

Fact sheet

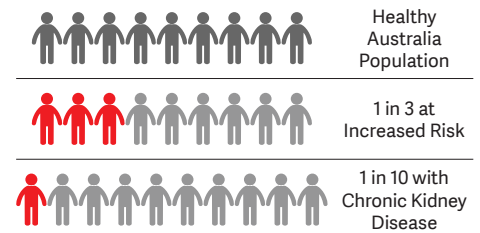
Kidney Fast Facts



How many people have chronic kidney disease (CKD)?

- Approximately 1.7 million Australians (1 in 10) aged 18 years and over have indicators of CKD such as reduced kidney function and/or the presence of albumin in the urine¹
- Less than 10% of the people with CKD are aware they have this condition²
- This means over 1.5 million Australians are unaware they have indicators of CKD.

How much CKD in Australia?

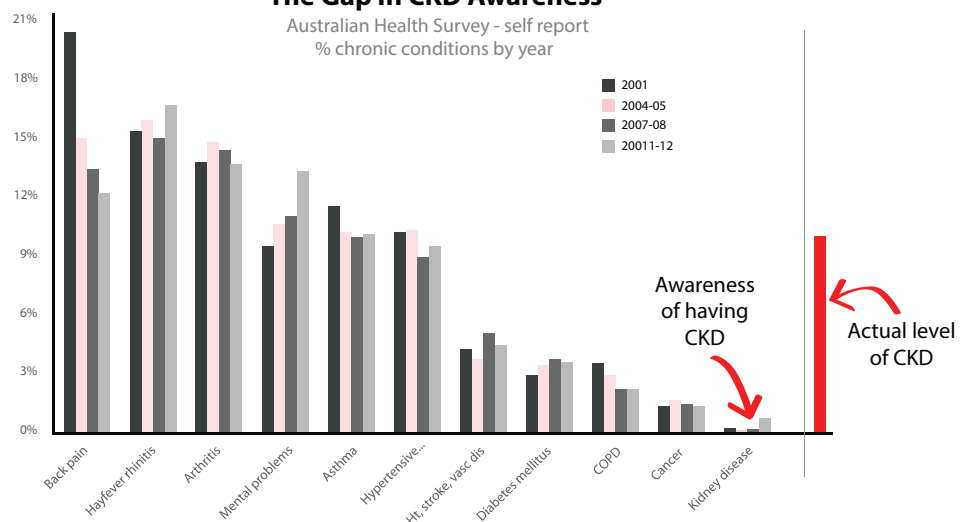


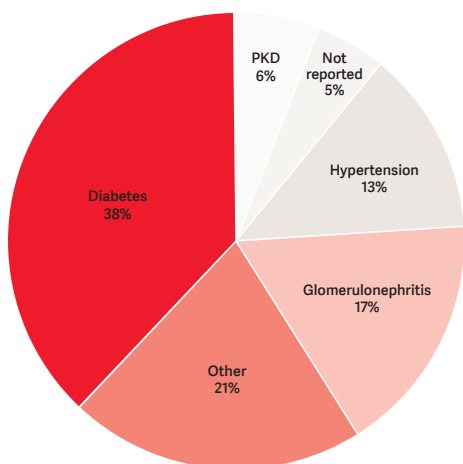
1 in 1400 on dialysis or living with a transplant.

Who is at increased risk of CKD?

- 1 in 3 adult Australians is at an increased risk of developing CKD³
- Adult Australians are at increased risk of CKD if they:
 - have diabetes
 - have high blood pressure
 - have established heart problems (heart failure or heart attack) and/or have had a stroke
 - have a family history of kidney failure
 - are obese (Body Mass Index ≥ 30)
 - are a smoker
 - are 60 years or older
 - are of Aboriginal or Torres Strait Islander origin
 - have a history of acute kidney injury

The Gap In CKD Awareness





What causes kidney failure?

Data from the Australia and New Zealand Dialysis and Transplant (ANZDATA) Registry shows that the three most common causes of kidney disease requiring renal replacement therapy (dialysis or transplant) in Australia in 2015 were diabetes, glomerulonephritis (inflammation of the kidney) and hypertension (high blood pressure)⁴.

