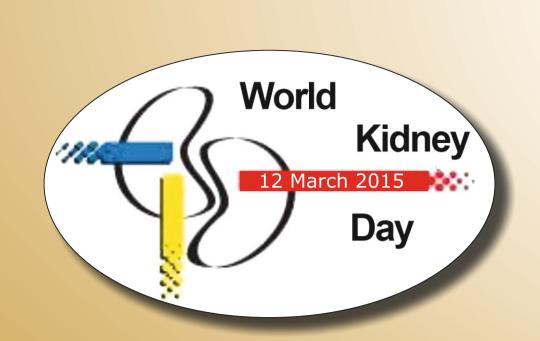


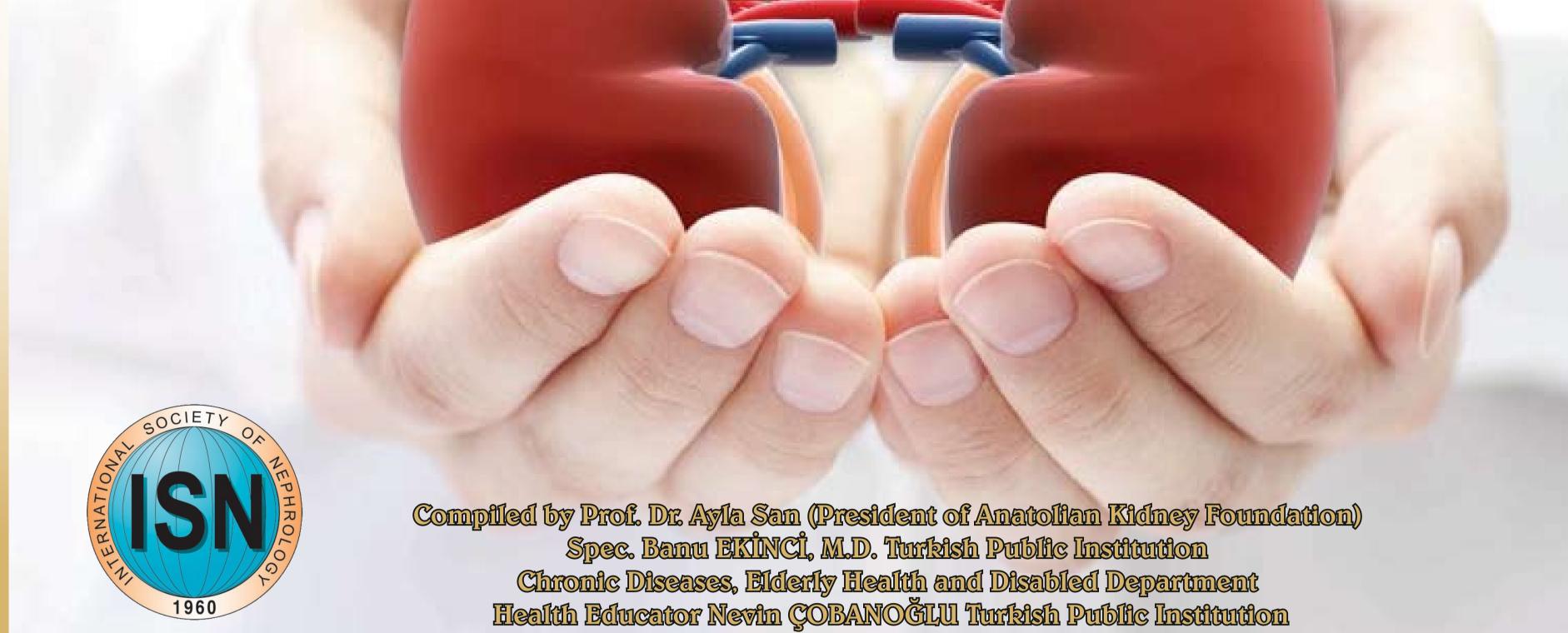
# TURKE KIDNEY DISEASES EARLY PREVENTION AND CONTROL PROGRAM













#### **INTRODUCTION**

Self sacrificing invaluable studies of Ministry of Health on Turkey Kidney Diseases early prevention and control school continues.

