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**Kidney Disease:
Common, Harmful but Treatable**

"Are your kidneys OK?"

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2nd Vice Chairman's Message

Kidney Disease is common, harmful but treatable

"ARE YOUR KIDNEYS OK?"

This is the theme for the second World Kidney Day (WKD) to be held on 8 March 2007 worldwide. World Kidney Day has been launched to raise awareness that the kidney is a vital organ and that chronic kidney disease is common and harmful but can be treated, especially if detected early. Each year World Kidney Day will be held on the second Thursday of March.

Kidney disease is increasing rapidly in the developing world. With the ageing population and the increasing incidence of obesity, hypertension and diabetes, the number of patients with chronic kidney will continue to rise. In the US and some countries in Europe it is estimated that 6 to 10% of the general population suffer from some degree of kidney disease. For every patient today who has end stage renal disease there are 20 to 30 more patients with some degree of kidney impairment. Unfortunately the number of patients with chronic kidney disease in Malaysia is unknown.

What is known is that the number of dialysis patients is increasing by leaps and bounds. The cost of providing dialysis and kidney transplants is high. Health authorities and the kidney community throughout the world are actively trying to find ways to prevent this problem because few countries whether rich or poor can afford such treatment in 10 to 20 years, not to mention the intense human suffering from the disease. The World Health Organization (WHO) has already recognized kidney disease as a public health issue. Kidney disease also increases the risk of heart disease.

As in many other developing countries, many Malaysians with chronic kidney disease are not diagnosed until the late stage of the disease. Even after they are diagnosed, many of them do not seek treatment or if treated, receive sub-optimal care.

World Kidney Day will be an important opportunity for all of us to draw attention to the growing problem of chronic kidney disease (CKD) and its associated risks for heart disease. It is important for us to reach out and to educate the community at large about the urgent need for early detection and prevention of CKD. We need to highlight the benefits of screening programs especially those targeting 'high risk' individuals. These include those over 50, smokers, people with diabetes and/or high blood pressure. People whose close relatives have high blood pressure and diabetes or kidney disease should also be screened.

The availability of easy methods for early detection and the proven benefits of preventive therapy are not widely known. The progression to kidney failure can be slowed or reduced by between 20-50%, in most cases, if corrective treatment is started early.

I am pleased to report that in the last one year NKF had undertaken an active public education and health screening campaign. To date, the public education unit had conducted 74 public forums and exhibitions throughout the country. A total of 3647 members of the public have been screened for diabetes, hypertension and kidney disease under NKF's health screening program, started in February 2006.

I therefore urge the public to join us, NKF members, staff, well wishers, patients and their families to help us by spreading the word about World Kidney Day - "Are your kidneys ok?" It is time for us to speak up!

Thank you

Dr C. C. Tan

2nd Vice-Chairman, Board of Managers, NKF

4th Patient Forum - for patients on dialysis "Improving quality of life"



◀ Dr. Jamilah and Goh viewing the Public Education exhibition on kidney disease.

More than 300 people, many of them dialysis patients and their family members, attended a public forum organised by the National Kidney Foundation of Malaysia (NKF) in Johor Bahru.

The 4th Patient Forum, held for the first time in Johor provided a much needed platform for them to share their experiences with each other on the many financial and emotional challenges they faced daily.

"The number of dialysis patients is on the rise and currently stands at 15,000. There is a need to keep them informed on the latest in kidney disease and the speakers on the various subjects of exercise, diet and the psychological effects of kidney disease are here to provide guidance on how best to cope with kidney disease and maintain a healthy lifestyle at the same time," said CEO of NKF, Goh Seng Chuan in his welcome address.

Datin Paduka Professor Dr. