

Chronic kidney disease

Headlines

Chronic kidney disease (CKD) is a serious condition often caused by diabetes, but if identified and managed well, including the underlying cause, further damage can be halted.

People with CKD are at increased risk of heart attack or stroke, especially if they smoke or are overweight.

People from a south Asian or Afro-Caribbean background are at higher risk of developing CKD, as they experience higher levels of diabetes. The likelihood of having CKD increases with increasing age.

Locally, 8.5% of those aged over 18 years are thought to have CKD but only 3.7% were recorded by their GP as having CKD.

Why is this issue important?

CKD describes any abnormality of the kidney. It is a serious chronic condition where the kidneys gradually reduce in function. Symptoms are often not present until the disease has reached an advanced stage. If CKD is detected early further damage to the kidneys can be prevented and serious symptoms and complications avoided¹. CKD shares many of the same risk factors as other vascular diseases, such as diabetes and high blood pressure. Once diagnosed, people living with CKD are at a higher risk of cardiovascular disease¹.

Locally, 8.5% of those aged over 18 years are estimated to have CKD but only 3.7% were recorded as having CKD by their GP². This may indicate issues with detection and/or poor recording.

Treatment of causes and risk factors such as high blood pressure is an important part of the management of CKD. Cholesterol levels also need to be managed within normal limits. People with CKD are advised to stop smoking, reduce their weight if overweight or obese, eat a healthy diet, take regular exercise and manage other long term conditions like diabetes effectively.

Local levels of acceptance for renal replacement therapy and deaths from chronic renal failure were similar to the UK average after adjusting for the effects of age and gender².

What significant factors are affecting this issue?

The people most at risk of CKD are those with hypertension and diabetes, of whom 1 in 3 will have CKD. People of south Asian and Afro-Caribbean origin have higher rates of diabetes, so high blood pressure and CKD levels are also higher in this group than the general population. Evidence shows that CKD is more likely to progress to the severe form of end stage renal disease in these groups³.

Which groups are affected most by this issue?

CKD is less common in young adults, i.e. 1 in 50 people. About 1 in 5 men and 1 in 4 women aged 65-74 years could have some degree of CKD⁴. In those aged over 75 years, CKD is present in half of people¹.

Reflecting the risk factors, i.e. smoking and ethnicity, deprived populations are also at higher risk of developing CKD compared to the more general population².

What could commissioners and service planners consider?

Early detection of CKD and good management within primary care are important to minimise kidney damage. The renal national service framework advocates quality standards including prevention and early detection of CKD in order to minimise the progression and consequences⁵ and these need to be implemented and maintained.

GP practices should be actively screening those at high risk of CKD, e.g. those with diabetes and high blood pressure and raising awareness about the disease with these patients.

Primary care staff need training to understand the importance of identifying people with CKD early, but also in the management of CKD and when to refer to secondary care.

More CKD care should take place closer to home, especially for those patients with established kidney failure who are unsuitable for renal replacement therapy and transplant and those requiring end of life care. Support from secondary care is required to enable CKD patients to be managed safely and effectively in primary care.

References

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