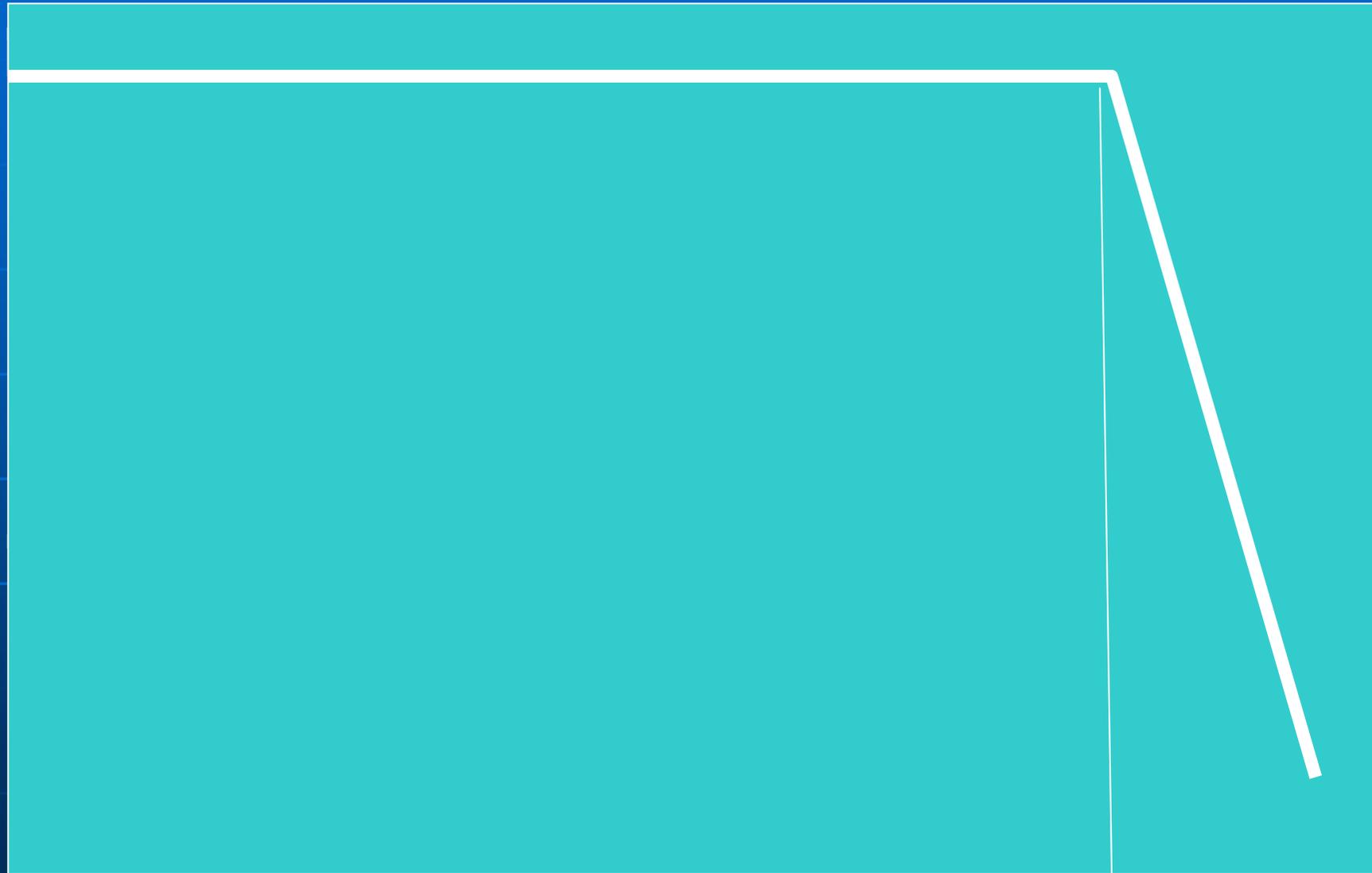


From
Replacement
to
Prevention

A patient's perspective

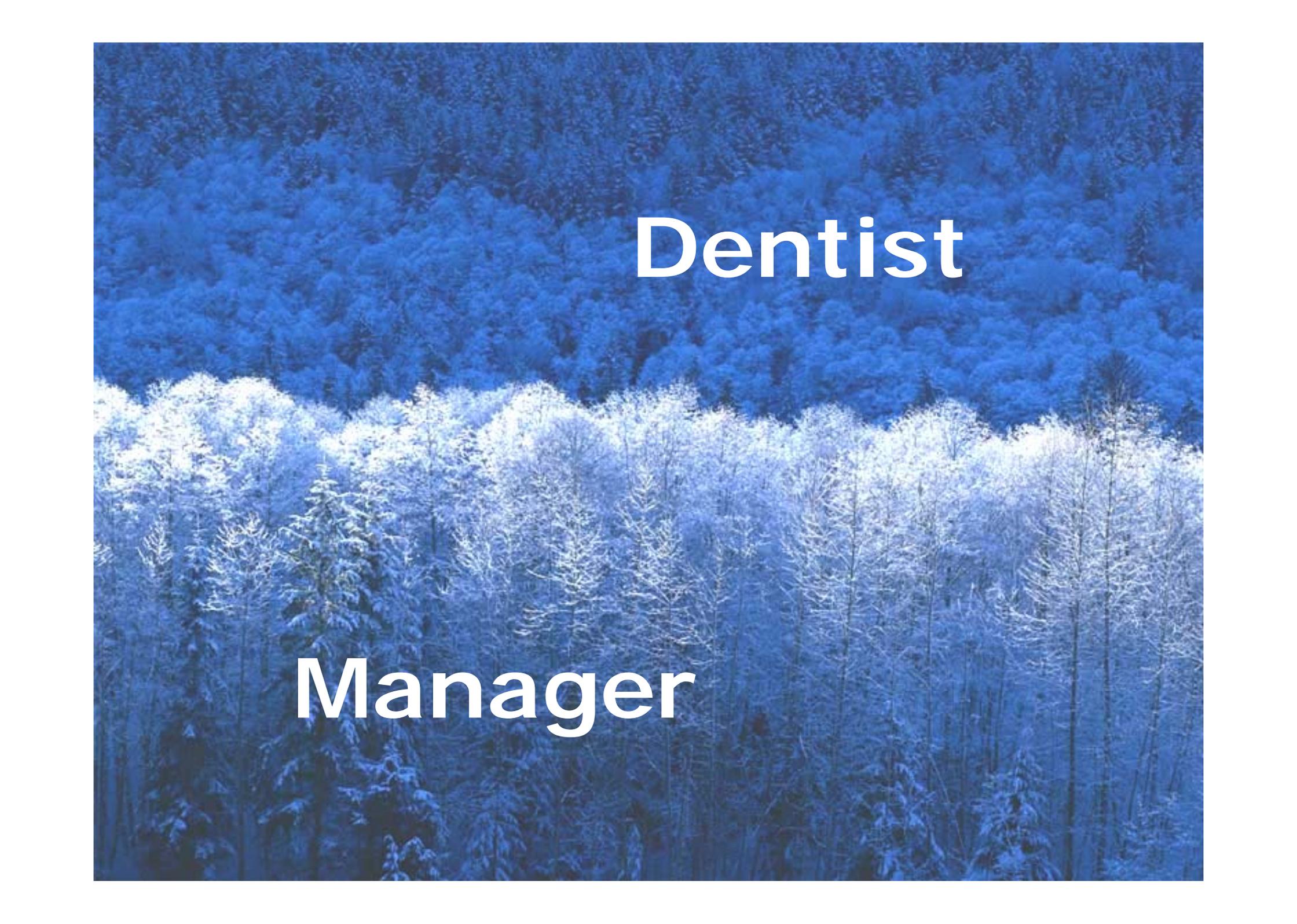
Per Åke Zillén

My kidney function



0

50 years

A blue-tinted photograph of a dense forest. The trees are mostly evergreens, and the overall scene is very blue. The word "Dentist" is written in large, white, sans-serif font in the upper right quadrant of the image.

Dentist

Manager

My job in the 60s:

To manage

the consequences

of the epidemic

of caries

The drill

Is **necessary** for the
replacement of lost
tooth structures

Is **useless** in
combatting the disease

Focus

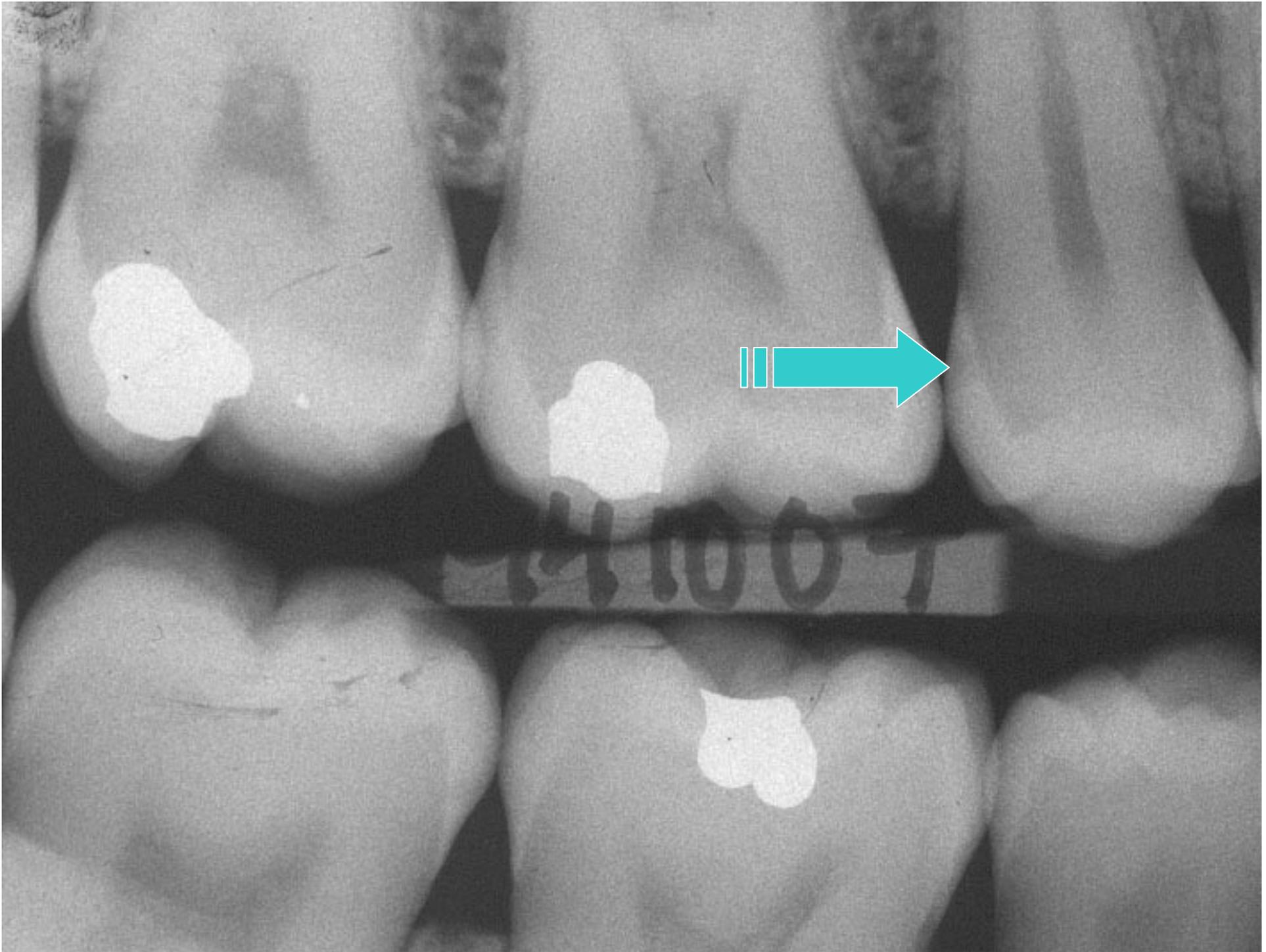
on the causes, as well

Strengthen the defence:

Fluoride

Minimize the attack:

Clean teeth









Conclusions:

Prevention

Early detection

Early treatment

Early education

8 760 hours/year

- 2 dental care

8 758 hours/year

= my responsibility

A dental health (r)evolution

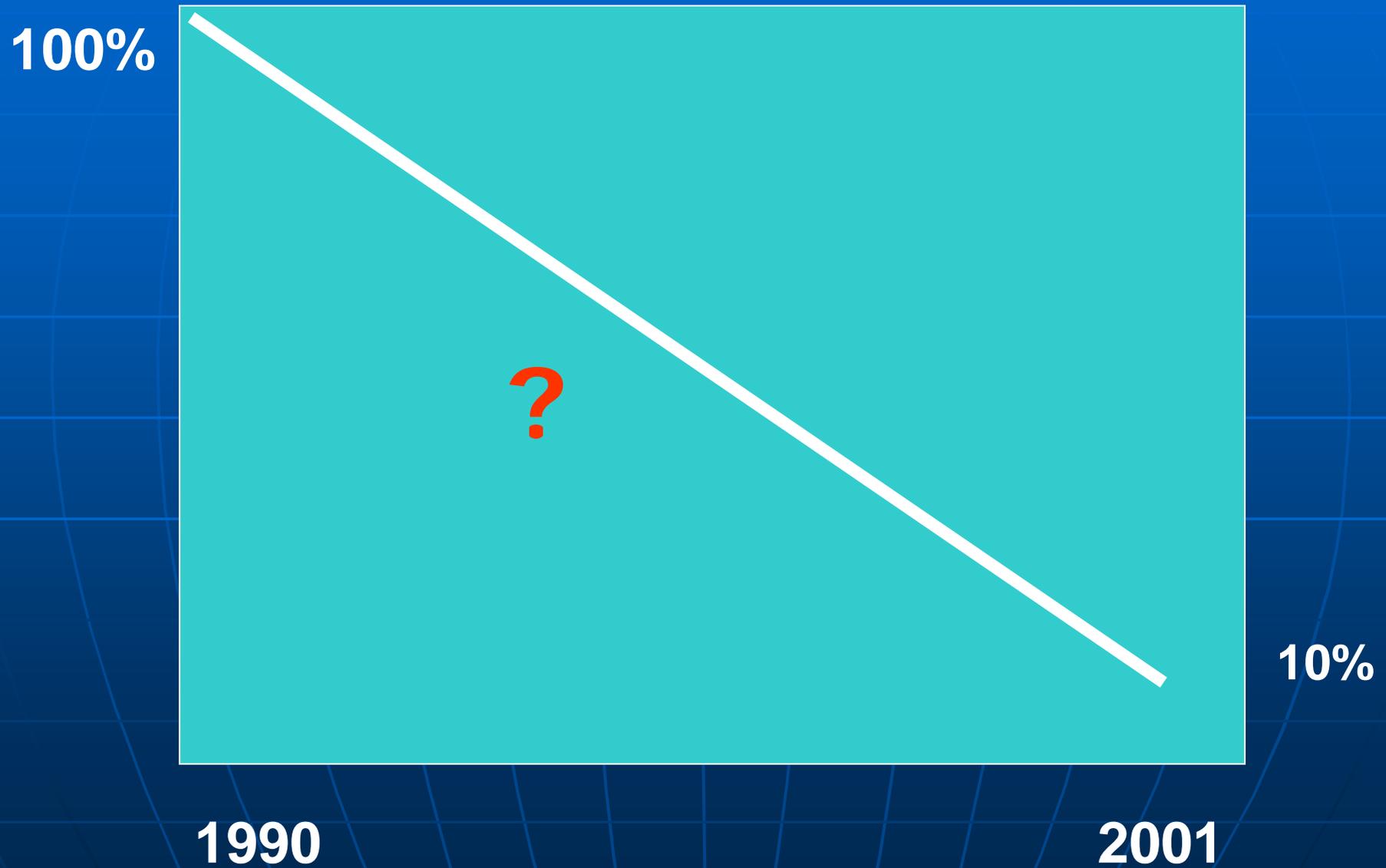
My parents

My generation

My children

My grandchildren

My kidney function



Two diseases

A kidney carcinoma

- **Nephrectomy**

10% kidney function

- **Dialysis**

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~~

- I´m a kidney patient
- I´ve got reduced kidney function

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

Expectations:

Prevent

Expectations:

Prevent
Cure

Expectations:

Prevent

Cure

Preserve, Maintain

Expectations:

Prevent

Cure

Preserve, Maintain

Replace

Treatments

- Transplantation
 - Dialysis
- Slowing or stopping
 - Prevention

Transplantation

- Transplant
- Medication
 - Diet
- Health behaviour

Dialysis

- HD or PD
- Medication
 - Diet
- Health 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

Dialysis

Is **necessary** for the replacement of lost kidney function

Is **useless** in combatting the disease

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

Professor Stewart Cameron

Slowing/stopping

~~Conservative
treatment~~

Radical treatment
Preserve or Maintain
the current function

Is there a:

**"Save-what-can-be-
saved-treatment"?**

What can I do myself?

Three main areas of treatment:

1. Medication
2. CKD diet
3. Health behaviour

Aims of treatment

- To slow or stop the **progression**
- To minimize the **symptoms**
- To reduce the risks for **complications**

Blood pressure

- Medication

Blood pressure

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

The CKD diet

- **Reduced protein**

0.6 g/kg bodyweight/day
plus Aminess

- **Increased energy**

35kcal/kg bodyweight/day

- **Balances**

Kan innehålla spår av soja, mjölk.

NÄRINGSVÄRDE/ NÆRINGSINNHold

	PER 100 G	PER PORTION 40 G
Energi	1850 kJ/440 kcal	740 kJ/180 kcal
Protein	9,5 g	4 g
Kolhydrat/karbo- hydrat	62 g	25 g
- varav sockerarter /sukkerarter	20 g	8 g
Fett	17 g	7 g
- varav mättat fett	7,5 g	3 g
Kostfiber	8 g	3 g
Natrium	0,3 g	0,1 g
- motsvarar/ tilsvare koksalt	0,8 g	0,3 g

FÖRVARING & HÅLLBARHET/ OPPBEVARING & HOLDBARHET

Torrt, ej över normal rumstemperatur.
Tillslut/lukk innerpåsen efter användning för
bevarad smak och knaprihet/sprøhet.
Bäst före: Se paketets undersida.

