

FOUNDATION CIVILIZATION YEAR 2006 FOUNDATION WEEK MAY 8-14, 2006 IN TURKEY

ANATOLIA KIDNEY FOUNDATION'S DAY

MAY 8th, 2006.

Prof. Dr. Ayla SAN

INTRODUCTION

The Anatolia Kidney Foundation celebrated The Foundation and Civilization Week in Turkey from 8th to 14th May 2006 and as part of these celebrations attention had been drawn to the spirit of World Kidney Day on 9 May 2006. A panel discussion had been organised for kidney health professionals to focus on "Early detection and prevention in renal diseases".

PROGRAMME

- "The Importance of 9th March World Kidney Day": Prof. Dr. Ayla SAN M.D.
- "The Precautions to be taken for Early Detection And Prevention in Renal Diseases": Prof. Dr. Gültekin SÜLEYMANLAR M.D.
- "In Adults (The Views of Turkish Society of Nephrology)": Prof. Dr. Gültekin SÜLEYMANLAR M.D.
- "In Infants (The Society of Pediatric Nephrology)": Prof. Dr. Oguz SÖYLEMEZOĞLU M.D.
- "Preventive Measures in Chronic Renal Diseases" "Reno-Protective Effects of Erythropoietin": Prof. Dr. Sevgi Mir M.D.
- "Reno-protective Effects of ACE Inhibitors, ARB, Angiotensin Receptor Blockers": Prof. Dr. Yılmaz Selçuk M. D.
- "Reno-Protective Effects of Keto /Amino Acid Supplementations, Low Protein Diets and Nutrition": Prof. Dr. Kayser Çağlar M.D.
- "Measures to be taken for Protection of Kidneys in Diabetic Diseases": Prof. Dr. Yunus Erdem M.D.

"The Importance of 9th March World Kidney Day"

Summary: I acquainted with importance of World Kidney Day that had been celebrated on March 9, 2006. I addressed that, it was time for World Kidney Day to be realised. The International Federation of Kidney Foundations (IFKF) and the International Society of Nephrology (ISN) jointly defined the World Kidney Day to be celebrated on the second Thursday in March each year and for these activities and for this aim they set up a committee: includes the names below:

Allan J Collins MD, Committee Chair, IFKF, William G Couser MD President, ISN, John H Dirks MD ISN, Joel D Kopple MD IFKF, Thomas Reiser Executive Director, ISN, Miguel C Riella MD ISN, Sheila Robinson BA ISN, Sudhir V Shah MD President, IFKF and Anne Wilson IFKF.



Prof. Dr. Ayla SAN M.D.

Alarmed by the enormous challenge to morbidity and the economic loading of CKD and ensuring systemic cardiovascular disease, IFKF and ISN came together to make a multidisciplinary group of expert physicians and public health leaders from around the world to develop strategies to delay and remove this bad situation in the future by effective prevention of CKD based on awareness, early detection and effective treatment. All the messages of World Kidney Day's committee had been mentioned in this session. Moreover in our country The World Kidney Day had been celebrated in different areas by various organizations.

Turkey's Currently Situation in Various Aspects of Renal Diseases (2004, 2005)

Name of Institution	Total No. of Patients		Hemodialysis		Periton Dialysis		Transplantation	
	Number	%	Number	%	Number	%	Number	%
Ministry of Health	8174	7284	501	459	0	131	123	14.3
Universities	4480	3313	592	2497	49	589	589	51.2
SSK	3195	2099	65.9	1834	13.1	46	68	14.3
Other Public	25	25	100	0	0	0	0	0
Private	17250	17944	98.85	185	1.05	11	0.06	
Total	35844	29775	4487	3587	131	782		

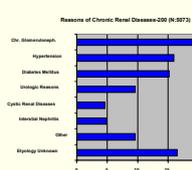
Name of Institution	Centers		Revisits		No. of Patients
	Number	%	Number	%	
Ministry of Health	290	50	2999	34.7	9537
University	49	85	1031	11.9	3209
Private	240	41.5	4616	53.4	20691
TOTAL	579	100	8646	100	33487

NUMBER OF KIDNEY TRANSPLANTATIONS BY THE END OF 2005* (1975-2005)

Cities	Centers	Total		Donor		Cadaver	
		Number	%	Number	%	Number	%
ADANA	Cukurova Uni. Med. Fac. Hosp.	27	20	7	27	21	46
ANKARA	Ankara Uni. Med. Fac. Hosp.	27	20	7	475	395	80
	Hacettepe Uni. Med. Fac. Hosp.	26	18	11	343	233	810
	Yildirim Beyazid Uni. Med. Fac. Hosp.	45	33	22	1568	1188	280
	Gazi Uni. Med. Fac. Hosp.	10	6	-	127	100	27
	GATA Hospital	21	15	6	296	259	37
	Etilik Spec. Hosp. Hosp.	23	14	9	257	210	47
	Yildirim Beyazid Hospital	23	22	1	260	234	26
ANTALYA	Mediterranean Uni. Hosp.	249	20	48	1099	805	294
BURSA	Uludağ Uni. Med. Fac. Hosp.	23	18	7	178	151	41
ERZURUM	Atatürk Uni. Med. Fac. Hosp.	7	3	4	10	6	4
ISKENDERUN	İnönü Uni. Med. Fac. Hosp.	13	9	4	125	106	19
ISTANBUL	İstanbul Uni. Cerrahpaşa Hosp.	24	23	1	418	352	26
	İstanbul Uni. Beşiktaş Hosp.	48	32	16	755	474	26
	Marmara Uni. Med. Fac. Hosp.	20	16	4	138	107	31
	Haydarpasa Numune Hosp.	41	29	2	330	261	69
	Dr. Lale K. Karali Training and Res. Hosp.	11	9	2	14	10	4
	Private Memorial Hospital	13	12	1	24	20	4
	Private Kent Hospital	4	2	2	4	2	2
	İzmir Training and Research Hosp.	58	32	22	217	121	26
	İzmir Tepecik Training and Res. Hosp.	52	26	26	351	224	127
KAYSERİ	Reyhan Uni. Tip Fakültesi Hastanesi	3	3	0	57	32	25
KONYA	Selçuk Uni. Med. Fac. Hosp.	3	2	0	24	19	2
SAMSUN	Orduoğlu Maysi Uni. Med. Fac. Hosp.	1	0	1	21	22	1
TOTAL		926	65	273	8395	6188	2307

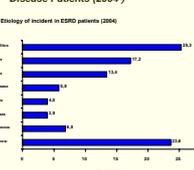
Ministry of Health Registry (2005)

Etiology of Incidence End Stage Renal Disease Patients (2000) N:5073



TSN 2000 Registry (2001-İstanbul)

Etiology of Incidence End Stage Renal Disease Patients (2004)



TSN 2004 REGISTRY (2005-İstanbul)

Total RRT expenses in Turkey, France, Germany, Japan and USA (Erek et al. Nephrology 2004; 9: 33-38).

Treat. Modality	Turkey	France	Germany	Japan	USA
HD	22,759	78,947	44,500	46,000	46,000
CAPD	22,350	23,684	23,000	-	41,000
APD	25,714	-	-	-	35,545
RTx (1 year)	23,393	29,605	40,000	50,000	60,000
RTx (2 year)	10,028	-	-	-	19,000

Annual growth rate of world population and number of ESRD, HD, PD and RTx (ESRD patients, 2003)

World Population	ESRD	HD	PD	RTx
1.2%	6%	6%	6%	5%

Turkish Society of Nephrology, 2004 Registry, Year: 2005
*Turkish Nephrology Society was established in 1970 and became a member of this society in the year 1973.

World population and number of ESRD, HD, PD and RTx patients (ESRD patients in 2003, p.4. Friesenius M.C.)

ESRD Patients	1,681,000
HD	1,158,000
PD	141,000
RTx	382,000
World Population	6.3 billion

Gross Mortality Rate in Turkey and World (Nephrol. Dial. Transplant 2002; 17: 2052).

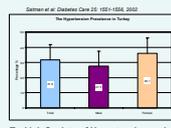
Expansion rate of RRT stock (%)	Gross mortality rate of RRT pts (%)
USA (1999)	9
Japan (1997)	7.8
EU (15 Countries)	8.2 (2.3-13.1)
TURKEY	17*

*Death rate an RRT in Europe (pm) is 35-69
*HD 16.5% CAPD 6% RTx 1.7%
Turkish Society of Nephrology, 2004 Registry, Year: 2005.

