

Kidney Health NEW ZEALAND

P r e v e n t i o n • S u p p o r t • R e s e a r c h

Autumn 2011

Decades pass and nothing happens, weeks pass and decades happen (*John Lennon*)

When I reflect on the last three weeks here in Christchurch and now the terrible scenes we are seeing in Japan, it takes me back to New Years day when many of us reflect on the year just ended and contemplate what might lie ahead in the following twelve months. I certainly couldn't have imagined what lay ahead for us, and it is only March!



The good news is Kidney Health New Zealand, our staff and their families are all safe and back in action, although daily life has certainly changed for all of us in one way or another.

From boiling water, portaloos a familiar sight, extra vigilance when driving on roads, a tendency to steer clear of old red brick buildings, children sharing schools and timetable changes and lots more

besides. But none of this seems important when we consider those who have lost their loved ones, homes and livelihoods, we all feel extremely lucky to have such small inconveniences to complain about in comparison.

What stands out the most for me as we look to rebuilding our lives and city is the incredible kindness and generosity of people, both here in Christchurch, our country and around the world. Some of you may have read the many stories of bravery and selfless acts at the time of the earthquake as people worked to save those trapped, while many of us tried to get to our children to ensure they were safe, many walking miles just to get to them and to their homes.

The staff in the renal unit in Christchurch has all worked very hard to ensure their patients on dialysis are safe, many of them suffering significant damage to their own homes too. With 42 patients being sent to Waitemata, Auckland, Northland, Counties Manukau, Waikato and Taranaki renal units for treatment, as I write this some are now beginning to return home to Christchurch, while others remain in the North Island for the time being.

I have been hearing some wonderful stories from staff in the host units about the generosity of the communities toward the Christchurch patients; in Northland the bus drivers transporting the visitors to their dialysis arranged a tour of the region for them and even supplied lunch served by their wives. From what I have heard the patients were quite relieved to arrive in Northland and not find the place to be as antiquated as they imagined! In fact quite the opposite.

In Auckland, a friend of the Charge Nurse of the dialysis unit organised a clothing drive for the patients, many of whom had arrived with only the clothes they were wearing, the response was overwhelming, staff provided baking, companies donated items such as washing liquid for clothing and a pharmacy donated products which the staff made into gift packs for the visitors.

In another Auckland unit the local dialysis patients provided a trolley full of home cooked meals and baking, one patient bought in 15 pizzas for the patient's lunches. Staff and patients have taken the Christchurch patients out shopping and for a drive around to see some of the city sights.

Despite the extra workload for the staff in the host dialysis units, some staff have even offered to work extra shifts without pay because they just wanted to help where they could. I know there are many other stories like these, and it certainly makes me feel proud to be a part of such a wonderful renal community.

Kia Kaha Christchurch – We will rise to the challenges ahead and be stronger for it.



Kidney Health Week, incorporating National Drink Water Week and World Kidney Day 2011

Although the earthquake was forefront in everybody's mind, we decided it was important to continue, where we could, with plans already in place for the week in other parts of the country. I can't thank the renal unit staff from around the country enough for flying the flag in our absence.

Running from Monday 7th through until Sunday 13th March 2011, this annual event provides an opportunity for us to raise awareness about kidney disease and its impact on New Zealanders. The theme for this year was ***Protect your kidneys, save your heart.***

The week, which includes World Kidney Day, enables us to provide a visible opportunity to inform and educate health policy-makers, people who are at highest risk of CKD, and the general public that kidney disease is common, harmful and treatable.

This World Kidney Day focuses on the important link between Chronic Kidney Disease and Cardiovascular Disease and the fact that Chronic Kidney Disease is a major risk for Cardiovascular Disease.

There is also a strong emphasis on Diabetes, which is the leading cause of chronic kidney disease. Hypertension, obesity and smoking are also major causes of kidney damage. As we all know that lifestyle changes over the past decades have led to an increase in diabetes and cardiovascular diseases. Too many people still ignore the conditions that have generated this potential epidemic of kidney disease.

Some of the activities included;

On Monday 7th March in Napier at the Ahuriri Community Health Centre, free kidney health checks were offered. Staff from the Hawkes Bay Renal Unit provided this service. Rachael Walker from the unit reported "It was a very positive day working in the community raising awareness of chronic kidney disease, we have definitely seen the need to have future days such as this and with extensive local advertising these could go a long way in screening and prevention of CKD."

On Tuesday 8th March in Northland the staff from Whangarei renal unit offered free kidney health checks to council staff and members of the general public at The Forum North, Whangarei, providing information and education around the prevention of kidney disease and identifying those at risk, they were kept very busy and referred several onto their GPs for follow up.



Kay McLaughlin, Jane Dellabarca, Kelvin Lynn at Parliament on World Kidney day

The staff at Wellington renal unit who helped out in Parliament again this year, along with Kelvin Lynn, our medical director although it was much quieter than in previous years due to many of the MPs tied up with the work in Christchurch.

The Wellington staff also had a stand in the main entrance of the new hospital, offering free screening too, “we had a great morning, very, very busy, a fantastic response plus alarming results, we are going to keep GPs very busy for the future”.



Alastair Macdonald (renal physician), Helen Hoffman (pre dialysis educator), Connie Van Bart (community dialysis nurse), Jude Kearns (anaemia nurse), Mena Tualima (patient) at their stand in Wellington Hospital on World Kidney Day.

World Kidney Day is also a good opportunity to remind governments that the chronic kidney disease weighs heavily on all countries' healthcare budgets and that it is crucial to take action to facilitate early detection and encourage healthy lifestyles.