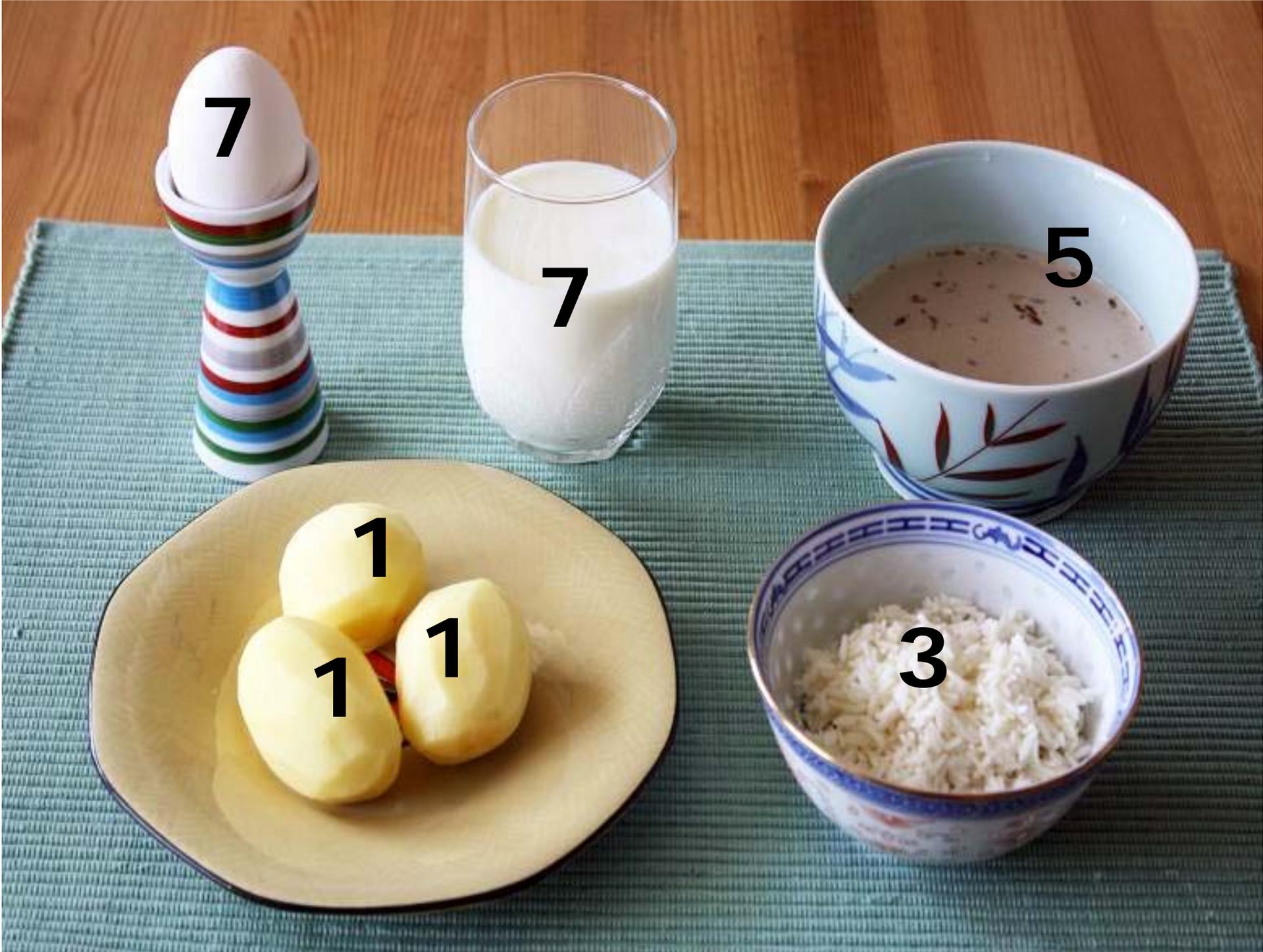
FÖRPACKNING/EMBALLAGE



.....	7
enat ägg, portion	7
tmjök, portion	10
, portion	10
ädde ost, portion	12
.....
ckning	0
einpasta, portion	<1
ult, portion	6
ortion	9
ackning	9
on	10
on	10
ortion	10
.....	10
er, portion	13
l	15
ese, portion	15
portion	17
.....	17

Frukostflingor

Loprofin lågproteinflingor, portion	<1
Weetabix, bit	1
Puffat rostat ris, portion	1
Risdiet flingor, portion	1
Frostflingor, portion	2
Kalaspuffar, portion	2
Rice krispies, portion	2
Müsli frukt nötter, portion	3
Müsli veteflingor, portion	3
All-Bran Regular, portion	4
Cornflakes, portion	4
Frukostflingor typ müsli, portion	4
Havrefras, portion	4
All-Bran Plus, portion	5
Special K Red Berries, portion	5
Kruska, portion	5
Rågflingor, portion	6
K Special, portion	7



