anaemia, chest pain, dry and itchy skin, bleeding episodes, erectile dysfunction, seizures and loss of consciousness amongst others. Most patients are also hypertensive in the course of their illness.

More worrisome is the fact that many people with kidney disease may not be aware of the disease until the disease is advanced when these patients then present with symptoms of the disease.

Management of kidney failure is very exorbitant, time consuming and affects the individual, his family and society. It costs an average of about 75,000 naira to undergo three sessions of dialysis every week excluding other medications and procedures and this has to be done indefinitely in order to keep the individual alive, and dialysis is also not without complications. It will also cost an average of about 3 million naira to have a renal transplant if the individual is fortunate to have a donor, while it will cost an average of about 150,000 naira monthly in order to afford medications after the transplant so that the body does not reject the transplanted kidney and these drugs will have to be taken for life, and are also not without adverse effects.

With this worrisome trend, especially the financial implications, the best approach will be to focus on primary prevention of kidney failure. Diabetes Mellitus and hypertension are the leading causes of kidney failure, with Diabetes Mellitus being responsible for about 20-40% of the cases. Indeed one out of every three patient undergoing dialysis in the United States is a diabetic patient. Diabetes by affecting the kidney causes diabetic nephropathy, which subsequently leads to kidney failure.

Presently about 280 million people worldwide have diabetes and this figure is projected to get to about 340 million people by the year 2030. In Nigeria the national prevalence of diabetes is put at about 2.2% and this continues to be on the increase. The national prevalence of hypertension by the National non-Communicable Disease Study Group has been put at over 11%.

If we are to reduce the burden of kidney failure, then we must address the increasing incidence of diabetes and hypertension. This can be done by adequate public enlightenment in the mass media to educate the public to adopt healthy lifestyles that will reduce their risk of developing obesity which is a risk factor for the development of diabetes. People should exercise regularly, cut down on excess calories and fatty foods to reduce obesity and adequate intake of vegetables and fresh fruits should be encouraged.

The public must also be educated on the dangers of indiscriminate abuse of analgesics like aspirin, paracetamol, feldene amongst others, which may also lead to kidney failure. Adequate screening facilities for the early detection of diabetes and hypertension should also be put in place and patients with the disease adequately treated.

Government should also address the situation adequately by increasing budgetary allocation to the health sector and paying more attention to non-communicable diseases like Diabetes Mellitus and hypertension.

More kidney centres offering dialysis services should also be established to offer dialysis services, and specialist manpower trained to man these centres, while the cost of dialysis should also be subsidized to make it more affordable. Individuals and corporate organizations should also assist indigent patients who cannot afford the cost of these services, and donate dialysis machines to these centers.

With these measures put in place it is hoped that the burden of chronic kidney disease will be ameliorated.