American Kidney Fund®

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Featured Podcast – Overview of Chronic Kidney Disease

American Kidney Fund President and Chief Executive Officer LaVarne A. Burton gives an overview of chronic kidney disease.

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Why should people care about kidney disease?

- People need to care about kidney disease because it is a serious public health threat, and because of the financial burden it poses to the individual patients and to our nation. I am proud to lead the American Kidney Fund, an organization that is addressing both of these challenges. The mission of the American Kidney Fund is to fight kidney disease through direct financial support to patients in need; health education; and prevention efforts.

- Chronic kidney disease is not an inevitable health condition. Indeed, more than 70% of all cases of kidney disease are caused either by diabetes or by high blood pressure—both of these conditions can damage the kidneys. Kidney disease can be prevented in many cases, but too few people are aware that they're at risk.

- In 2006, costs for Medicare patients with chronic kidney disease **exceeded $49 billion** – nearly one-quarter of Medicare spending for that year.

- The American Kidney Fund recognizes that an all-out effort is needed to stem the rising tide of kidney disease. That is why we've increased our focus on prevention and public education.

Discuss kidney disease—what it is, how it is treated, who is at risk and why it is preventable.

- Chronic kidney disease is when a person suffers from gradual and usually permanent loss of kidney function over time. The kidneys have become damaged and do not work as well as they should. It is estimated that 1 in 8 U.S. adults has chronic kidney disease—about 31 million people—but many don't know it. At least 20 million more are thought to be at risk.

- Having reduced kidney function can affect your health in many ways because the kidneys serve many vital roles in the body.

- Kidney functions that are affected by chronic kidney disease are:
    - removal of wastes and fluid from your body
    - regulation of body water and chemicals in your blood
    - removal of drugs and toxins introduced in your body
    - and the release of hormones that help regulate blood pressure, produce red blood cells and promote strong and healthy bones.

- Once chronic kidney disease begins, it cannot be reversed, but its progress can be slowed through proper treatment.

- However, what we really want people to understand is that you may be able to protect your kidneys from damage in the first place by controlling underlying medical conditions: most

often, diabetes and high blood pressure. These conditions can damage the kidneys. Diabetes and high blood pressure account for more than 70% of all cases of chronic kidney disease in American adults.

What advice does the American Kidney Fund have for people who are at risk?

- First, it is very important for adults, as part of their regular medical checkup, to have their blood glucose (sugar) tested, and also to have their blood pressure checked on a regular basis. Diabetes or high blood pressure do not necessarily have to lead to chronic kidney disease.

- An early diagnosis of diabetes or high blood pressure may help a patient and the health care team prevent damage to the kidneys—as well as all the other complications that can arise from diabetes and high blood pressure. Controlling diabetes and high blood pressure can help to keep the kidneys healthy.

- Second, it is important for anyone who has been diagnosed with diabetes or high blood pressure to work with their doctor to develop a plan to keep these conditions under control—and it is also very important to ask the doctor for the tests that can find out how well their kidneys are working.

- Kidney disease isn't always preventable—sometimes it occurs no matter what. But if testing shows that you do have kidney disease, you may be able to slow the gradual progression of kidney disease, and prevent it from leading to kidney failure, by controlling underlying medical conditions. Kidney failure is the point at which a person must have either regular dialysis treatments or a kidney transplant in order to survive.

Is there a test for kidney disease?

- The eGFR (estimated glomerular filtration rate) is the best test that we have for checking kidney function. We are asking people to talk to their doctors about having this test.
    - The eGFR is calculated through a simple blood test that checks for a chemical, called creatinine, in the blood.
    - The test also considers your age, sex and race when calculating your kidney function.
    - Many people know their blood pressure or cholesterol. Some may even know their blood sugar levels. But few know their eGFR value. Just as most people know the connection between high cholesterol and the risk for heart disease, we want people to understand the connection between diabetes and high blood pressure and the risk for kidney disease.

Are certain people at greater risk of developing this disease than others?