7

7

5

1

1

1

3

0

0

4 + 3 + 0

1 + 0 + 2

2 + 0 + 0

12



2



3



7



10

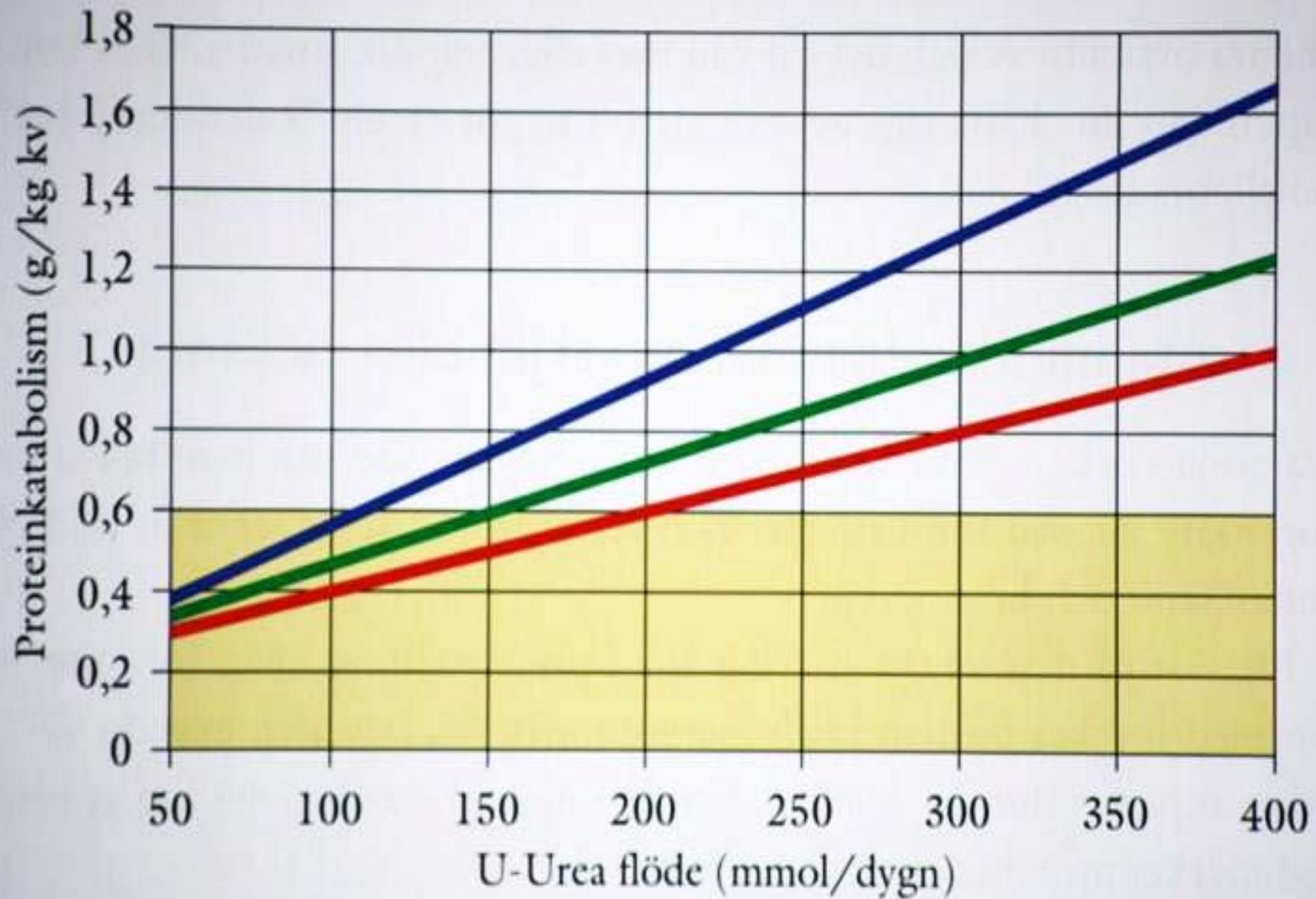


1



25

av dieten.



Balances

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

Aims of the diet

- To minimize the symptoms
 - To slow the progression
 - To keep the balances
- To make me feel in charge
- To keep my family involved

Health behaviour

- Blood pressure control
 - Glucose control
 - Weight control
 - No smoking
- Regular physical activity
 - Healthy diet

The daily to-do-list

Patient

Medication	Yes
Blood pressure	Yes
Blood sugar	Yes
Weight control	Yes
No smoking	Yes
Excercise	Yes
CKD diet	Yes
Mental health	Yes

The true to-do-list

Patient **Doctor**

Medication Yes Yes

Blood pressure Yes

Blood sugar Yes

Weight control Yes

No smoking Yes

Excercise Yes

CKD diet Yes

Mental health Yes

It's so obvious that:

**...my health is
my responsibility**

**...my doctor is
my medical advisor**

8 760 hours/year

- 5 health care

8 755 hours/year

= my responsibility

To be able to assume

Responsibility

We need proper:

Education

Aims and means of patient and family education:

- **Knowledge**

Learning more important than teaching

- **Motivation**

Enhanced through group work

- **Healthy behaviour**

A process of change

**NE RIEN JETER
DANS LES TOILETTES**

Merci

**DON'T THROW ANYTHING
IN THE TOILETS**

THANK YOU

**NICHTS IN DEN TOILETTEN
ZU WERFEN**

DANKE

**NIETS WERPEN IN DE
TOILETTEN**

BEDANKT

Aims and means of patient and family education:

- **Knowledge**

Learning more important than teaching

- **Motivation**

Enhanced through group work

- **Health behaviour**

A process of change

Change of behaviour

When the patient is:

- Ready
- Convinced
- Empowered
- Entrusted
- Supported

Slowing of CKD?

Yes, through:

- Medication
- A special CKD diet
- A healthy behaviour

Early detection of CKD? Yes!

