



PRESS RELEASE

EMBARGO

Improved Cost-effectiveness of secondary prevention of kidney disease by targeting higher risk populations

World Kidney Day 2020: Prevention is better than cure, for everyone, everywhere.

Embargo: 0001H [time zone of publication] Thursday, March 12, 2020

One in three people in the general population (an estimated 850 million people) is at increased risk of chronic kidney disease (CKD). And although an estimated 10% of people worldwide have CKD, estimates suggest 9 in 10 of those are unaware of their condition.

On this year's World Kidney Day (Thursday 12 March), advocates led by the International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF) are raising awareness of the importance of the preventive measures and the pressing urgency pertaining to the need for increased education of populations, patients, practitioners and policy makers in effective kidney disease prevention.

This year's campaign theme "Kidney Health for Everyone Everywhere – **from Prevention to Detection and Equitable Access to Care**" is about highlighting the importance of preventive interventions – be it primary, i.e., to prevent CKD onset, or secondary or tertiary, i.e., prevention of worsening early CKD or progression of more advanced CKD to end-stage kidney disease, respectively.

The costs of dialysis and transplantation consume 2%–3% of the annual health care budget in high-income countries, spent on less than 0.03% of the total population of these countries¹. Costs that are preventable by preventing kidney failure. Moreover, cost-effectiveness can be increased by adopting secondary prevention measures for higher risk populations such as those with diabetes mellitus and hypertension and those with rapid CKD progression. Whilst non-targeted secondary prevention produces cost-effectiveness ratios consistently above \$50,000 per life year saved²; estimates suggests that this cost can be halved when management of known patients with uncontrolled diabetes and hypertension is improved³.

"Primary prevention should focus on the modification of CKD risk factors and addressing structural abnormalities of the kidney and urinary tracts, and exposure to environmental risk factors and nephrotoxins" explains Professor Philip Kam Tao Li, Co-chairman of WKD Joint Steering Committee for ISN, based at Prince of Wales Hospital, Chinese University of Hong Kong. "In contrast, in persons

¹ Couser WG, et al. *The contribution of chronic kidney disease to the global burden of major noncommunicable diseases*. *Kidney Int.* 2011. December;80(12):1258–70.

² Li, Philip Kam-Tao et al. *Kidney health for everyone everywhere—from prevention to detection and equitable access to care*. *Kidney International*, Volume 97, Issue 2, 226 - 232

³ Howard K, et al. *Kidney Health Australia: the cost-effectiveness of early detection and intervention to prevent the progression of CKD in Australia*. Available at https://kidney.org.au/cms_uploads/docs/stage-2-costing-study-executive-summary.pdf. Accessed 29 January 2020.

with preexisting kidney disease, secondary prevention, including blood pressure optimization, glycemic control and avoiding high-protein high-sodium diet should be the main goal of education and clinical interventions” adds Professor Guillermo Garcia, Co-chairman of WKD Joint Steering Committee for IFKF, based at University of Guadalajara Health Sciences Center, Mexico. He continues: “In patients with moderate to advanced CKD, management of comorbidities such as uremia and cardiovascular disease along with low-protein diet are among the recommended preventative interventions to avoid or delay dialysis or kidney transplantation.”

Prof Li, who is also the Immediate Past President of the Asian Pacific Society of Nephrology, says: “educational and political efforts are needed to proliferate the “prevention” approach”. Concretely, this means making populations aware of the risks through global communication campaigns and empowering patients through, for example, online learning platforms. Practitioners would benefit from cross-specialty training to recognize at risk patients and politicians need to prioritize integrated NCD programs and support “best buys”. “Best buys” are cost effective interventions such as screening of at-risk populations for CKD, universal access to essential diagnostics of early CKD, availability of affordable basic technologies, and essential medicines and task shifting from doctors to front-line health care workers to more effectively target progression of CKD and other secondary preventative approaches.

World Kidney Day Global Corporate Supporters:

World Kidney Day is grateful to its global corporate supporters who help us make this day of global action possible. Thanks very much to:



About World Kidney Day:

For more on World Kidney Day, see: <https://www.worldkidneyday.org/>

About the organizers of World Kidney Day:

World Kidney Day is a joint initiative of the International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF).

Founded in 1960, the International Society of Nephrology (ISN) is a global not-for-profit society dedicated to improving kidney care and reducing the incidence and impact of kidney disease worldwide. Through its global network and programs, ISN brings together the developing and developed world in a collaborative effort in fighting and treating kidney disease on a global scale. More information on www.theisn.org.

The International Federation of Kidney Foundations (IFKF), a not-for-profit Federation founded in 1999, currently has a membership of 63 kidney foundations and patient groups in 41 countries. IFKF advocates worldwide to improve the health, well-being and quality of life of individuals with kidney

disease; disseminates standards of best practice of treatment and care; assists with the establishment of kidney foundations in countries where they do not yet exist; facilitates educational programs for its members; and promotes kidney disease research.

More information on www.ifkf.org.

Press Contacts:

Anne Hradsky, WKD Campaign Manager, based at the International Society of Nephrology, Brussels, Belgium. T) +32 2 808 04 20 E) anne@worldkidneyday.org

References:

Professor Philip Kam Tao Li, Co-chairman of WKD Joint Steering Committee for ISN, Prince of Wales Hospital, Chinese University of Hong Kong, Hong Kong. T) + 852 35053616 E) philipli@cuhk.edu.hk

Professor Guillermo Garcia, Co-chairman of WKD Joint Steering Committee for IFKF, based at University of Guadalajara Health Sciences Center, Mexico T) +52 1 33 3662 2288 E) ggarcia1952@gmail.com

For estimates of deaths attributed to chronic kidney disease from the Global Burden of Disease Study for selected countries, click [here](#)

¹ for various prevalence studies on CKD in high-income countries, click [here](#) and <http://ihmeuw.org/4pme>