- We also want people to know that there are other common risks for kidney disease besides having diabetes or high blood pressure. These include:
    - A family history of kidney disease
    - Being over age 60
    - Being African American, Hispanic, Asian American, or Native American
    - Having HIV

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What advice does the American Kidney Fund have for people who are at risk?

- Anyone with risk factors should talk to a doctor about having their eGFR calculated.

- The best things that you can do to help protect your kidneys are:
    - Control diabetes if you have it
    - Keep your blood pressure in a healthy range
    - Keep your cholesterol low
    - Eat a healthy diet—low in fat, low in salt/sodium
    - Stay active—exercise for at least 30 minutes on most days of the week
    - Don't smoke

What are the symptoms of chronic kidney disease?

- Kidney disease starts with no symptoms. That's why it is so important to be tested. A person can have kidney disease for a long time, and can be undergoing constant damage to the kidneys, without knowing it. As kidney disease gets worse, signs may appear, including:
    - Feeling tired often
    - Poor appetite or upset stomach
    - Difficulty sleeping
    - Muscle cramps (especially at night)
    - Swelling in the feet and ankles, puffiness around the eyes (especially in the morning)
    - Dry/itchy skin
    - The need to urinate often (especially at night)
    - Bloody or dark-colored urine

- Because many of these symptoms happen with other conditions, it is important to see a doctor for a diagnosis.

What happens if a person does develop this disease?

- There is no cure for chronic kidney disease. The goals of treatment are:

    - To slow the progression of disease
    - To treat underlying causes and contributing factors
    - To treat complications of disease
    - To replace lost kidney functions

- Strategies for slowing progression of kidney disease include:
    - Controlling diet: A health care provider and dietitian should work with someone who has kidney disease to formulate a very specific diet which can slow progression of the disease.

    - Controlling blood glucose or sugar. Talk with your doctor about the specific medications and lifestyle modifications that can help protect your kidneys if you have diabetes.

  - Controlling high blood pressure: This also slows progression of chronic kidney disease.

- Complications of chronic kidney disease that are commonly treated with medications include anemia, high blood pressure, excess fluids (fluid retention) and bone disease.

- If a person progresses to kidney failure, also known as end stage renal disease, the only treatment options are to begin dialysis, which replaces some of the functions of the kidneys, or to have a kidney transplant.

What is the American Kidney Fund doing to fight kidney disease?

- The American Kidney Fund's mission is to fight kidney disease through direct financial support to patients in need; health education; and prevention efforts.

- Our other services include a toll-free HelpLine (866-300-2900, available to English- and Spanish-speaking callers). You will be able to talk to a health educator about kidney health, as well as paying for treatment, and local resources in your community. You may also e-mail our HelpLine.

- When you contact our HelpLine, you may request brochures and fact sheets. There are more than 15 titles in our brochure series, including *Diabetes and Your Kidneys*, and *Living Well with Chronic Kidney Disease*. The brochures are also available in Spanish. In addition, you may download PDFs or order hard copies of these brochures from our website.

- On the financial front, last year the American Kidney Fund provided $119.5 million in assistance to kidney patients nationwide. This was direct, treatment-related assistance. Patients come to us for help when they have exhausted all other means of local, state and federal aid. Our grants help them with things such as maintaining health insurance coverage; paying for Medicare prescription drugs; paying for transportation to and from dialysis; and many other treatment-related expenses.

- If a kidney patient is in need of financial assistance, they should speak with their dialysis center social worker. We accept applications from the social workers, not from patients directly.

Minority Intervention and Kidney Education (MIKE) Program

- In some local communities (currently, Atlanta, Chicago and Washington, D.C.) we run a kidney disease education and screening program called MIKE (Minority Intervention and Kidney Education).

- We generally run MIKE screenings from March through November of each year. Visit our website or call our HelpLine at 866-300-2900 to find out about upcoming MIKE screenings**.** Our HelpLine staff can also help you to find resources in your local community.

- Since 2004, MIKE has provided free screenings to more than 21,000 people. We generally conduct screenings in neighborhoods with very high documented rates of kidney failure. About 25 percent of people we screen show signs of possible kidney damage, which can lead to kidney failure if not detected or treated. About 37 percent of those we screen lack health insurance.