



THE KIDNEY LINK

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NEW REPORT SUGGESTS IMPROVED PREVENTION AGAINST END-STAGE RENAL DISEASE COMES AT A COST

Medical advances in the fight against end-stage renal disease (ESRD) are good news for doctors, patients and families, but escalating expenses for prevention and treatment should also be taken into account, according to the October issue of the Journal of American Society of Nephrology.

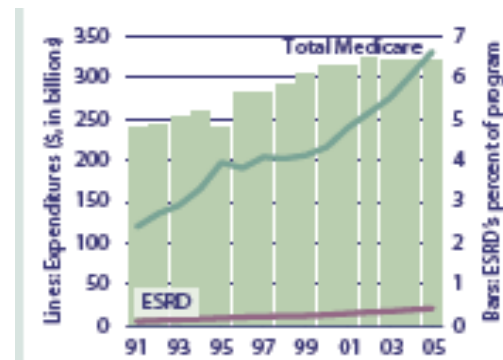
The article focuses on the findings of two doctors – Robert Folly and Allan J. Collins – who compiled the 2006 data for the U.S. Renal Data System’s annual report. The report noted tremendous strides in prevention, detection and treatment of ESRD.¹

But, for everything, there’s a price, Folly and Collins found. For example, total Medicare costs for people with reported cases of ESRD rose from \$8.9 billion in 1995 to \$19.3 billion a decade later, the report showed.²

According to the JASN article, available at www.jasn.org, costs related to treating patients with ESRD increased by 57 percent between 1999 and 2004, “and now account for 6.7 percent of total Medicare expenditures.”³

The doctors looked to the drop of -0.9 percent in the 2004 population incidence rate and cautiously pointed to angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, and enhancements in glycemic and blood pressure control as possible contributors to that figure.⁴

In the report, available at www.usrds.org, Folly and Collins characterized the lack of understanding about the relationship between chronic kidney disease and ESRD as “an unmet public health challenge.”



11.2 Costs of the Medicare & ESRD programs

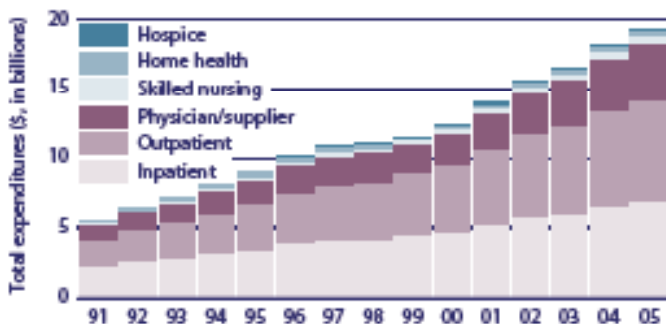
US Renal Data System annual report, [2006].

“If one accepts that healthcare resources are finite, prevention of ESRD has the potential to enhance the lives of people with CKD and without CKD,” Folly said in a statement.

Diabetes is the most common trigger to the onset of ESRD.⁵ By 2002, there were an estimated 153,730 people in the United States and Puerto Rico diagnosed with ESRD due to diabetes.⁶ More than one-fifth of young Americans age 20 or less have been diagnosed by 2005.⁷ ESRD can also be brought on by hypertension, glomerulonephritis, and cystic kidney disease.

To survive, people diagnosed with ESRD either must use dialysis treatment or receive a kidney transplant. States should consider the implications of this new data in addressing outreach programs and Medicaid coverage for persons with ESRD.

Please note: The data reported here have been supplied by the United States Renal Data System (USRDS). The interpretation and reporting of these data are the responsibility of the author(s) and in no way should be seen as an official policy or interpretation of the U.S. government.



11.6 Total Medicare dollars spent on ESRD, by type of service

US Renal Data System annual report, [2006].

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HEALTH IMPROVES AMONG FREQUENT NOCTURNAL DIALYSIS PATIENTS COMPARED TO CONVENTIONAL TREATMENT

Traditionally, roughly 400,000 people in the United States undergo dialysis to offset the effects of end-stage renal disease (ESRD), a condition that has left their kidneys unable to function properly otherwise.¹ A group of Canadian doctors recently asserted in the *Journal of the American Medical Association* that the night time is the right time to administer hemodialysis treatments to people living with ESRD.²

In their preliminary study, they compared the nightly treatments given at home up to six times each week with conventional treatments given three times each week over a six-month period of time. The doctors split a group of 52 patients, concluding their research trial in December 2006.

Frequent nocturnal hemodialysis treatments appeared to boost quality of life in selected criteria for these patients, allowing patients to get the dialysis treatment they needed at night, while keeping pace with normal life functions during the day.

Under the leadership of Bruce F. Culleton in Edmonton and Calgary, Canada, the doctors also found results in a much more critical area – overall health. Nightly hemodialysis patients saw a reduction in their left-ventricular heart mass, an indicator of the onset of cardiovascular disease. Cardiovascular disease is just one more factor that makes mortality rates among dialysis patients rise 10 times over the population at large.