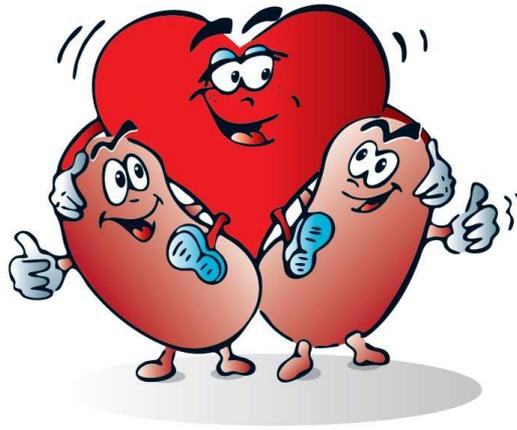
The Waikato renal unit staff participated as a relay team in the annual Lake Taupo run on the 19th February. They will be wearing their very own “Stake in Kidneys” shirts.

At the Griffins sites in Auckland the Occupational Health Nurse there was amazed at the number of staff who told her they had a family member with either diabetes and/or renal failure, we are already making plans to offer further screening and education session for this group which has a large number of Maori and Pacific people employed.

Already I have had discussions with several renal nurses from renal units who have seen the value of these community screening initiatives and want to be more involved next year, so planning has commenced for 2012.

Love your Kidneys Protect your Heart

Facts about chronic kidney disease (CKD) and cardiovascular disease



Heart disease accounts for 30% of all deaths in New Zealand.

Death rates from heart disease for Maori and Pacific people are significantly higher than for the rest of the population.

Every 90 minutes a New Zealander dies from coronary heart disease (16 deaths a day).

Many of these deaths are premature and preventable.

Diabetes and hypertension, risk factors for cardiovascular disease, are also the commonest causes of complete kidney failure.

People with kidney failure have a 20-30 fold increase in cardiovascular disease compared to the rest of the population

Less severe, but silent, kidney disease also increases the risk of heart attack, hospitalisation and death.

Proteinuria (increased amounts of protein in the urine) is an important marker of CKD and associated with an increased risk of cardiovascular disease.

The more proteinuria the higher the risk of cardiovascular disease.

Early detection and treatment of CKD with drugs that lower blood pressure and reduce proteinuria can prevent or slow the progression of kidney disease and prevent cardiovascular disease.

Early kidney disease is silent. 80-90% of people with CKD are unaware of it

Medical Directors Report

The Christchurch Earthquake(s) and people on dialysis

There was marvellous support from other renal units for the Christchurch dialysis patients and the local nephrology and dialysis staff. Forty-five haemodialysis patients were transferred to Auckland and Northland. The Christchurch staff is to be congratulated on their swift and efficient response to the needs of their patients.

Meeting with the National Health Board 25 Nov 2011

KHNZ, together with Diabetes NZ, made a presentation to the NHB on the delivery of diabetes and kidney care. KHNZ's "take home" messages as to what the health system should do were:

- Early detection of CKD in primary care in high-risk groups, particularly in those with diabetes, affords the best opportunity for prevention of serious, expensive CKD
- Investment in kidney transplantation and home dialysis saves lives and money
- Good blood pressure management
- Better understanding of the epidemiology of CKD in NZ
- IT capability and capacity – data capture, national minimum dataset
- Working with Primary Care – in all its forms

Regional workshops

The last workshop for 2010 was held in Porirua on a wet 6th November with a welcome from a local Kapa Haka group and entertainment from a talented young pianist whose father is on dialysis. About 40 people attended the meeting.

Restructuring of the Ministry of Health

On 28 Feb 2011, the new Director-General of Health, Kevin Woods, announced significant changes in the structure of the Ministry with the creation of new business units. The implications of these changes for our relationship with the Ministry are not clear at present.

Work with the Ministry of Health

On 29 November, a meeting of stakeholders was held in Auckland to explore the non-clinical support resources available for CKD patients. The results are being collated by Carmel, the project manager. A number of web-based patient resources for children and their parents are being developed with the help of Dr Tonya Kara from Starship Hospital.

KHNZ has not received a response from the Ministry to its request for support for a revision and reprint of the booklet given to all patients with advanced kidney failure – "Living with Kidney Failure".

Current statistics available on Kidney Disease in New Zealand

- As at Dec 31st 2009 there were 2260 people on some form of dialysis. 51% were treated with some form of Home dialysis of which 68% was peritoneal dialysis
- In New Zealand there was a 14% increase in new patients in 2009 after a 7% increase in 2008 and a 7% decrease in 2007. The number of new patients in 2009, (567) was the highest ever recorded.
- Of these 861 were Caucasian, 723 were Maori, 485 were Pacific people, 180 were Asian with 11 other.
- There were 567 new patients receiving renal replacement therapy
- As at Dec 31st 2009 there were 1379 transplanted patients
- In 2009 there were 121 transplants, of which there were 54 deceased donors and 67 live donors
- Over the period since 1990 the number of people in New Zealand receiving Renal Replacement therapy has increased by 6.9% per year
- Although the success of kidney transplantation is improving all the time the number of kidney transplants is a limiting factor. The number of transplants from deceased donors has remained static for the last 10 years; there has been an increasing number of kidneys from living donors, particularly living unrelated donors in recent years.
- There has been a change in the types of kidney disease to which the end-stage kidney failure is attributed. In particular, the bulk of the increase has occurred in people with diabetic nephropathy and kidney disease related to hypertension and renovascular disease
- For both Australia and New Zealand, the incidence rates since the Registry commenced have increased steadily since commencement of renal replacement therapy (RRT=dialysis and transplantation).
- Another major trend over the previous 20 years has been the rapid rise in the rates of kidney disease among indigenous people in both Australia and in New Zealand.

(Sourced from ANZDATA. www.anzdata.org.au)