

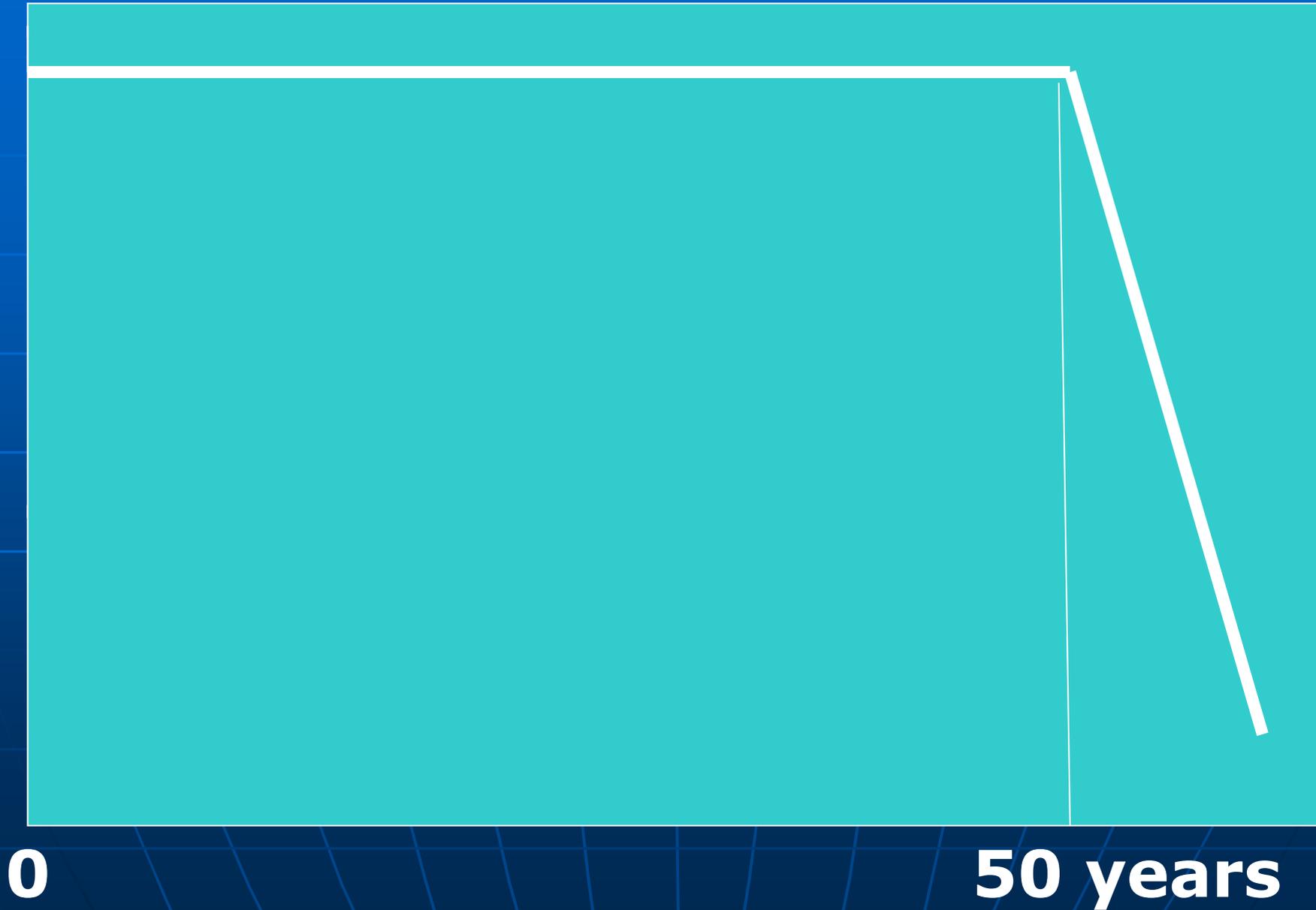
Chronic Kidney Disease

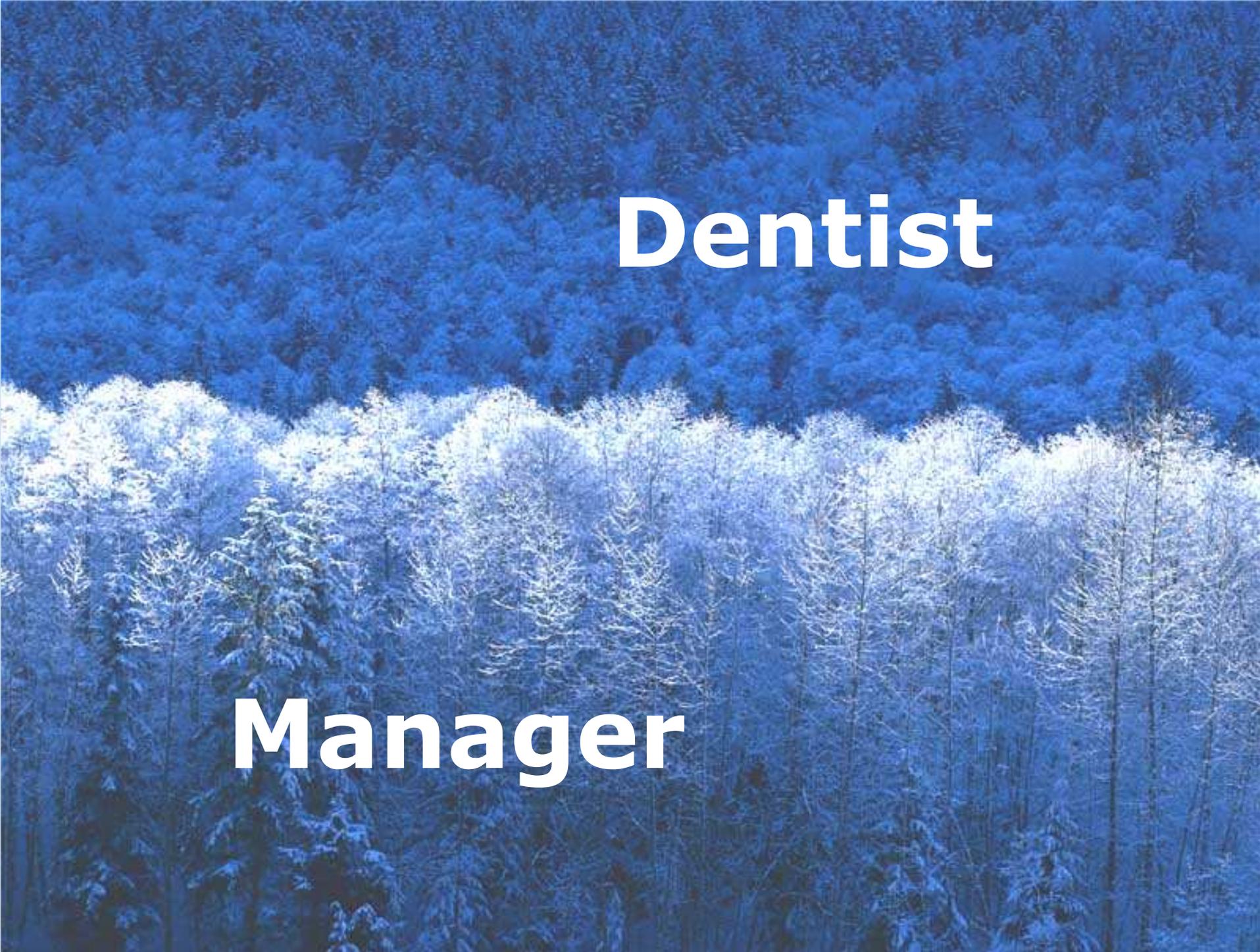
A patient's perspective

Per Åke Zillén

Per Åke

My kidney function



A blue-tinted photograph of a forest. The background shows a dense forest of tall, thin trees. The foreground shows a field of shorter, bushier plants. The word "Dentist" is written in large, white, bold, sans-serif font in the upper right quadrant of the image.

Dentist

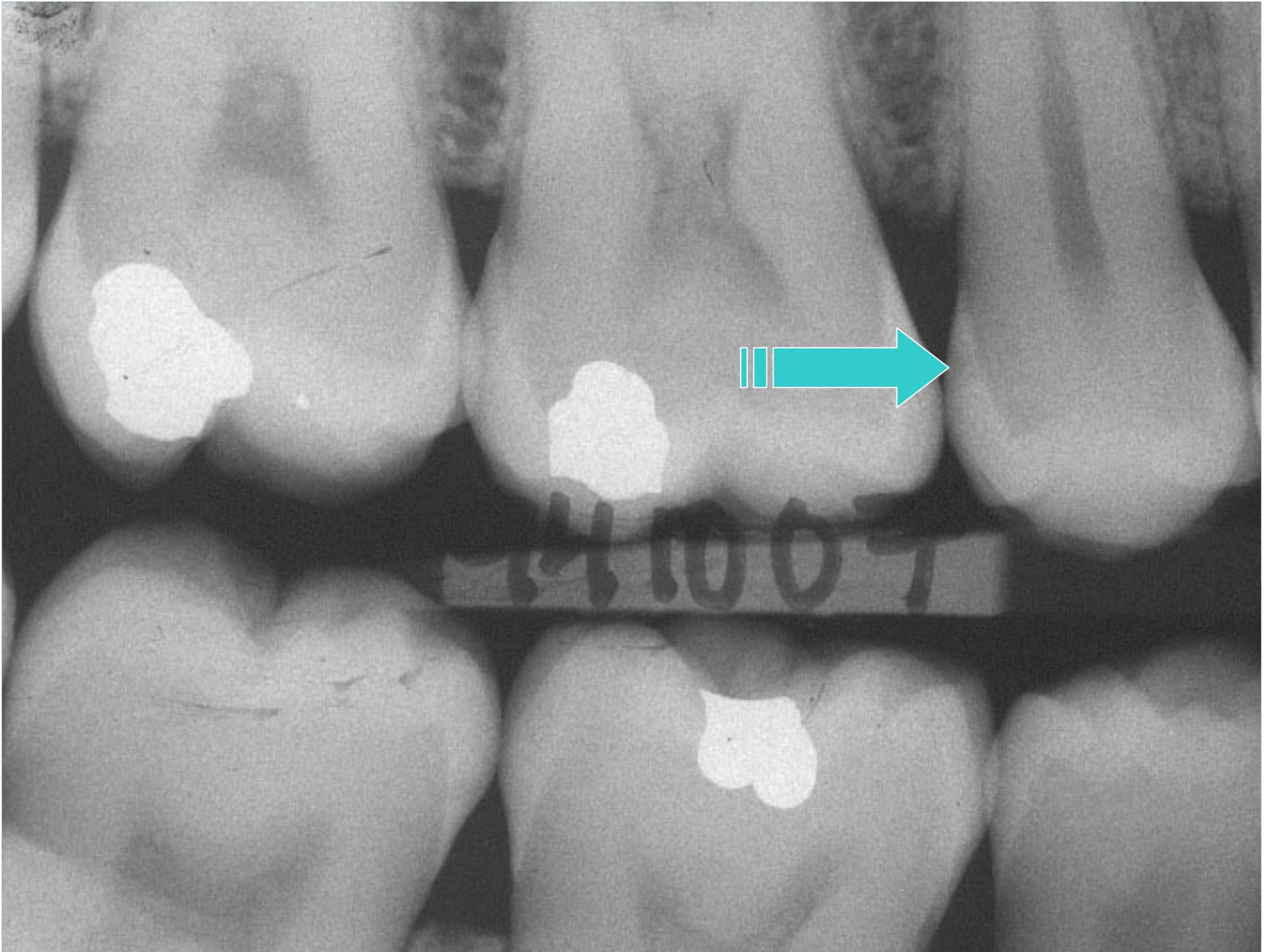
Manager

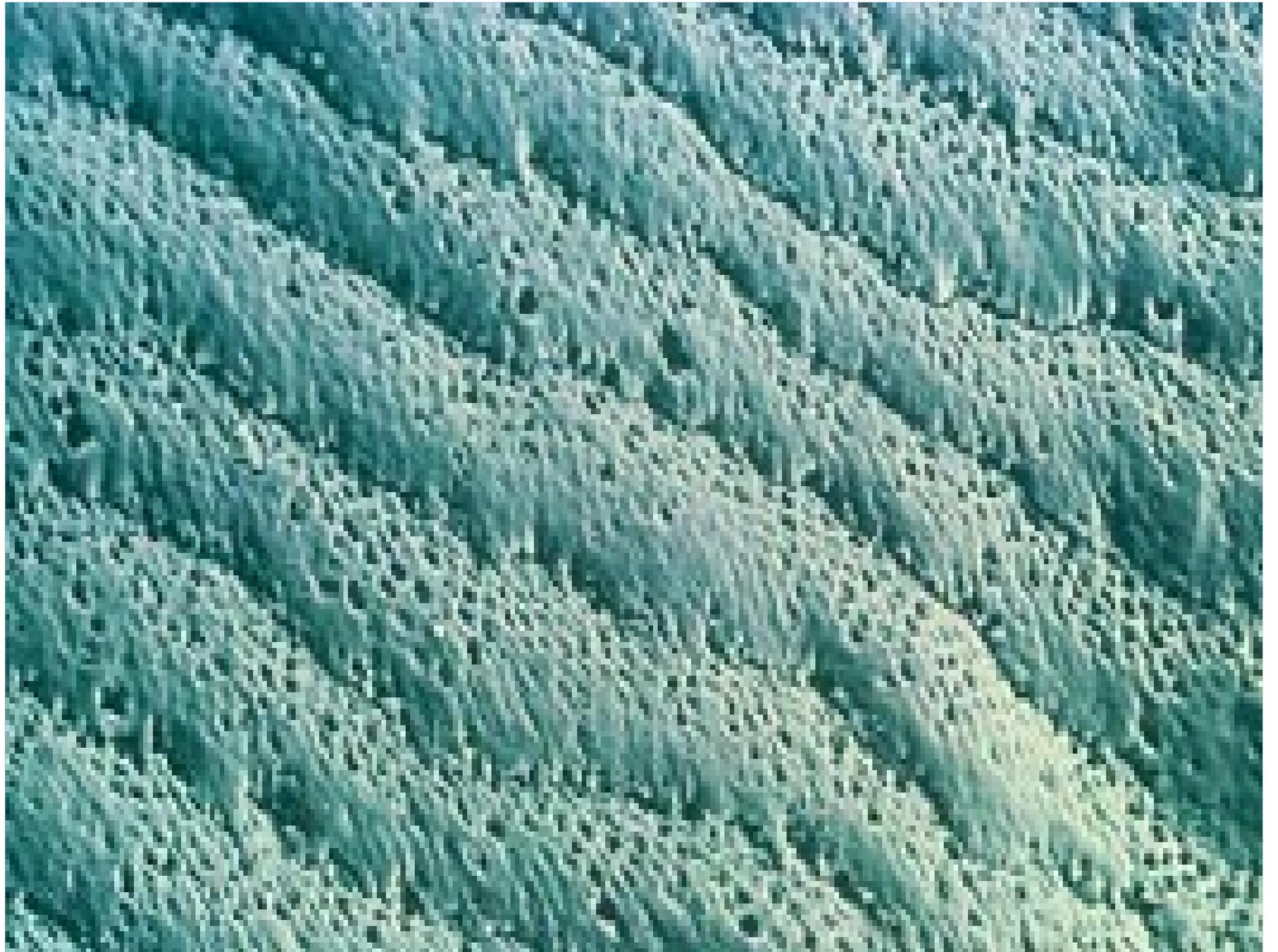
Mornings:

**The consequences of the
epidemic of caries**

Afternoons:

Dentures









Conclusions:

Prevention

Early detection

Early treatment

Early education

A health (r)evolution

My parents

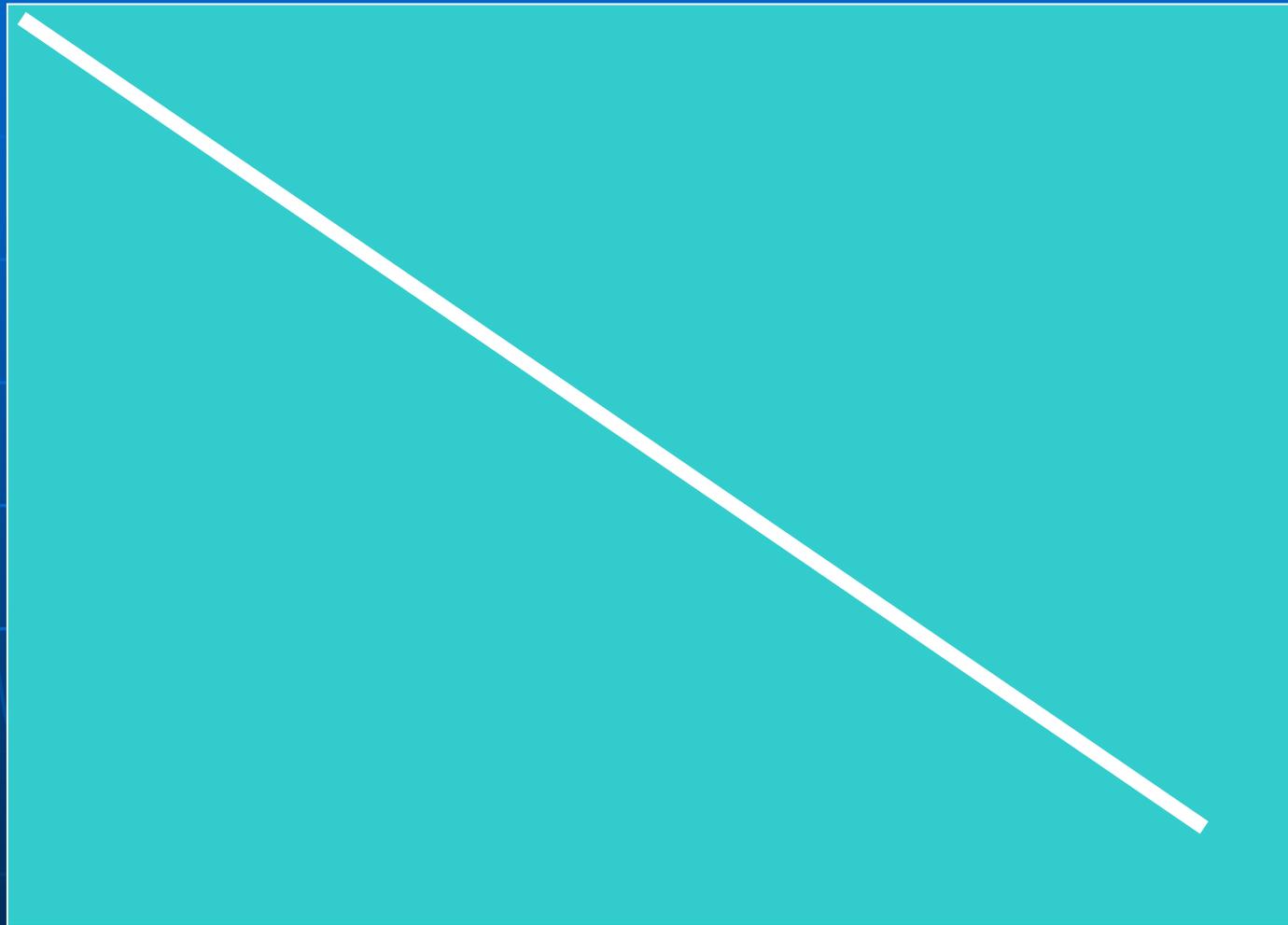
My generation

My children

My grandchildren

My kidney function

100%



1990

2001

10%

My trauma

Healthy individual

Sick patient

My trauma

Healthy individual

Sick patient

Chronically ill patient

My trauma

Healthy individual

Sick patient

Chronically ill patient

Pre-dialysis patient

~~Pre-dialysis~~

- **Kidney patient**
- **Reduced Kidney Function, RKF**
- **CKD patient**

Stages of CKD

	GFR
1. Damage, normal GFR	> 90
2. Mild reduction of function	90-60
3. Moderate reduction	60-30
4. Severe reduction	30-15
5. Kidney failure	< 15

My alternative version of:

Stages of CKD

	GFR
1. Kind of OK	> 90
2. Worrying (very much)	90-60
3. Severe condition, indeed	60-30
4. Complete disaster	30-15
5. Life threatening	< 15

Expectations:

Prevent

Expectations:

**Prevent
Cure**

EXPECTATIONS

Prevent

Cure

Preserve, Maintain

Expectations:

Prevent

Cure

Preserve, Maintain

Replace

Transplantation

- Transplant
- Medication
 - Diet
- Healthy behaviour

Dialysis

- HD or PD
- Medication
 - Diet
- Healthy behaviour

“Despite the success of ‘treatments’ for uraemia today, we must recognise all forms of dialysis to be highly expensive palliation which still carries a totally unacceptable mortality...”

Professor Stewart Cameron

“Thus dialysis and transplantation exist and flourish as a result of failure, not of success.”

Professor Stewart Cameron

In stages 2 – 4

**Conservative
treatment**

In stages 2 – 4

~~**Conservative
treatment**~~

**Radical treatment
Preserve or Maintain
the current function**

In other words a

**“Save-what-can-be-
saved-treatment”**

The main question:

**What can I do
myself?**

Blood pressure

- Medication
- Regular exercise
 - Weight control
 - Stop smoking
- Less salt, no extra
 - Drink less
- Stress management
- Relax and sleep well
 - Get a pet

Balances

- Calcium – phosphate
 - Haemoglobin
 - Acidity
 - Salt – water
 - Potassium
 - Lipids
- Teeth and gums
 - Alcohol
 - Sex

Special diet

- **Reduced protein**

0.6 g/kg bodyweight/day
plus Aminess

- **Increased energy**

35kcal/kg bodyweight/day

The true to-do-list

Patient

Medication	Yes
Blood pressure	Yes
Blood sugar	Yes
Balances	Yes
No smoking	Yes
Excercise	Yes
Special diet	Yes
Mental health	Yes

The true to-do-list

	Patient	Doctor
Medication	Yes	Yes
Blood pressure	Yes	-
Blood sugar	Yes	-
Balances	Yes	-
No smoking	Yes	-
Excercise	Yes	-
Special diet	Yes	-
Mental health	Yes	-

The self-management perspective:

MY HEALTH IS MY
RESPONSIBILITY

THE DOCTOR IS MY
MEDICAL ADVISOR

8 760 hours/year

8 760 hours/year

- 5 health care

8 760 hours/year

- 5 health care

8 755 hours/year
= my responsibility

To be able to assume

Responsibility

We need proper:

Education

Teach

vs

Learn

Patient and family education:

Aims

- Knowledge
- Motivation
- Behaviour



Livet med njursvikt

Kerstin Bergström och Per Åke Zillén

**English title:
"Living with reduced
kidney function"**

To main goals:

- 1. To stop or slow the progression**
- 2. To minimize the symptoms and the risks for complications**

Four steps:

Basic information
Self-care handbook
Empowerment
Follow-up

Total costs of CKD

- Primary health care
 - **Specialist nephrology care**
- **Specialist transplantation care**
- Other general/specialist care
 - Patients and their families
 - Laboratories – for tests
 - The society – for medication
 - Social security system(s)
 - Health insurance(s)
 - Society at large
 - The employer of the patient

Costs of dialysis:

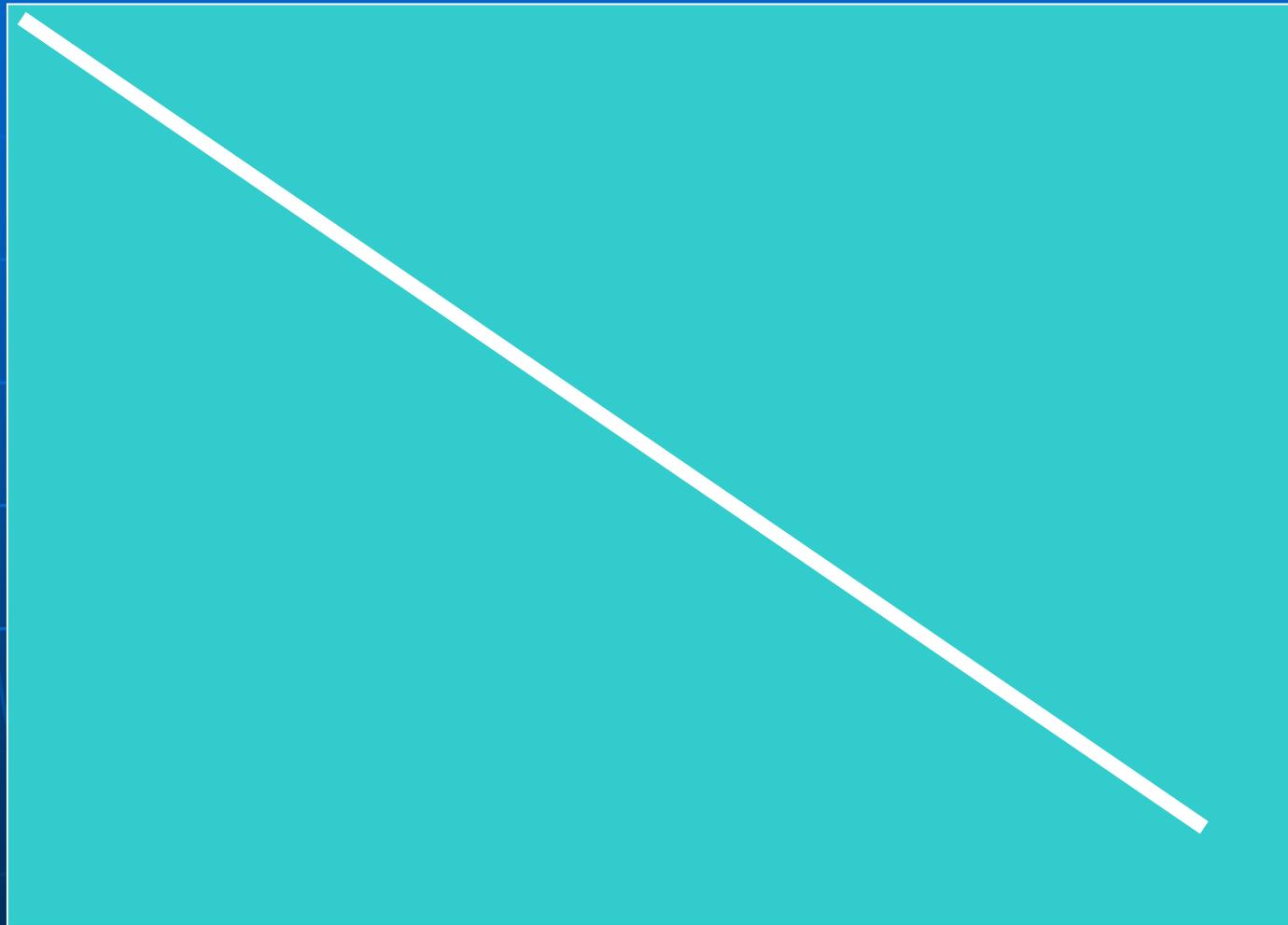
€900/week/patient

**Delayed dialysis
savings:**

€900/week/patient

My kidney function

100%

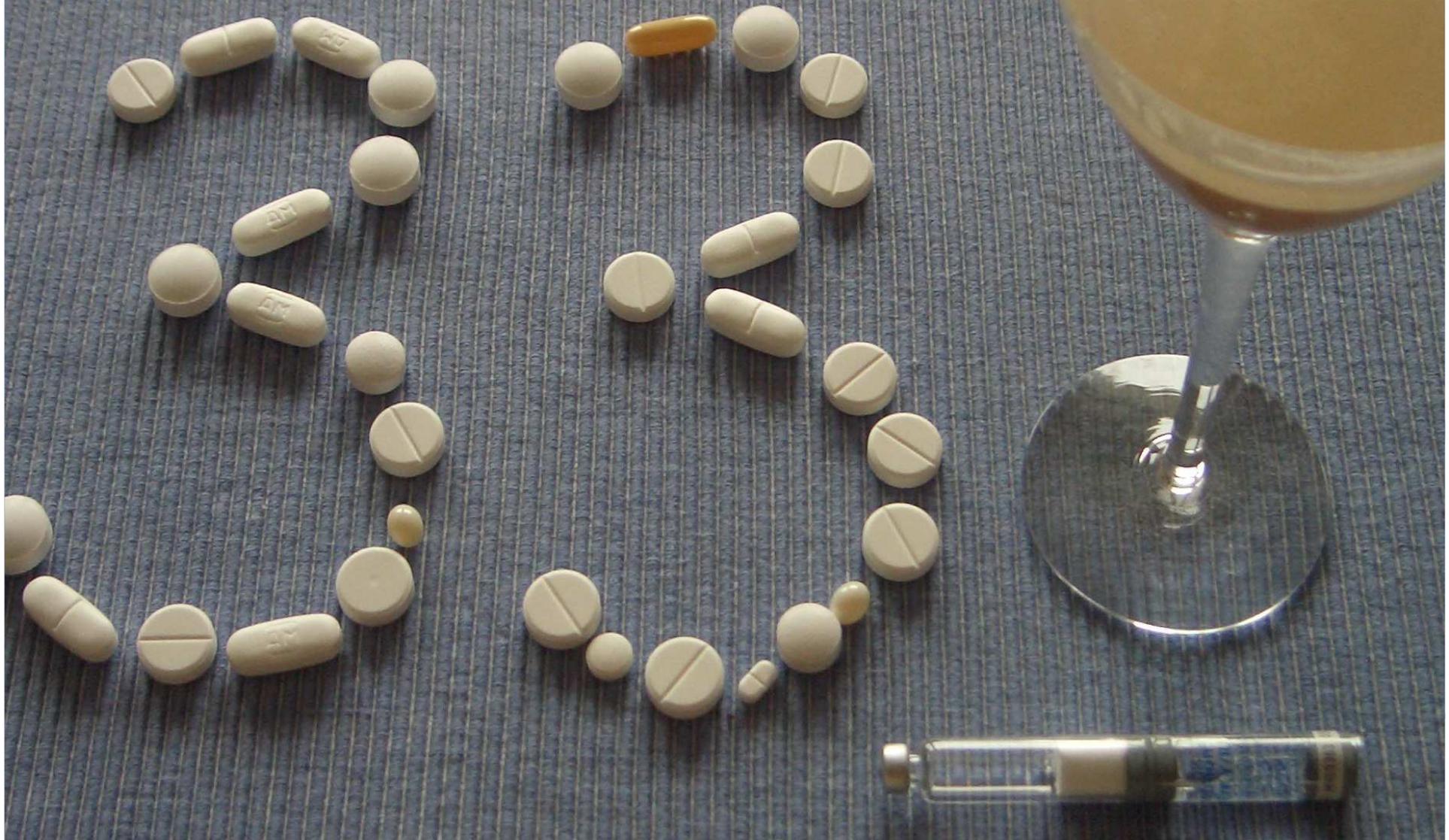


1990

2001

10%

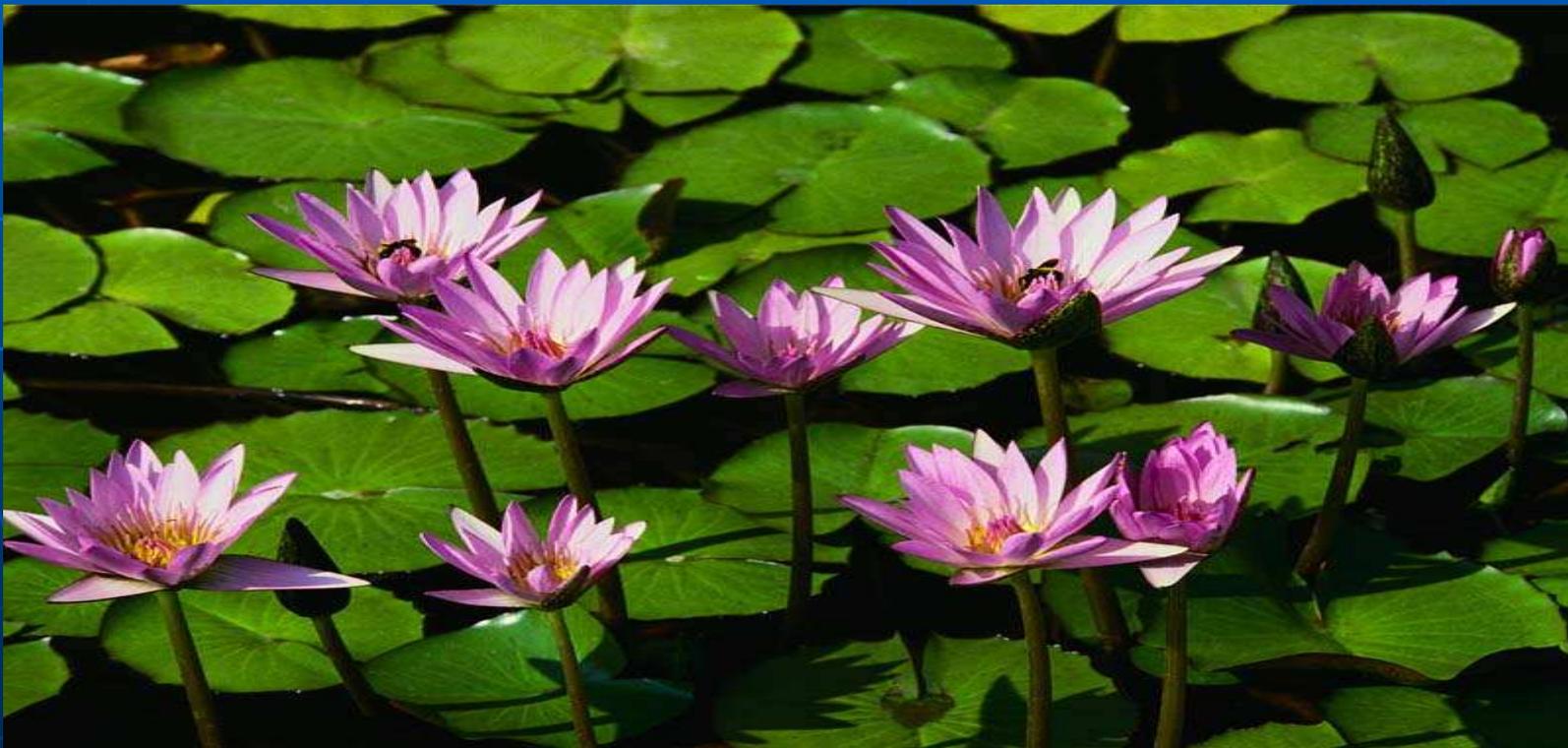
Medication = Compensation



My special CKD diet

- **Protein down**
 - **Energy up**
- **Extra aminoacids**
 - **Phosphate**
 - **Potassium**
 - **Etcetera**

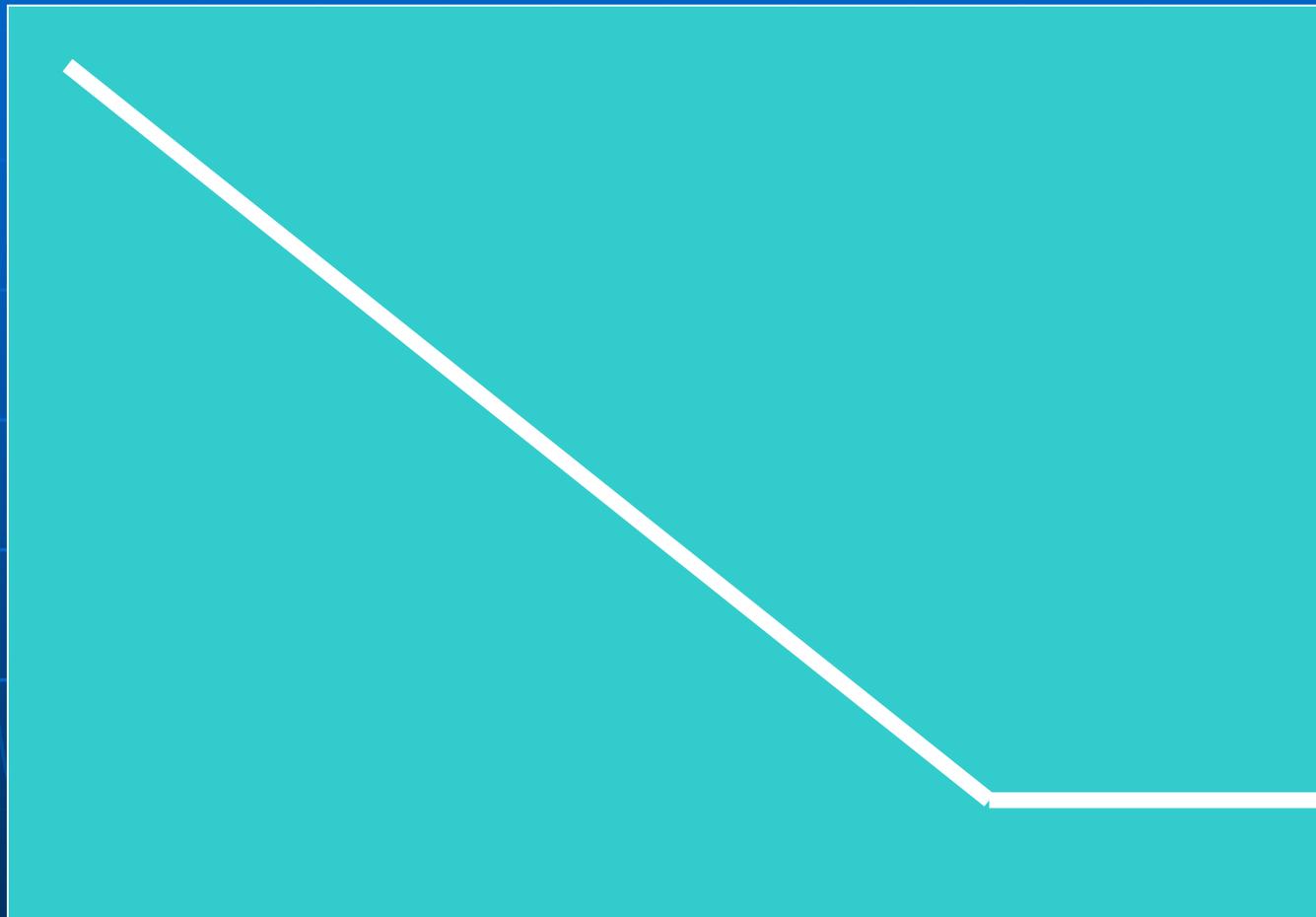
Healthy behaviour





The outcome

100%



10%

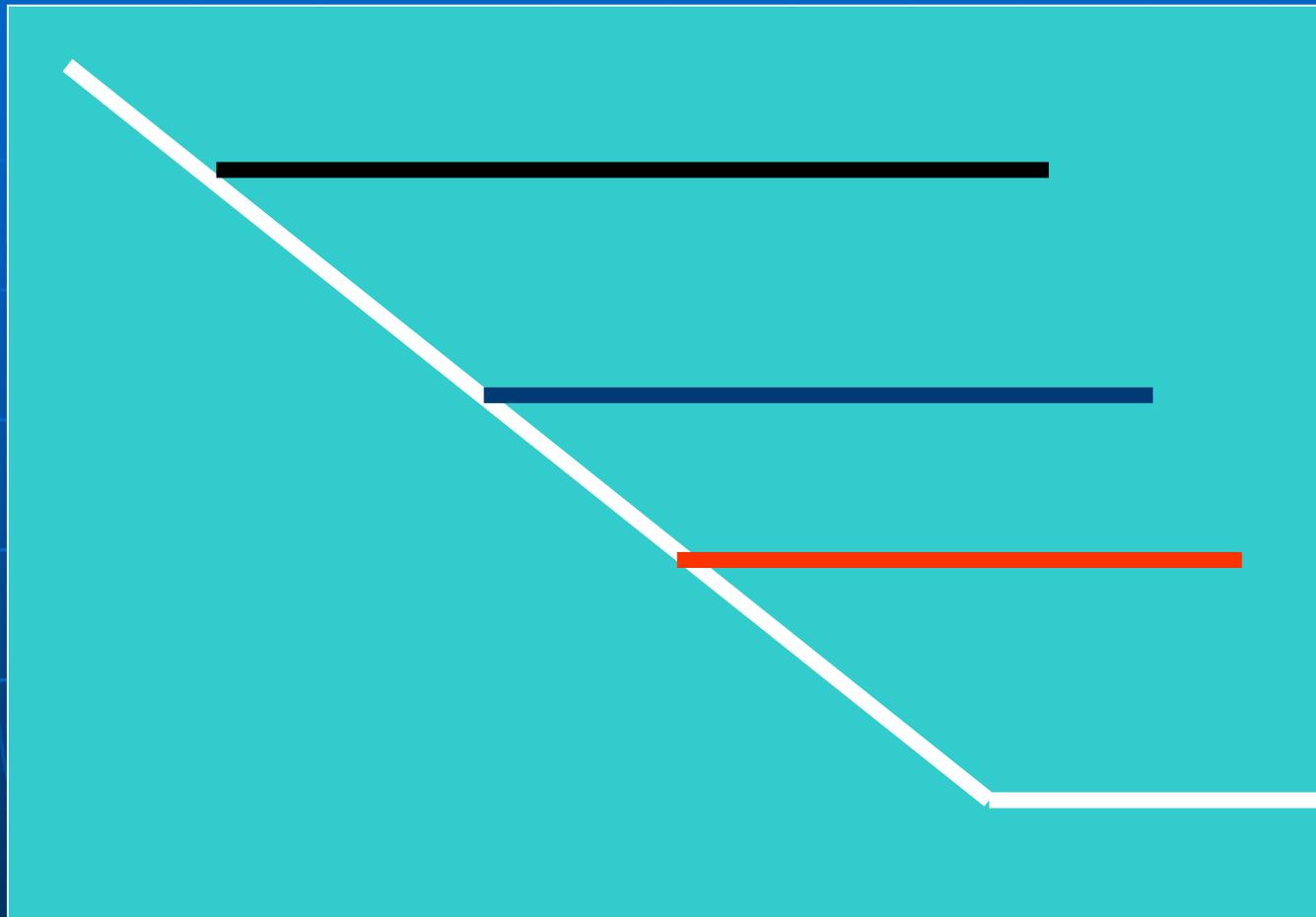
1990

2001

2007

The outcome

100%



1990

2001

2007

10%

Early detection: HOW?

- **No symptoms** or clinical signs present
so
- **Tests** – the only way

What?

- **Albuminuria**
- **Blood pressure**
 - **(Creatinine)**

Who & where?

- For individuals with risk factors
 - In primary care
 - Leadership by the nephrology community

**“We have to achieve an
arrest of progression of
renal failure, or better still,
prevention.”**

Professor Stewart Cameron

Conclusions:

Prevention

Early detection

Early treatment

Early education

**Thank
You**