"The Precautions to be Taken for Early Detection And Prevention in Renal Diseases"

"In Adults (The Views of Turkish Society of Nephrology)"

Prof. Dr. Gültekin Süleymanlar M.D. (General Secretary of Turkish Society of Nephrology) It has been declared that, with the research planned as a field research carried out under the responsibilities of Turkish Society of Nephrology (for adults) and the Society of Pediatric Nephrology (for children) and representing Turkey, the incidence of renal diseases and risk factors and geographical percentages would be determined and a renal disease map would be prepared. It was defined that this research would be performed in 27 cities, on 16500 adults and 5000 infants. It was explained that the infrastructure preparation of one of the most important steps in this program "The Research of The Incidence Chronic Kidney Diseases in Turkey" had already been done and this research would be started on March 9, 2006 which is accepted as World Kidney Day and it would be implemented under control of Turkish Society of Nephrology, with support of Ministry of Health and The Scientific and Technological Research Council of Turkey.



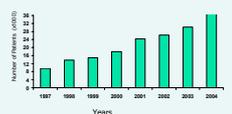
Turkish Society of Hypertension and Renal Diseases, 2004

Hypertension Prevalence (In Turkey*)

- 160/95 mmHg %12.3
- 140/90 mmHg %33.7
- Urban Region %31.7
- Rural Region %36.4
- 140/90 mmHg 1997/98 Cohort %36.3
- Male %43.1
- Female

*SINGLE LETTER STUDY

End Stage Renal Disease Prevalence In Turkey



Diabetes Frequency in Turkey



TURDEP (Turkish Diabetes Epidemiology Study)

CONCLUSION

- ESRD patients rate is increasing rapidly in our country. Aging in patient population is marked the rate of Diabetes Mellitus as a reason of Chronic Renal Failure is gradually increasing.
- Hemodialysis is the most frequent treatment style as Renal Replacement Therapy. The most qualitative progresses in this treatment is maintaining.
- Peritoneal dialysis rate is in lower degrees in Renal Replacement Therapy. Performed RTx rates are very insufficient. This situation affects patients' life duration and quality, treatment cost in negative aspects. The cadaver rate is not in desired levels.

Chronic Renal Failure: Clinical Action Planning

Step	GFR (mL/dk/1.73m ²)	Action
1	>90	Detection and Treatment: Treatment of co-morbid factors, deceleration of progression, decreasing of KtV risk.
2	60-89	Caring and decreasing of progression.
3	30-59	Evaluation and treatment of complications.
4	15-29	Preparing for RRT.
5	<15	Replacement treatment

SOLUTION
CREDIT STUDY
(BY TURKISH SOCIETY OF NEPHROLOGY)
THE SOCIETY OF PEDIATRIC NEPHROLOGY
A NATIONAL PROGRAM WITH ALL PERIODS OF PREVENTIVE NEPHROLOGY STARTED ON MARCH 9, 2006 BY WORLD KIDNEY DAY.

"In Infants (The Society of Pediatric Nephrology)"

Prof. Dr. Oguz SÖYLEMEZOĞLU M.D.

The Reasons of Chronic Renal Diseases in Turkish Children

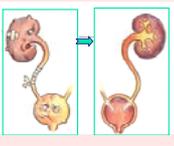
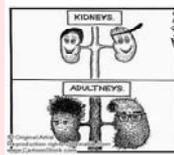
Glomerulonephritis	15.5%
Cystic Kidney Disease	12.2%
Polycystic Kidney Disease	10.8%
Obstructive Nephropathy	9.4%
Diabetic Nephropathy	8.1%
Hypertensive Nephropathy	7.7%
Systemic Lupus Erythematosus	6.3%
Chronic Pyelonephritis	5.9%
Renal Dysplasia	5.5%
Other	4.1%



Chronic Renal Disease's Prevalence Study in Turkey Part: 2 - Children (Chronic Renal Disease In Turkey - Children)

PUBLIC BASED THE PROTOCOL OF EPIDEMIOLOGIC FIELD STUDY
Turkish Society of Nephrology
The Society of Pediatric Nephrology

- Primary Purpose:** Determining CRD prevalence in Turkey generally and in below subgroups
- Secondary Purpose:** 1. Determining reasons of risk expansion of children that accompany CRD in Turkey.
 - Hypertension
 - Diabetes
 - Obesity
 - Hyperlipidemia
 - Hyperuricemia
 - Low Baring Weight
- 2. Throughout the next two years, observing the patients cohort with CRD (approximately 95 people in different types of CRD) and healthy people cohort (Approximately 4400 people without CRD)



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