

Newsletter Update

Message from our CEO

This year at Kidney Health Australia has been a time of change and growth. In 2016 we've had an opportunity to overview how we can best continue to support Australia's kidney community, as well as advocate and educate the community and all Australians.

You'll hear more over the next few months about an exciting new initiative, in which we will invite you, our kidney community, to provide direct feedback to us.

We've also been looking at how we can strengthen key events and I'm happy to announce that to align with World Kidney Day, our own Kidney Health Week will be held from 5 to 11 March in 2017. World Kidney Day is on Thursday 9 March.

Our passion, and vision to improve the lives of people affected by kidney disease, to raise awareness and advocate for programs and policies and support important research, remains stronger than ever.

Thank you to all the Kidney Health Australia staff and volunteers who have worked so hard this year and to the kidney community for your invaluable support. Our key fundraising and awareness events, such as the Kidney Kar Rally and the Kidney Health Research Walk were great successes in 2016, and a testimony to the absolute commitment of you all.

Wishing you a safe and happy Christmas and New Year.

Mikaela Stafrace
Chief Executive Officer



Calendar of events

5-10 March 2017

Kidney Health Week

kidney.org.au/kidney-health-week

Thursday 9 March 2017

World Kidney Day in Australia

kidney.org.au/connect/events

19-21 June 2017

Renal Society of Australasia
Sydney Convention Centre

renalsociety.org

New Developments

Hypoxia Inducible Factor stabilisers

Phase 3 trials of HIF stabilisers are underway. HIF stabilisers tell the body to produce EPO (erythropoietin) rather than giving EPO.

It is an oral tablet rather than injection and the effect is dose-dependent.

HIF stabilisers do raise the haemoglobin so now the trials are checking efficacy and safety.

There are multiple companies developing HIF stabilisers and those who are at stage 3 testing hope to have results in 2018.

Collaboration

Occupational Therapy teleconference

The next renal Occupational Therapy (OT) peer mentoring teleconference is approaching.

This teleconference is an opportunity for OTs working in renal from around Australia, to discuss particular topics related to working as an OT with this population. This teleconference is held three times a year.

The next teleconference will be held on Wednesday, 1 February at 11am EST.

The topic will be "OT's working with CKD patients from an Aboriginal or Torres Strait Islander background".

If you are an OT working in the renal area and would like to be a part of this peer mentoring teleconference, please email: Sarah.McCann@nh.org.au or Nina.Hodge@hnehealth.nsw.gov.au

New publication

Important education resource

Kidney Health Australia and Northern Sydney Local Health District have entered into a collaboration for the review and ongoing supply and distribution of educational literature for people with kidney disease. This new partnership means that the Royal North Shore Hospital's Renal Resource Centre (RRC) has ceased operation as a separate entity.

All review, development and distribution of educational literature (formally managed by the RRC) has transferred to Kidney Health Australia to manage.

The first and second revised publications from this partnership, *An Introduction to Haemodialysis* and *An Introduction to Peritoneal Dialysis* were released earlier this year. The third revised publication *An Introduction to Kidney Transplantation* is now available for download or purchase from Books and Brochures in our Resources Library at kidney.org.au. Email marie.ludlow@kidney.org.au for more info.



Supported by funding from Joe White Bequest, and unrestricted educational grants from Amgen Australia and Astellas Transplant

Looking for kidney health education resources?

We provide a range of patient resources at kidney.org.au/about-us/resources-library or freecall us on 1800 454 363.

New Publication

Update on Peritoneal Dialysis



Kam-Tao, Szeto, Piriano et al. have published an update for the prevention and management of peritonitis (2016) on behalf of the International Society of Peritoneal Dialysis (ISPD).

Peritonitis is a common and serious complication of peritoneal dialysis (PD).

Although less than 5% of peritonitis episodes result in death, peritonitis is the direct or major contributing cause of death in around 16% of PD patients.

Peritonitis is a major cause of PD technique failure and conversion to long-term haemodialysis.

The ISPD guidelines were first published in 1983 and revised in 1993, 1996, 2000, 2005, and 2010 (9-14).

The present recommendations are organised into five sections and recommendations include:

1. Peritonitis rate; Monitor rate every year as episodes per patient year.
2. Initial presentation and management of peritonitis; if have two signs treat until proven not to be peritonitis, do full cell counts and cultures, use intraperitoneal antibiotics.
3. Subsequent management of peritonitis; adjust regime once results known, do timely catheter removal, and many specific recommendations re antibiotic choice.
4. Future research.

Download a complete copy of these guidelines at: pdconnect.com/content/36/5/481.full.pdf+html

Kidney Research

Global Burden of Disease study 2015 assesses the state of the world's health

Recently, The Lancet published an up-to-date analysis on the state of the world's health to provide evidence on national health challenges and priorities for intervention.

This massive effort brought together 1870 independent experts in 127 countries and territories as part of the Global Burden of Disease, Injuries, and Risk Factors (GBD) 2015 study collaboration. This research showed that life expectancy is rising, but 7 out of 10 deaths are now due to non-communicable diseases. The world population has gained more than a decade of life expectancy since 1980, rising to 69.0 years in men and 74.8 years in women in 2015.

An important contributor has been large falls in death rates for many infectious diseases particularly in the last 10 years, including HIV/AIDS, malaria, and diarrhoea. The rate of people dying from cardiovascular disease and cancers has also fallen, although at a slower pace.

The number of annual deaths has increased from roughly 48 million in 1990 to almost 56 million in 2015.

In 2015, 70% (40 million) of global deaths were due to non-communicable diseases including ischaemic heart disease, stroke, diabetes, chronic kidney disease (CKD), Alzheimer's disease and other dementias, and drug use disorders. In 2015, an estimated 1.2 million deaths were due to CKD and 1.5 million deaths were due to diabetes (both demonstrating an increase of 32% since 2005).

Common CKD risk factors such as high blood pressure, smoking, high blood sugar, and high body mass index were among the world's leading risk factors for premature death and ill health in 2015.

Additionally, exposure to other CKD risks including dietary risks (e.g. diets high in salt and low in vegetables, fruit, whole grains, nuts and seeds, and seafood which together account for more than 10% of ill health worldwide) and high cholesterol have changed very little, highlighting huge opportunities for public health interventions.

Published articles available here: thelancet.com/gbd

Would you like to contribute?

If you have any suggestions or contributions for our newsletter, email: media@kidney.org.au

Indigenous Affairs

New program success in slowing CKD

An Aboriginal Community Controlled Health Service in the NT 'Top End' has implemented a program that is slowing the progression of kidney disease.

The Danila Dilba Health Service Kidney Program integrates the management of chronic disease, coordinating treatments and empowering clients to improve their own health through lifestyle.

The Menzies School of Health Research evaluated the program at the Aboriginal health service in Darwin and found it was delaying the need for dialysis by 1.5 years, as well as improving the lives, and decreasing the death rates of those with stage 4 and 5 kidney disease.

One key factor in success has been identified as trust leading to positive relationships between the health care provider and the client.

In NT communities, 70% of end-stage kidney disease in Aboriginal populations is caused by type two diabetes. A further 10% by hypertension.



It is encouraging to see the results of this program because it provides the evidence for the importance of focusing on early diagnosis and to introduce support programs that can empower people to change health behaviours.

Find out more at daniladilbaexperience.org.au