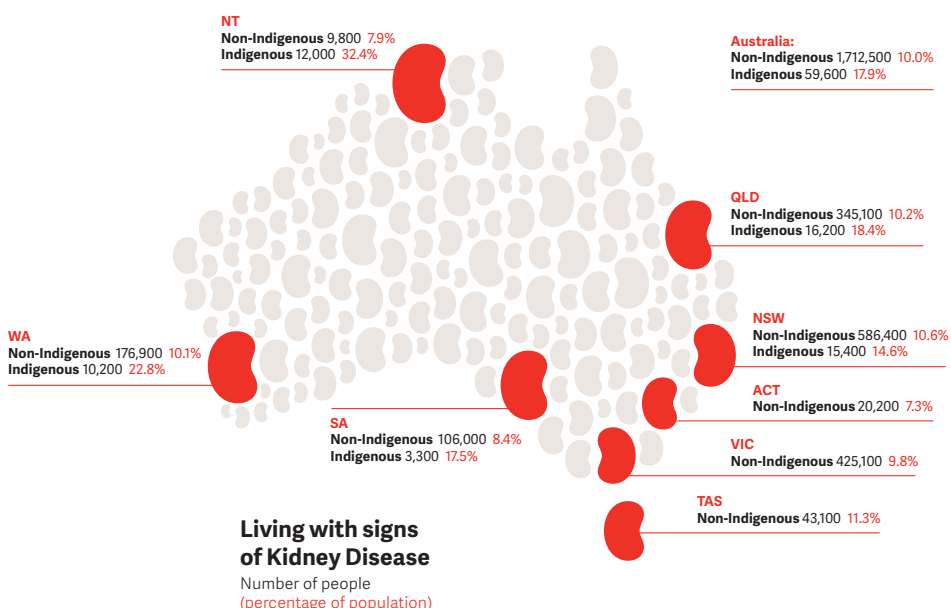
Why worry about CKD?

In Australia CKD is:

- Common
 - 10% of people visiting a general practitioner have CKD, but most do not know it⁵
 - 42% of people over 75 years of age have an indicator of CKD¹.
- Harmful
 - People with CKD have a 2 to 3-fold greater risk of cardiac death than people without CKD⁶
 - For people with CKD, the risk of dying from cardiovascular events is 20 times greater than the risk of requiring dialysis or transplantation⁷.
- Treatable
 - If CKD is detected early and managed appropriately, then the otherwise inevitable deterioration in kidney function can be reduced by as much as 50% and may even be reversible⁸.

Kidney disease among Aboriginal and Torres Strait Islander people

- In 2012-13, almost 1 in every 5 (18%) Aboriginal and Torres Strait Islander people aged ≥18 years had indicators of CKD⁹. Yet 9 in 10 of this group were unaware that they were at risk.
- Aboriginal and Torres Strait Islander people are more than twice as likely as non-Indigenous people to have indicators of CKD. They are 3 times as likely to have indicators of Stage 1 CKD, and more than 4 times as likely as non-Indigenous people to have indicators of Stages 4-5 CKD⁹.
- Adults living in remote areas are more than twice as likely as those living in non-remote areas to have signs of CKD (34% compared with 13%)⁹.
- The incidence of end stage kidney disease for Indigenous peoples in remote areas of Australia is 18 - 20 times higher than that of comparable non-Indigenous peoples¹⁰.
- Although Aboriginal and Torres Strait Islander people represent less than 2.5% of the national population, they account for approximately 9% of people commencing kidney replacement therapy each year.
- Aboriginal and Torres Strait Islander people are almost 4 times as likely to die with CKD as a cause of death than non-Indigenous Australians¹¹.



Treatment for kidney failure

The most recent data from the ANZDATA Registry⁴ shows:

- 2,654 people started kidney replacement therapy (dialysis or transplant) in 2015, with an overall incidence rate of 112 per million population (pmp). This rate has remained stable for several years.
- 23,012 people were receiving renal replacement therapy at the end of 2015, with an overall prevalence of 968 pmp. The prevalence of both dialysis and transplantation continues to grow in Australia, although the growth in dialysis prevalence has slowed in recent years.

- 19% of people who begin kidney replacement therapy are referred 'late' to a nephrologist i.e. less than 3 months before beginning kidney replacement therapy. The rates of late referral have fallen in recent years, and this has been experienced in all Australian states and across all age groups
- In Australia, late referral is more common among people of Maori (24%), Pacific Island (26%), and Indigenous Australian origin (20%) compared with the Caucasian population (19%).