The doctors also cited a lesser need to medicate blood pressure and better mineral metabolism. For example, the report says that 16 out of 26 nocturnal patients lowered or no longer took their antihypertensive medication. Meanwhile, only three out of 25 conventional patients could lower or no longer take their medication, during the study.

That said, the doctors underscored their research by saying that more data needs to be gathered before conclusive statements could be made about the true value of frequent, at-home nocturnal dialysis. They also admitted that the sample size, initially 52 patients, was small.

The report suggested that as many as “5,000 patients would be needed to detect a 30 percent difference in one-year mortality between nocturnal hemodialysis and conventional hemodialysis patients.”

“We believe the ultimate power to detect differences of nocturnal hemodialysis should be provided with large-scale, multi-center randomized trials with hard clinical end points,” the report said.

While more research needs to be conducted to continue to assess the benefits of nocturnal dialysis for ESRD patients, the initial study results indicated this could provide an increased quality of life and productivity for these patients.



- 1 A. S. Kliger. “Frequent Nocturnal Hemodialysis A Step Forward?” *Journal of the American Medical Association*. 2007 298: 1331-1333
- 2 Bruce F. Culleton, MD, MSc et al. “Effect of Frequent Nocturnal Hemodialysis vs Conventional Hemodialysis on Left Ventricular Mass and Quality of Life: a Randomized Controlled Trial.” *JAMA*. 2007; 298:1291-1299.

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- 1 US Renal Data System: USRDS 2006 Annual Data Report, Bethesda, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2006. Available online: <http://www.usrds.org/adr.htm>
- 2 US Renal Data System: USRDS 2006 Annual Data Report, Bethesda, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2006. Available online: <http://www.usrds.org/adr.htm>
- 3 Robert N. Foley and Allan J. Collins. “End-Stage Renal Disease in the United States: An Update from the United States Renal Data System.” *Journal of the American Society of Nephrology*. [2007]
- 4 Robert N. Foley and Allan J. Collins. “End-Stage Renal Disease in the United States: An Update from the United States Renal Data System.” *Journal of the American Society of Nephrology*. [2007]
- 5 U.S. National Library of Medicine and National Institutes of Health. “End-stage kidney disease.” [2007] <http://www.nlm.nih.gov/medlineplus/ency/article/000500.htm>
- 6 Centers for Disease Control and Prevention. “National Diabetes Fact Sheet – 2005.” US Department of Health and Human Services, [2005]. http://apps.nccd.cdc.gov/DDTSTRS/template/ndfs_2005.pdf
- 7 Centers for Disease Control and Prevention. “National Diabetes Fact Sheet – 2005.” US Department of Health and Human Services, [2005]. http://apps.nccd.cdc.gov/DDTSTRS/template/ndfs_2005.pdf

REVISED UNIFORM ANATOMICAL GIFT ACT PROponents PREDICT NATIONWIDE SWEEP

Supporters of the revised Uniform Anatomical Gift Act (UAGA) are confident that harmonized legislation for organ donation will receive a warm welcome nationwide, according to an official with the National Conference of Commissioners on Uniform State Laws (NCCUSL).

By Oct. 4, 19 states had enacted the revised act, and proponents were waiting on Gov. Arnold Schwarzenegger to sign the updated bill into law in California,

“While many states make changes... widespread enactment will make organ donation law much more uniform,” Michelle Clayton, senior counsel for the NCCUSL, said recently.

The UAGA regulates the donation and transplantation of human organs, and each state has passed a version of it since its initial introduction in 1968.¹

The revised UAGA also clears up areas that have offered considerable confusion in the past, said Sheldon Kurtz, a professor at the University of Iowa and the revised UAGA’s principal draftsman. Among other things, Kurtz said the act:

- Increases the number of people who can make organ donations on behalf of person while the person is alive to take effect when the person dies.
- Defaults to organ donation on a driver’s license and places the onus upon an individual who wants their organs donated to medical or scientific research to be more specific.
- Strengthens the respect for an individual’s request to give or refuse to give their organs, so families cannot alter the request.
- Sets minimum standards for a donor registry that protects donor privacy.
- Establishes a process where medical examiners and other medical person can act in concert with each other.

Many of these issues were unaddressed by or lacked clarity within the two previous versions of the UAGA – first in 1968 and

revised in 1987, Clayton said.

All 50 states approved the UAGA in the late 1960s, but roughly half as many supported the act’s revision in the late 1980s.

With the 2006 revision up for consideration in state legislatures nationwide, supporters believe the act is starting strong with more than one-third of states seeing it through to enactment.

The need to make state and federal regulations of organ donations grows increasingly relevant by the day. The revision helps prevent regulations that would hinder the progress of organ donations getting to the people who need them most.