#### The purpose of the study;

To try to reduce the risk factors of kidney disease in the society, to provide early diagnosis for vulnerable patients in terms of kidney disease, to prevent the progres of the disease in kidney disease patients and when necessary not to delay the renal replacement treatment, to reduce the financial load of the health budget by extending the lifespan of kidney disease patients.

#### 1. Prevention of the disease:

**Content:** 

Chronic Kidney Disease (CKD) is a process consisting of three components:

#### a) General approaches to social prevention;

<u>Diabetes</u>

#### **Hypertension** Obesity

Salt Consumption **Smoking** 

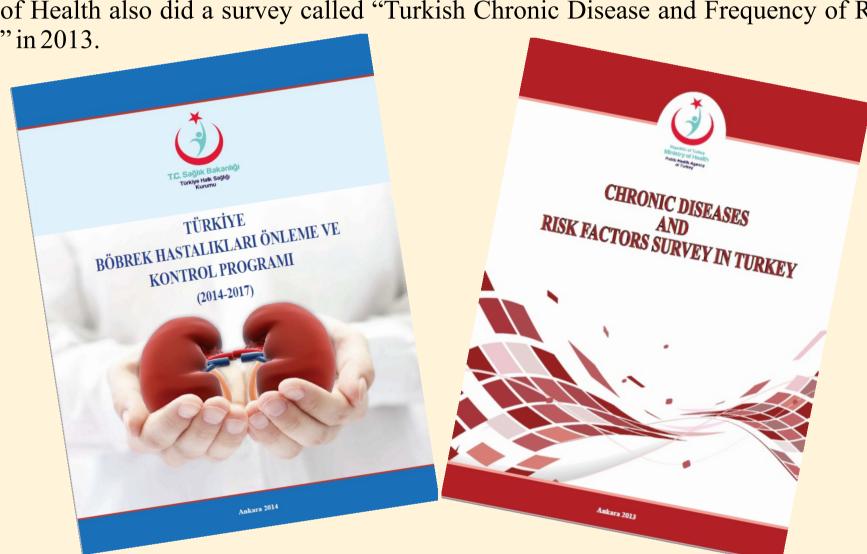
b) Primary prevention approaches related to patients under risk;

The riskiest group for CKD. 2. Controlling of the disease (Secondary control);

To increase the number of early diagnosis and awareness.

Slow down or prevent the progress of the diseases, delay the need for renal replacement treatment and to reduce the morbidity and mortality due to kidney disease. c) To prepare the patients for RRT.

Ministry of Health also did a survey called "Turkish Chronic Disease and Frequency of Risk Factors- Basic Evidence" in 2013.



Sociodemographic

·Low income/education

·Chemical environmental exposure

·Old age (>60)

## **Clinical**

·Diabetes

·Hypertension

·Autoimmune Diseases ·Systematic Infections

·Urinary Infection/Stone Disease

·Low urinary track obstruction ·Malignity

·Family history of CKD ·Recovered Undergone Acute Kidney Failure

·Drugs ·Decreased renal mass

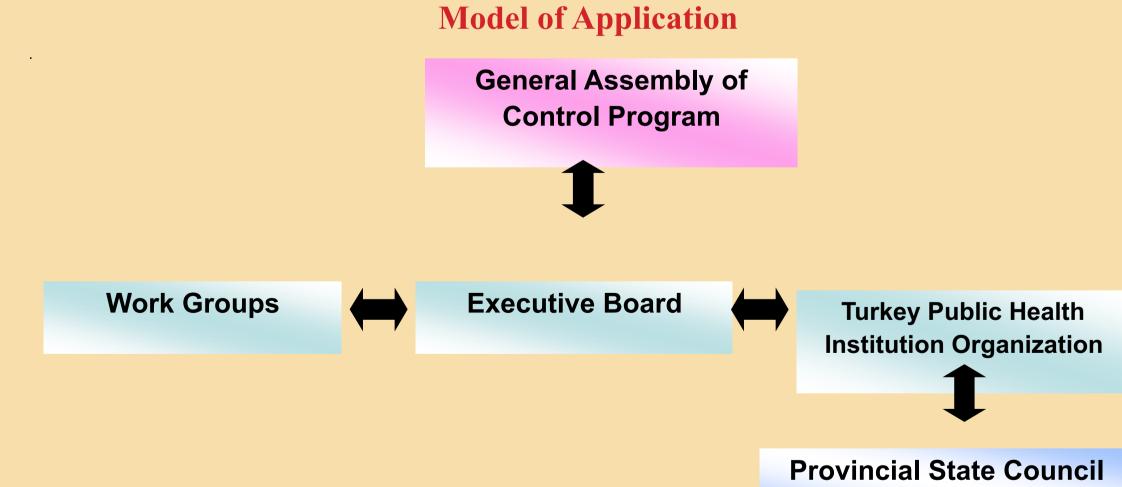
#### ·Düşük doğum ağırlığı **Procedure of The Program**

1. Risk factors and prevention strategies.

2. Early diagnosis, early treatment and monitor.

3. Ways to intervene in emergency cases, prevention of complications, rehabilitation services. 4. Dialysis and transplantation services.

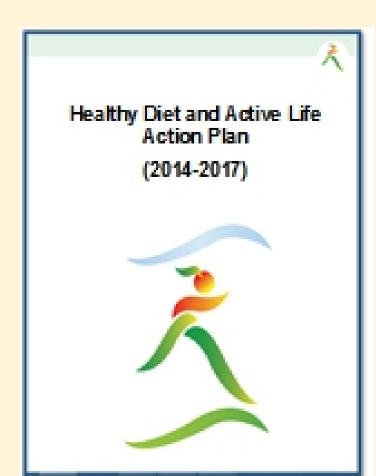
5. Finance and social security (Medicine and medical devices). 6. Improvement of monitoring and evaluation.

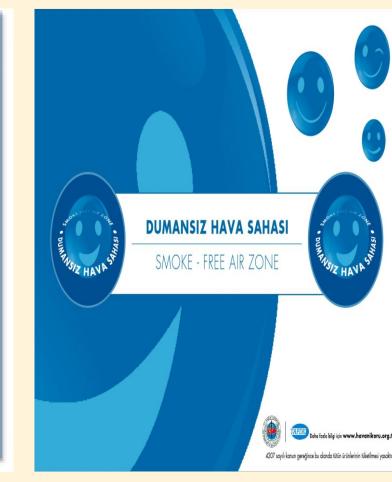


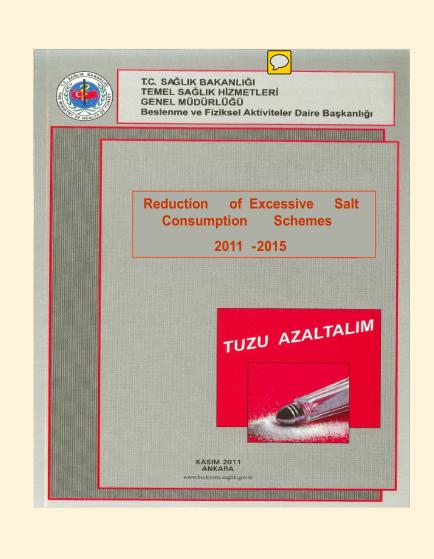
- **Contributors to The Program:**
- Ministry of Health, - Related official institutions,
- High Education Institution,
- Related domains in universities, - Related non-governmental organizations.

## Other Programs Held by The Ministry of Health

- Programs related to risk factors







### **Programs to Control Noncommunicable Diseases**



Chronic Diseases, Elderly Health and Disabled Department

1-National Cancer Control Program (2011-2015) 2- Prevention and Control of Chronic Respiratory Track Disease (2014-2017) 3- Turkey Kidney Diseases Early Prevention and Control Program (2014-2017) 4- Prevention and Control of Cardiovascular Disease (2014-2017) 5- Türkiye Diyabet Programı: Turkey Diabetes Program (2015-2020)

### **Recorded Results of Kidney Patients Under Treatment in Turkey**

	MINISTRY OF HEALTH DIALYSIS AND TRANSPLANTATION STATISTICS - 2015													
Existing Public and Private Hemodialysis Centers in Turkey-2015							Public and Private Peritoneal Dialysis Centers' Treatment Methods in Turkey -2015							
Name of Institution	Center		Device		Number of Patients		Center		Total Patient		C.A.P.D.		A.P.D.	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Ministry of Health	449	52,89	5.115	31,30	15.201	26,6 9	59	49,58	1.695	44,6	1.253	47,48	442	38,10
University	62	7,3	1.220	7,47	3.223	5,84	43	36,13	1.668	43,9 1	1.167	44,22	501	43,19
Private	238	39,81	10.005	61,23	38.427	67,4 7	17	14,29	436	11,4 7	219	8,30	217	18,71
Total	849	100	16.340	100	56.951	100	119	100	3.799	100	2.639	100	1.160	100

Renal Transplantation Data of Turkish Ministry of Health of Turkey Number of Kidney Transplantations by The End of 2015 (01.01.2015-31.12.2015) Alive Donor: 2.534 (79%), Cadaveric Donor: 670 (21%), Total: 3.204 Number of Kidney Transplantations by The End on 16th March 2016 (31.12.2012-16.03.2016)

(%5,94)

(89,05%)

Alive Donor: 21.422 (78,39%), Cadaveric Donor: 5.905 (21,61%), Total: 27.327 Renal Transplantation Waiting List on 10th March 2016: 22.440 (87,39%), Total Transplantation Waiting List:

**Chronic Renal Failure Patients' Treatment Methods in Our Country (2015)** Hemodialysis: 56951 Peritoneal Dialysis: 3.799 Transplantation: 3.204 Total:

#### Distribution of incident HD patients according to etiology in 2014 (according to the data obtained from 95 centers).

	n	%
Diabetes Mellitus	912	39.31
Type1 DM	260	11.21
Type2 DM	652	28.10
Hypertension	659	28.40
Glomerulonephritis	105	4.53
Polycystic kidney diseases	77	3.32
Amyloidosis	50	2.15
Obstructive nephropathy	23	0.99
Tubulointerstitial nephritis 0.91	21	0.91
Renal vascular disease	14	0.60
Other	164	7.07
Unknown etiology	295	12.72
Total	2320	100.00

There are strong suspects that hypertension mentioned here is not primary but secondary which has occured due to chronic renal failure. (Registry of The Nephrology, Dialysis, 2014)

## **Activities Held Related to Kidney Patients Control Program**

1. Activities Related to Raising Awareness of The Public

· Posters and brochures were prepared and distributed across the country and health organizations. World Kidney Day, World Hypertension Day, Mind Salt Week were held with activities like conferences, seminars, panels and media activities related to social awareness stil continues through Ministry of Health Social Media Unit.

2. Activities related to increasing the level of knowledge of health personnel · Modules for distant and face to face education for kidney patients and risk factors.

Preparations for educational studies for first step family doctors continue.

3. Activities related to patients

· Standardization has been provided among laboratories for measurement of serum creatinine among adults and children countrywide.

Quality service is being provided by Ministry of Health both at home and healthcenters. Pilot practice was held among the monitoring of chronic diseases, primarily cardiovascular risk evaluation

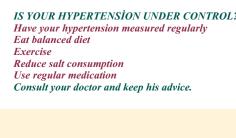
hypertension, diabetes and it is planned to be implemented in 2017 in all primary health organization.

## Posters and Brochures Related to Raising Awareness of Public Sample Posters









#### Sample Brochures



#### Sample Billboards

63.954

(%5,01)



## **Activities to Promote Public** Awareness







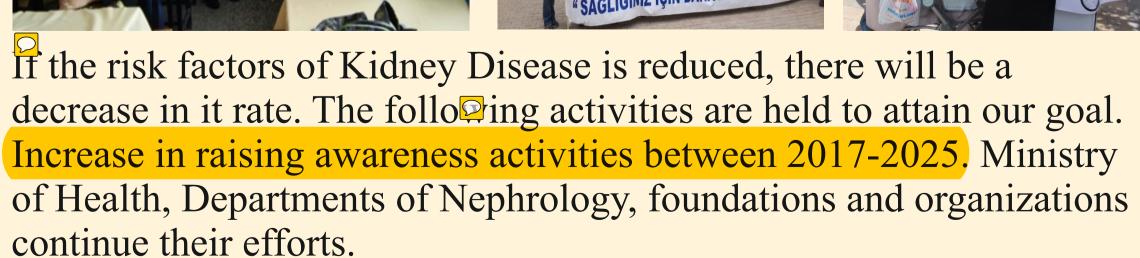












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