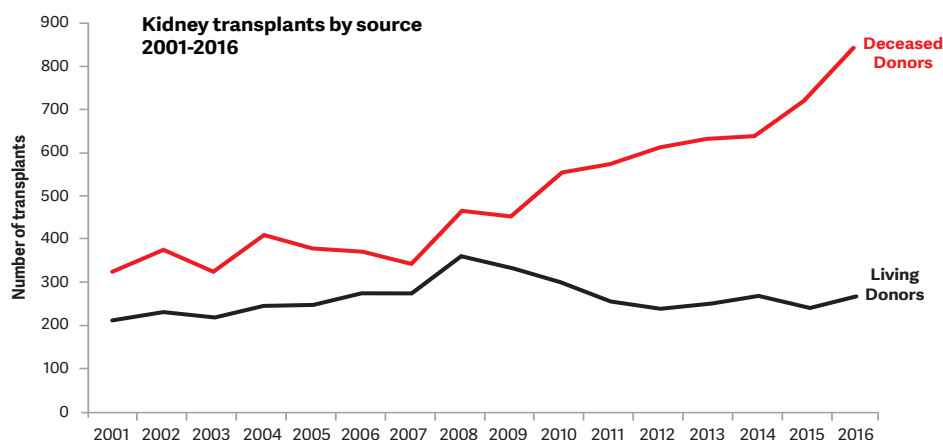
- Late referral also varies according to the primary cause of kidney disease, with the rates of late referral low in people with polycystic kidney disease (8%), but higher in cases where the cause of kidney disease is uncertain (29%) or listed as "other" (31%).

Dialysis

- 12,461 people were receiving dialysis treatment at the end of 2015⁴.
- This represents an increase of 3% from 2014.
- Dialysis treatments at the end of 2015.
 - 30% use home dialysis (haemodialysis or peritoneal dialysis).
 - 48% use satellite dialysis.
 - 23% use hospital dialysis.
- In 2015, home dialysis as a percentage of all dialysis was 33% in Queensland, 37% in New South Wales, 19% in the Australian Capital Territory, 27% in Victoria, 31% in Tasmania, 20% in South Australia, 11% in the Northern Territory, and 24% in Western Australia.

Transplantation

- In 2016 there were 503 deceased organ donors in Australia, who saved or improved the lives of 1,448 people¹².
- The number of deceased organ donors in 2016 was the highest donation outcome achieved in Australia, and was 16% higher than 2015¹².
- In 2016 there were 841 kidneys transplanted from deceased donors, and 265 kidneys transplanted from living donors¹³.
- A total of 10,551 Australians were living with a functional kidney transplant at the end of 2015 – this represents a 4% increase from 2013.
- As at the end of March 2017, 989 people were waiting for a kidney transplant in Australia¹⁴.
- The majority of people on the waiting list are aged less than 60 years (81%), and 62% are male⁴.
- The average waiting time for a transplant is 3 years but waits of up to 7 years are not uncommon¹⁵.
- In 2014, 630 people on the kidney transplant waiting list received a transplant (33% of the waiting list), but 9 patients (0.5%) died while waiting for a transplant⁴.
- The survival rate following a kidney transplant is high - 97% of recipients from deceased donors are alive at 1 year, and 90% are alive at 5 years. The survival rate following a kidney transplant from a living donor is even higher – 99% at 1 year, and 96% at 5 years⁴.



The cost to the Australian health system

- In 2012, the total costs attributable solely to CKD were an estimated \$4.1 billion, made up of \$2.5 billion in direct healthcare costs, \$700 million in direct non-healthcare costs, and \$900 million in government subsidies¹⁶.
- The best available evidence¹⁷ on cost per person per year on dialysis is:
 - hospital haemodialysis - \$79,072
 - satellite haemodialysis - \$65,315
 - home haemodialysis - \$49,137
 - peritoneal dialysis - \$53,112
- The cost of treating end-stage kidney disease from 2009 to 2020 is estimated to be around \$12 billion to the Australian Government.
- Dialysis is the most common single reason for hospital care, and accounts for 1.4 million separations from public and private hospitals (14% of the 10.2 million hospital separations)¹⁸.
- Hospitalisation rates from acute kidney injury have more than doubled over the last decade, and now represent 2% of all hospitalisations¹⁹.

Mortality from kidney disease

Data from the Australian Bureau of Statistics²⁰ show:

- Around 60 people die every day with kidney related disease.
- Kidney-related disease kills more people each year than breast cancer, prostate cancer or even road traffic accidents.
- In 2015, diseases of the kidney and urinary tract were the 10th leading cause of death in Australia, with 3,433 deaths.
- Diseases of the kidney and urinary system contribute to approximately 14% of all Australian deaths.

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For more information about kidney or urinary health, please contact our free call Kidney Health Information Service (KHIS) on 1800 454 363.

Or visit our website kidney.org.au to access free health literature.

This is intended as a general introduction to this topic and is not meant to substitute for your doctor's or health professional's advice. All care is taken to ensure that the information is relevant to the reader and applicable to each state in Australia. It should be noted that Kidney Health Australia recognises that each person's experience is individual and that variations do occur in treatment and management due to personal circumstances, the health professional and the state one lives in. Should you require further information always consult your doctor or health professional.



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