

Kidney Health

NEW ZEALAND

Prevention • Support • Research

Autumn 2014



Chrissy Taylor and Sandy Speedy supporting Kidney Health New Zealand helping out at the Otahuhu Rotary Wellness Day in March.

This was a Rotary initiative which was very well received, with a number of health organisations in attendance offering free checks and advice to members of the general public. Chrissy and Sandy took a large number of blood pressures, handed out urine test kits and answered a number of questions about kidney health. It was such a successful day that it is hoped to become an annual event.

Kidney Health Week, incorporating World Kidney Day 2014.

I am very excited to report that the Kidney Warrant of Fitness Kits was our most successful awareness campaign so far. The wonderful staff at the Mad Butcher stores throughout Auckland gave out around 3000 kits to the general public, and I have received numerous requests for more kits as the stores had all run out before the end of the week.

Unfortunately we have run out of the kits, but already plans are underway for a similar campaign next year. It is very encouraging to know people are taking an interest in their health. As a result of the campaign I have already visited a workplace to talk about kidney disease and offer kidney health checks to the staff, and continue to receive numerous requests. So the message is getting out there!

Of course a huge thank you must go to Sir Peter Leitch, the Mad Butcher himself, Dan Adams, Operations Manager and the staff of the Mad Butcher stores in Auckland for their enthusiasm and support for this initiative. They have already pledged their support for next years campaign. Fantastic.

World Kidney Day itself was marked in many different ways throughout the country, some of these included; in Ashburton a haemodialysis machine was set up in a shop window in a prominent position in the main street and the local support group offered free blood pressure checks. At Auckland City Hospital, staff from the renal service had a display in the main foyer and gave out Kidney Health Warrant of Fitness kits. In Dunedin, staff and members of the local support group had a stand in the mall offering free blood pressure checks and information. In Whangarei the staff from the renal unit took part in the Relay for Life and used the opportunity to raise awareness of kidney disease.

Inaugural KHNZ Consumer Council

In February we invited 20 consumers to attend a meeting in Wellington to form a consumer council, these patients came from around New Zealand, following recommendations from both renal units and support groups. Quite by coincidence there is an even spread of those on dialysis and those with a kidney transplant. The facilitated meeting was an opportunity for the group to talk about the issues they felt were important for kidney patients in New Zealand.

Dave Henderson, Chairperson of KHNZ spoke about the goals of the organisation. He acknowledged there were different issues in different parts of the country and that some kidney patient support groups were fiercely independent but KHNZ was working well establishing links through its affiliation process. He also acknowledged the importance that kidneys, as a group, are recognised. This meeting was to help identify the real issues for kidney patients from across the country.

Nick Polaschek and Astrid Koornneef from the Ministry of Health spoke briefly about the national developments in the area of renal medicine.

Nick talked about the National Renal Advisory Board (NRAB) and the work they are doing in the area of Chronic Kidney Disease (CKD) – with diabetes running rampant,

and an aging population, the numbers of people with CKD is increasing. With good blood pressure management the progression of CKD can slow its progression. A better way of managing CKD in the community is imperative.

The outcome of this meeting was to continue with the current membership of the consumer council and to continue to develop a document based on the issues identified by the group to put into the manifesto Kidney Health New Zealand will be sending to the Members of Parliament, with the upcoming election in mind. It is planned that the council will meet annually and a commitment was made to communicate regularly with the council members, whose names will be on our website shortly.

Homedialysis Conference 2014

I was fortunate enough to attend the bi annual Home dialysis conference in Melbourne recently. There were a wide variety of speakers and topics. One of the statistics highlighted by one of the speakers was the five year survival rate of someone on haemodialysis is 45% while a person with bowel cancers survival rate is 48%.

An increased focus on Advanced Care Planning for renal patients was discussed with a particular focus, at this conference, on home dialysis patients. This is the facilitated advance care planning through the provision of timely information, which has been shown to positively impact on the patient and their families. The burden of decision making is reduced, when all participants are well informed. The Australia New Zealand Society of Nephrology (ANZSN) has produced Renal Supportive Care Guidelines which can be found on this website

<http://onlinelibrary.wiley.com/doi/10.1111/nep.12065/abstract>

The presentation on Peritoneal Dialysis (PD) in Thailand was a fascinating insight into the challenges faced by the nephrology team there. Thailand's population is more than 65 million, with a life expectancy on average of 73 years. In 2002 Thailand had achieved universal coverage of healthcare for all citizens through 3 public insurance schemes. Thailand adopted PD first scheme in 2008 because of the improvement in survival rates and it was more cost effective. Prior to the PD first policy being launched there were only 2000 patients on PD, now there are more than 30,000! The current policy is that all patients have to start on PD before they will be funded for haemodialysis, although some people will get peritonitis on purpose in order to change modalities. The mortality rate is still very high, this being mainly due to cardiovascular diseases. Three doctors look after 800 patients and the social workers have a large role.