But only through tests

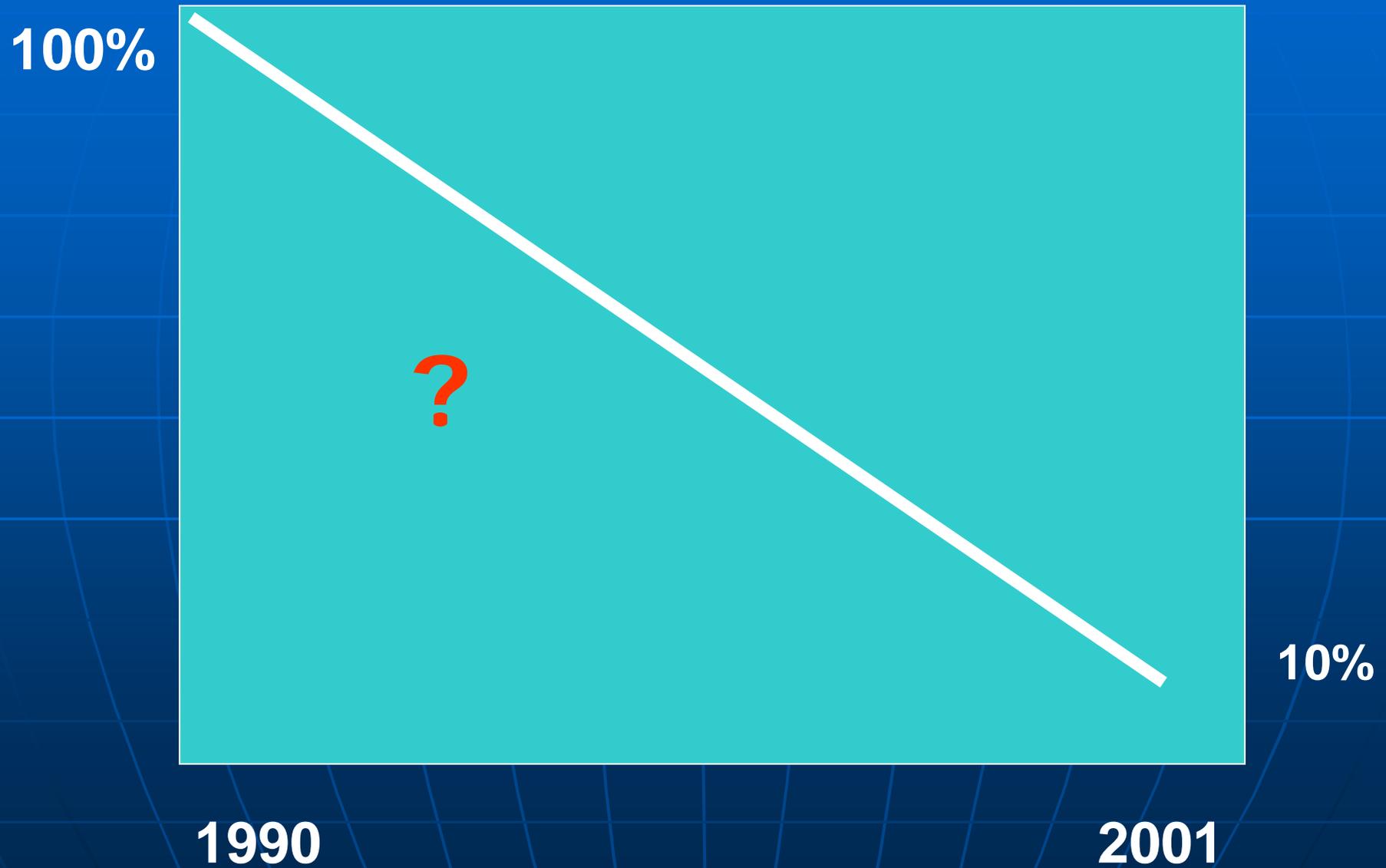
- **Albuminuria**
- **Hypertension**

Prevention of CKD?

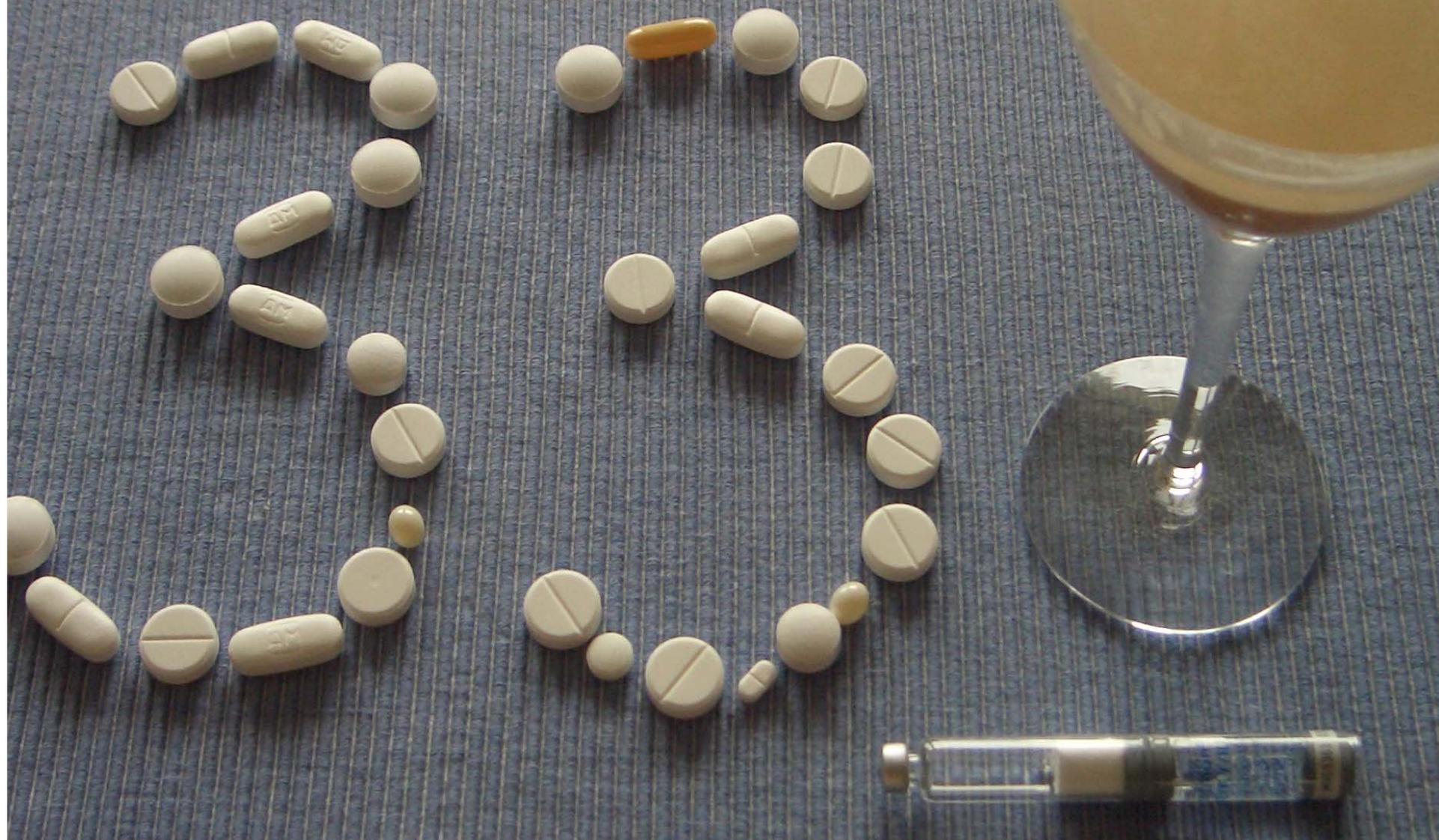
Yes, by avoiding:

- Diabetes (type 2)
 - Hypertension
- Overweight, obesity
 - Smoking

My kidney function



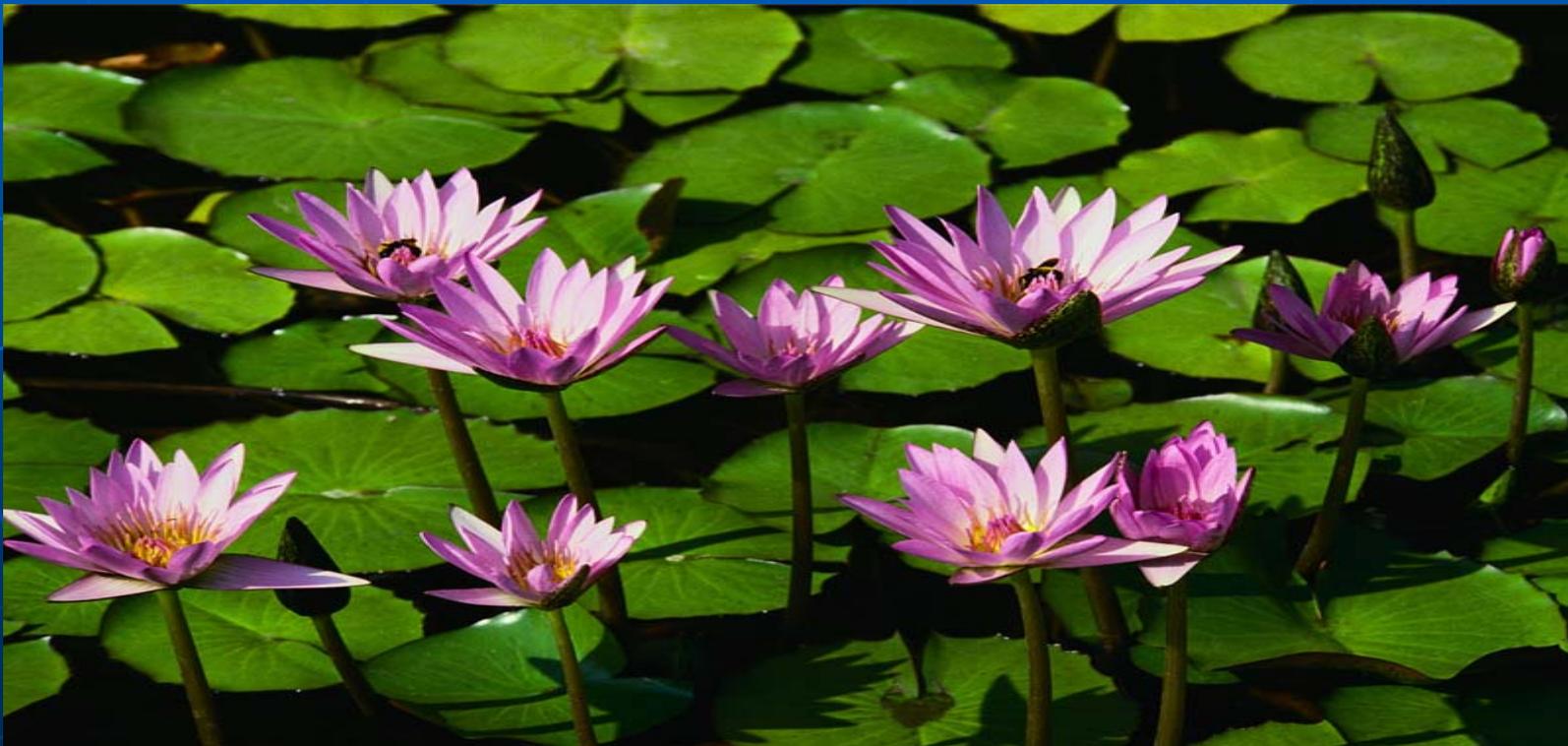
My medication



My CKD diet

Protein down
Energy up
Balanced + balancing

My health behaviour







The outcome



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

Professor Stewart Cameron

Your best partner:

A

**Well informed
Well motivated
Well behaved
Self-managing
Patient**



Thank you