CHRONIC KIDNEY DISEASE – SHOULD WE BE CONCERNED?

Editorial

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For over 11 years, up to 90 countries have participated in celebrating World Kidney Day, a joint initiative of the International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF). This year on the 8th March, health organisations, medical professionals, government officials and the general public joined in the awareness drive that was themed Kidney's & Women's Health – Include, Value and Empower [1].

Why the concern and need to create awareness?

Some Facts

Globally, an estimated 10% of the population is affected by chronic kidney disease (CKD) [2]. Millions of people die annually because they do not have access to affordable treatment [3]. While over 80% of all kidney failure patients on treatment are in developed countries [2], treatment with dialysis or kidney transplantation creates a huge financial burden for most of the patients in medium income countries, and sadly in up to 112 low income countries, the treatment is not affordable resulting in the death of over 1 million people annually from untreated kidney failure [3,4]. The number of kidney failure cases will increase more in developing than developed countries, such as China and India that are experiencing increased life expectancy [3].

Prevalence

Chronic Kidney Disease (CKD) is an increasing public health issue with an estimated prevalence between 6 and 8%; 14% among women and 12% among men. Every year about 195 million women worldwide are affected with CKD with an average of 600,000 deaths per annum currently placing it as the 8th leading cause of death among women [5,6]. Lozano et al. [8] indicated that CKD was the 27th then 18th most common cause of death globally in 1990 and 2010, respectively [7] and by 2015 had risen to be the 12th most common cause of death, recording a 31.7% increase in a decade from 2005.

In Africa - there is paucity in epidemiological information on CKD; more so in sub-Saharan Africa. A systematic review of 90 studies done in sub-Saharan Africa indicated an overall prevalence of 9% (95% CI 12.2 – 15.7). In Zambia, the CKD prevalence measured as proteinuria was estimated in the range of 4 – 24%. The review also revealed a substantial prevalence of CKD amongst HIV patients [9]. The prevalence of CKD is bound to increase with the increase in diabetes and hypertension in Zambia.

Risk factors & health problems resulting

According to the CDC in Atlanta, Diabetes and high blood pressure have been identified as risk factors for CKD, considering the high prevalence of these two non-communicable diseases, all should be concerned [10].

Kidney failure, heart disease and stroke are the common consequences of CKD. Anaemia, recurring infections, low calcium level, high phosphorous level, high potassium levels, loss of appetite, excess body fluids causing oedema and depression have also been listed as consequences of CKD. CKD is also considered a risk factor for adverse pregnancy outcome and reduced fertility. Following such conditions is more often premature death compared to persons without CKD [10].

Not all hope is lost

There are still opportunities to prevent CKD and its complications; control risk factors including high blood pressure and high blood sugar levels, monitoring for kidney disease among the high risk groups, continuous care and management of CKD through lifestyle changes and adherence to treatment are measures encouraged to prevent the diseases and its consequences. It is evident that following the causes, risk and prevention measures surrounding CKD that higher awareness, timely diagnosis and proper follow up of CKD is critical and must be encouraged. Response to these indications is critical for improved patient care and management as well as policy decision. Public health practitioners, health

care workers and policy makers have an important role in the prevention of Chronic Kidney Disease.

The Health Press Zambia (THP-Z) pledges to play a role in the awareness drive

In this issue, we feature two original articles: Determinants of foetal mortalities, and Phytoestrogens and early onset androgenic alopecia. The authors of the manuscript on determinants of foetal mortalities aimed at evaluating factors associated with foetal mortalities. They determined maternal age and parity being factors associated with foetal outcomes. The objective in the article on Phytoestrogens and early onset androgenic alopecia was to determine the association between phytoestrogen containing foods and early onset androgenic alopecia. The authors conclude that individuals who develop early onset androgenic alopecia have a lower consumption of soya foods. Please access their articles and enjoy the research findings of the authors.

On an exciting note, THP-Z has made good strides in its journey to get indexed on MEDLINE and other scholarly indexes following acceptance as a member of the Africa Journal Partnership Program. Refer to the letter from the Co-Director Annette Flanagin posted in this issue. An immediate benefit is increased visibility THP-Z as it is published on Africa Journal Online platform.

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