Brazil is the complete opposite of Thailand with PD not well supported, this is due to haemodialysis units there being reimbursed for each patient they have. With a population of almost 200 million there is no registry data so it is estimated there are around 100,000 patients on dialysis with 90% on haemodialysis. There are around 7000 patients on PD. Diabetes is the biggest cause of kidney failure.

In Japan Home haemodialysis(HHD) started in 1968, but the number of home haemodialysis patients is still low in comparison to NZ and Australia, with 397 patients on HHD at the end of 2012 accounting for only 1% of all dialysis patients. In 2011 the Japanese Society of Home Haemodialysis established a patient registry system to find out why people were not choosing the option of HHD and to promote increased uptake of the treatment throughout Japan.

Among the poster presentations there was the subject of Teleconference support for home based dialysis patients. This was presented by Jacqueline Ellis from the Albert Renal Service. This topic has relevance to our New Zealand patients with many dialysing at home, often in remote locations. Support for home dialysis patients is essential to technique survival. Being able to identify issues early can prevent major complications and hospital admissions. Support for home based dialysis patients is usually face to face, in clinics or by telephone. At the Alfred Hospital in Melbourne, the renal team have introduced a pilot program of video conferencing between dialysis nursing staff and home based dialysis patients. This involves the use of a secure video conferencing technology via a web camera. The patients (two on haemodialysis and three on peritoneal dialysis) have access to a computer, web camera and the internet. The consultations are managed using a software program called "Attend Anywhere". It is anticipated that this program will increase patient satisfaction with home based therapy due to a reduction in the frequency of healthcare visits, more flexibility in clinical consultations and a possible decrease in hospital admissions and unplanned clinic attendance. When the program is completed each patient will fill out a patient satisfaction survey. It is hoped that a program like this may make home dialysis a more attractive option to a wider patient population.

As always we value your contribution, so if there is anything you would like to see in this newsletter or would like to share your story please contact me either at carmel@kidneys.co.nz or on 0800 543639 (KIDNEY).

From the Medical Director- Kelvin Lynn

New Zealand kidney researchers show that newer forms of home haemodialysis are still cheaper than hospital or satellite dialysis.

KHNZ encourages people with kidney failure needing dialysis to consider home haemodialysis (HD) because of the evidence that home HD is associated with improved patient outcomes, particularly quality of life and survival.

When home HD usually consisted of three-times-a-week dialysis there were also clear economic advantages compared to other forms of HD amounting to about \$30,000 annually.

Now newer ways of doing home haemodialysis, such as more frequently or for a longer time, have become popular. These ways of doing dialysis consume more resources and thus might turn out to be more expensive.

A research team led by Rachael Walker, Renal Nurse Practitioner, and Dr Mark Marshall from Middlemore Hospital concluded from their review of the international literature that newer types of home HD are cheaper than hospital or satellite dialysis. Home HD is more cost effective because of lower staff costs, and better patient survival and quality of life. These researchers also concluded that expanding the proportion of haemodialysis patients managed at home is likely to produce cost savings. The researchers point out that further research is needed to evaluate the costs and benefits of home HD in older people and ethnic minorities.

The results of this research should be taken into account when planning dialysis services and advising kidney patients on dialysis choices. The results also underline the savings each home HD patient makes for the health system and the need for a fair and equitable national system for reimbursement of home HD patients out-of-pocket expenses such as increased power and water charges.



Agencies for Nutrition Action (ANA)

I have been fortunate to be invited to join this organisation as a representative for Kidney Health New Zealand. This is a wonderful opportunity to work with other people who are also passionate about improving the health of all New Zealanders.

The purpose of ANA is to reduce the premature death and disability caused by preventable lifestyle diseases such as heart disease, type 2 diabetes, stroke and certain cancers that are affected by poor nutrition and physical inactivity.

With diabetes being the biggest cause of kidney disease in New Zealand and the number of people with diabetes continuing to increase, this will inevitably have an impact on the numbers of people developing chronic kidney disease. So it makes sense that Kidney Health New Zealand works with organisations such as ANA as we are focussed on improving health outcomes.

ANA works to increase the effectiveness of individuals and agencies promoting nutrition and physical activity through professional development, greater access to research translated into best practice, increases linkages and cohesion and efficiencies in the workforce.

ANAs mission is a common desire, a common direction.

