EHFG 2012: Danger of kidney disease underestimated

Regardless of its prevalence, kidney disease is perceived far too infrequently as a far-reaching medical and health policy problems according to experts at the European Health Forum Gastein (EHFG). They referred to patients with terminal kidney failure as just the tip of the iceberg. Living organ donation can shorten the wait for a donor kidney and yield a number of advantages. Former Austrian Chancellor Franz Vranitzky reported at the EHFG about his experiences with living organ donation.

Bad Hofgastein, 4 October 2012 – An estimated 250,000 people in the EU suffer from terminal kidney failure and are dependent on dialysis or transplantation. More than 4,000 people in Austria are still alive thanks to regular dialysis and another 4,000 have a donor kidney according to Prof Dr Erich Pohanka – President of the Austrian Nephrology Society (OeGN) – reporting at the EHFG. As chair of the event, Prof Pohanka went on to lament the tendency in public and in health policy to perceive only this relatively small group in connection with kidney diseases: "But they are only the tip of the iceberg."

"In Europe about 10% of the population has at least limited renal functions. That means about 50 million people in the EU, about 800,000 in Austria," Prof Dr Alexander Rosenkranz (Medical University Graz) said. "Kidney insufficiency increases with age, making it a dramatically underestimated challenge for the health care system from the standpoint of the current demographic trend alone. Education is just as important in this regard as efficient prevention strategies."

One problem with the "quiet disease" of kidney insufficiency is that symptoms often do not occur until a person has had the disease for decades. Those affected do not notice the deterioration in renal functions and the condition often goes undiagnosed. But Prof Rosenkranz warned that even a slight renal insufficiency is anything but harmless: "Renal dysfunction of more than 50% requires dosage adaptations for various medicines and it has a detrimental effect on the cardiovascular system. Kidney disease is usually a result of high blood pressure and diabetes so people that suffer from it face a vicious circle of risk factors."

People with limited renal functions die much more frequently from cardiac causes or stroke than people with healthy kidneys. In many cases, this happens far before their kidney disease is even evident. The European Kidney Health Alliance therefore calls for efficient screening of patients with a high risk of developing kidney insufficiency, for example, people with high blood pressure and/or diabetics.

Joint decision for optimum therapy

In part of those affected, kidney disease progresses all the way to terminal kidney failure. Renal replacement therapy is their only option; in other words, they need haemodialysis, peritoneal dialysis or kidney transplantation. According to Prof Rosenkranz, transplantation is an option for about one fourth of all dialysis patients because certain accompanying disorders have to be ruled out. Prof Rosenkranz: "Before beginning the therapy, the patients have to be educated thoroughly on their therapy options. Based on this information, a joint decision has to be made on the type of renal replacement therapy best suited for the individual case. Personal aspects have to be considered as well as medical needs."

Medical and health economic benefits of transplantation

Kidney failure ultimately puts a heavy burden on health care systems. At least 2% of the health budget in Europe already goes toward dialysis and kidney transplantation. According to the European Kidney Health Alliance, this figure could approach 5% in the years ahead.

Prof Dr Rainer Oberbauer, Krankenhaus der Elisabethinen, Linz: "Transplantation is superior to the other renal replacement therapies in terms of quality of life, life expectancy and cost." A recent cost analysis in Austria indicated that treatment costs were substantially lower than for dialysis from the second year onward[i] and transplantation patients have a much improved quality of life. Prof Oberbauer: "The median annual therapy costs for patients on haemodialysis are about € 44,000 in Austria in the first twelve months and remain in about the same range thereafter. By contrast, the costs in the first year after transplantation are somewhat higher at more than € 50,000 but they decline after that to less than half that amount. From the third year after transplantation, the annual treatment costs average € 13,000 a year; in other words, less than one third of the costs that would otherwise be incurred by haemodialysis and the person's quality of life is substantially better."

The availability of donor organs is a crucial prerequisite for transplantation medicine, however. Promotion of living organ donation will continue in future given the current average wait of three years. Only about ten 10% of the transplanted kidneys in Austria come from living donors whereas in Norway this figure is already 80%. Professor Oberbauer explained the advantages of this approach above and beyond the greater availability of organs: "The survival rates of patients and transplants are much better with a living organ donation than after conventional kidney transplantation."

Former Austrian Chancellor Franz Vranitzky reported at the EHFG event on his own personal positive experiences with a living organ donation.

Legal regulations on organ transplantation being revised

Dr. Maria Kletecka-Pulker (Institute for Ethics and Law in Medicine, Medical University of Vienna): "Austria has to revise its legal regulations on organ transplantation to comply with the EU directive on quality and safety standards for human organs intended for use in transplantation." This new law on organ transplantation (OTPG) is currently being examined by experts and contains the first explicit legal regulations for living organ donation.

Dr Kletecka-Pulker quoted central passages of the draft law: "Organ donation is allowed only on a voluntary and gratuitous basis. However, this provision does not rule out the donor receiving appropriate compensation for loss of earnings and other appropriate expenses." As the removal of the kidney is not a medically indicated intervention, the situation must be clarified thoroughly by a doctor. The donor cannot forgo this clarification. Unlike for the donor, the transplantation is a medically necessary intervention for the recipient. This procedure therefore follows the general rules. The patient's consent and the medical indication are required to carry out the transplantation. If one of these conditions is not met, no intervention is allowed to be carried out because patients can reject a medical procedure. Dr. Kletecka-Pulker: "Of course, the recipient must be fully instructed by a physician about the risks involved."

The EHFG is the most important conference on health care policy in the European Union. In this its 15th year, the EHFG attracts more than 600 decision-makers from 45 countries to discuss major topics on the future of the European health care system from 3 to 6 October 2012.

Please find photos of the European Health Forum Gastein using this link: http://www.ehfg.org/940.html.

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[i] Maria Haller, Georg Gutjahr, Reinhard Kramar, Franz Harnoncourt, Rainer Oberbauer: Cost-effectiveness analysis of renal replacement therapy in Austria. Nephrol Dial Transplant (2011) 0: 1–8