

## Demystifying Chronic Kidney Disease

... & containing management / burgeoning related claim costs!

by

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Singapore has a national subsidised dialysis programme since 1996. Thailand provides subsidy for haemodialysis since 2013 under aegis of NHSO.

In 2016, Indian Prime Minister rolled out The Pradhan Mantri National Dialysis Programme as part of the National Health Mission (NHM) for provision of free dialysis services to the poor. The rationale for this focused activity was all of Retail, Group (that covers parents) and Mass health insurance usually has a huge claim cost due to CKD related claims. For uninsured and those with no benefits (insurance/ government eligibility for being a beneficiary) it literally means medical bankruptcy!



*Every year about 2.2 Lakh new patients of End Stage Renal Disease (ESRD) get added in India resulting in additional demand for 3.4 Crore dialysis every year. With approximately 4950 dialysis centres, largely in the private sector in India, the demand is less than half met with existing infrastructure. Since every Dialysis has an additional expenditure tag of about Rs.2000, it results in a monthly expenditure for patients to the tune of Rs.3-4 Lakhs annually<sup>1</sup>.*

**End Stage renal Disease (ESRD)** - advanced state of chronic kidney disease where one needs one of the Renal Replacement Therapies (dialysis or a kidney transplant) for survival.

### **Few facts:**

#### **Causes:**

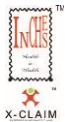
- **Diabetes mellitus:** A large percentage of ESRD patients can attribute their CKD to uncontrolled diabetes mellitus (both type 1 & type 2). Most lamenting the fact that they never knew diabetes mellitus can affect kidneys!
- **Hypertension:** when not optimally controlled also leads to CKD and ESRD.
- **CGN:** Chronic Glomerulonephritis - either recurrent or not optimally treated episodes of Acute glomerulonephritis or CGN caused by Lupus
- **NSAID nephropathy:** this aetiological factor has emerged recently and is getting commoner with masses abusing pain killers. It affects more females as the culture of popping pain killers like mint is gaining momentum.

**CKD (and ESRD) is preventable, delayable and manageable - JUST following Standard Treatment Guidelines!**

### **What needs to be done?**

- Patients with hypertension/ diabetes mellitus/ altered renal function should strive to achieve optimal control of respective parameters. This includes adopting healthy lifestyle (managing diet & exercise) and prescribed drugs. Periodic testing for the parameters is also mandatory as both these are asymptomatic as is CKD.
- All patients at risk of CKD (all hypertensives, diabetics, other ailments likely to reach get CKD) to test for Microalbumin in urine once a year. Raised values (between 30-300 mg/dL) indicate

<sup>1</sup> <http://vikaspedia.in/health/nrhm/national-health-programmes-1/pradhan-mantri-national-dialysis-programme>



Microalbuminuria. This is manageable and with rational control of diabetes mellitus/ hypertension this can be reversed by judicious use of angiotensin-converting-enzyme inhibitor (ACEI) or Angiotensin II receptor blockers (ARB) group of drugs. If under treatment the test should be repeated every six (6) months.

- Should Creatinine show an abnormally raised level - indicating that CKD has set in. Even at that this stage physician guided control of hypertension and diabetes mellitus with individualized titration of drugs helps slow down the progression of CKD to ESRD. Patients have known to delay CKD progressing ESRD by as long as a decade or more.
- With abnormal creatinine levels, monthly monitoring of
  - o Haemogram
  - o S. Creatinine &
  - o S. Potassium...are indicated and immensely helpful in managing CKD.

Any altered parameter is micro-managed so as to retain renal function for as long as one can.

Yes, one can invest in managing diabetes mellitus, hypertension (and other risk factors) and prevent/ delay dialysis / transplant (ESRD).

And it is quite manageable!

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