To strengthen our voice we connect people, organisations and communities to the cause of improving nutrition and increasing physical activity in Aotearoa. We do this by linking them to news, events, research, resources and much more.

Our vision will be realised as we:

- Increase our collective understanding of what works to promote healthier lifestyles.
- Inspire the development, delivery and evaluation of health promotion activities based on evidence and best practice.
- Transform the places where New Zealanders live, learn, work and play into settings that support healthy eating and regular physical activity.

ANA has a number of organisations making up its membership some of these include The Heart Foundation, The Stroke Foundation of New Zealand, Diabetes New Zealand, Dietitians NZ, Toi Tangata, Pacific Island Food and Nutrition Action Group and New Zealand Nutrition Foundation.

The benefits of belonging to this organisation are many and I look forward to updating you on some of the projects and work being done in future newsletters.

Some Facts and Figures on Kidney Disease in New Zealand

Renal Replacement Therapy

Sourced from www.anzdata.org.au

This includes patients on dialysis and with a functioning kidney transplant

- There were 3,862 people receiving renal replacement therapy (RRT) at 31st Dec 2011
- Of these 1481 had a functioning kidney transplant and 2,381 were receiving dialysis treatment

New patients commencing dialysis treatment

- 477 people commenced RRT in New Zealand in 2011.
- There were 2381 dialysis patients in 2011 which is stable compared to previous years.
- The mean age of patients entering programs in New Zealand in 2011 was 57.5 years and the median 59.1 years.
- 42% of all new patients had diabetic nephropathy attributed as their cause of end stage renal disease, 24% had glomerulonephritis and 11% hypertension.

Types of dialysis

- Together, hospital haemodialysis and satellite dialysis accounted for 48% of patients in 2011. Satellite haemodialysis numbers decreased 9% in 2011 (368 patients), after increases of 5% (396 patients) in 2010 and 8% (413 patients) in 2009
- There were 1,591 patients receiving treatment at 31 December 2011, Hospital based HD (44%), satellite HD (29%) and home HD (27%) have all remained the same for the past three years
- There were 403 patients who received HD for the first time in 2011, similar to previous years. 78% were having their initial dialysis treatment, 20% were previously dialysing with peritoneal dialysis and 2% were failed transplants.
- There were 239 new peritoneal dialysis patients in the calendar year 2011; of these 147 patients started renal replacement therapy with peritoneal dialysis and 90 had previously been treated with haemodialysis or a transplant.
- Peritoneal dialysis accounted for 33% of all dialysis patients and 64% of all patients dialysing at home.

Kidney Transplantation

- There were 62 HD patients who received transplants in 2011. Four patient's older 65 years were transplanted.
- The number of transplant operations (118) performed in 2011 represents a transplant rate of 27 per million population.
- The median age of transplant recipients in 2011 was 50 years.
- There have been 3,746 operations performed on 3,188 patients since 1965 with 1,481 grafts still functioning at 31 December 2011
- In New Zealand the mean donor age in 2011 was 36 years.
- The proportion of pre-emptive primary living donor transplants in New Zealand was 23% in 2011
- In New Zealand the number of new transplants in 2012 was 108 transplants and numbers of live donor transplants were 54, with deceased donor transplants also 54

News Flash

The organisation Kidney Health New Zealand says extra funding in the budget for kidney transplants will be well used.

The Budget on Thursday provided \$4 million over the next four years for more kidney transplants.

There are about 120 kidney transplants performed a year but between 600 and 700 patients waiting for one at any time.

The medical director of Kidney Health New Zealand, Kelvin Lynn, says a national transplantation service is to be set up with the funding. He says once established it should boost transplantation nationwide. [Listen to Kelvin Lynn tell Checkpoint about his hopes for a national transplantation service](#) (3 min 51 sec)

Kidney Health NEW ZEALAND

Prevention • Support • Research

Yes, I want to help in the fight against kidney disease and support Kidney Health New Zealand

\$100 \$50 \$20 \$10 Other \$..... Enclosed is a cheque payable to the Kidney Health NZ, or please charge:-

Mastercard

Visa

Account number:

Expiry Date: Signature:

Please indicate if you would like:

- A receipt for your donation
- More information on general kidney health.
- Information about kidney donation/transplants.
- To become a member of Kidney Health NZ
- Information about making a gift to Kidney Health NZ in my Will

Name:.....

Address:

.....
.....

Thank you for your support.

Please return this form to: Kidney Health New Zealand, Level 1, 230 Antigua Street, Christchurch 8011



facebook®

Don't forget to check us out on Facebook, head to our website and click on the icon and you're there