In November 2006, more than 94,000 people were on the waiting list for organ transplants.² It is estimated that 19 people die daily while waiting for a matching organ transplant.

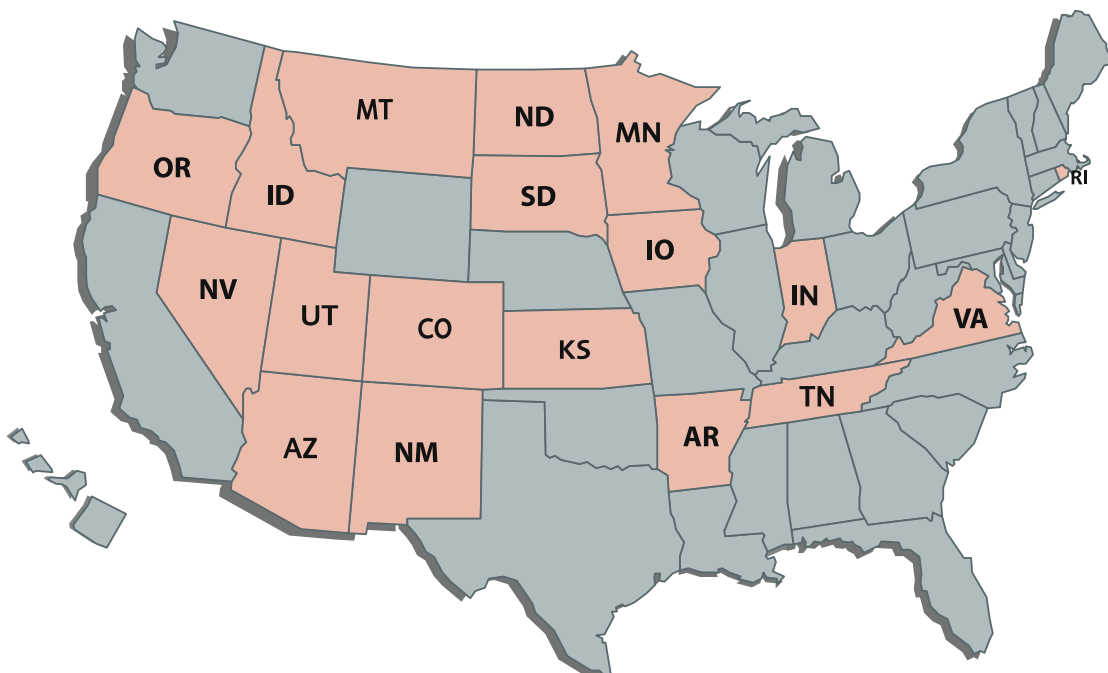
- 1 National Conference of Commissioners on Uniform State Laws. “Uniform Anatomical Gift Act (2006).” <http://www.anatomical-giftact.org/DesktopDefault.aspx?tabindex=1&tabid=63>
- 2 Sheldon F. Kurtz et al. “The 2006 Revised Uniform Anatomical Gift Act – A Law to Save Lives.” Health Law Analysis, February 2007, <http://www.anatomicalgiftact.org/Uploads/kurtzarticle.pdf>.

LIST OF UAGA ENDORSEMENTS

American Academy of Ophthalmology
American Association of Tissue Banks
American Medical Association
American Society of Cataract and Refractive Surgery
Association of Organ Procurement Organizations
The Cornea Society
Eye Bank Association of America
National Kidney Foundation
United Network for Organ Sharing

Source: *The National Conference of Commissioners on Uniform State Laws*

States that have enacted the revised Uniform Anatomical Gift Act:





WOMEN IN GOVERNMENT PREPARES TO LAUNCH MORE USER-FRIENDLY WEBSITE FOR KIDNEY HEALTH POLICY RESOURCE CENTER

Keep watching this fall for the unveiling of Women In Government's improved Kidney Health Policy Resource Center website. New drop-down menus will help users find the information they are looking for faster and more easily.

Please visit our website to see these new enhancements at, www.womeningovernment.org/kidney.

LEARN THE WARNING SIGNS OF KIDNEY FAILURE & WHAT TO DO

What is kidney failure?

- The kidney functions at a small fraction of its full capacity. If one kidney fails, it causes both kidneys to fail.

How do I know if I have kidney failure?

- Nausea
- Easily tired
- Difficulty sleeping
- Itchy sensation
- Shortened breath

What treatment is available for kidney failure?

- Dialysis is a process where a machine or a tube does the work that the kidneys were supposed to do by removing waste from the body.

When do I know that I am fit for a kidney transplant?

- Visit a transplant center.
- Evaluate your physical health to see if you have a medical condition that might conflict with the transplant.
- Check with your insurance to determine if your policy covers the costs of transplantation and the medicines associated with the transplant.

Learn more about kidney donation and transplantation from the American Society of Transplantation at www.a-s-t.org.

Source: American Society of Transplantation

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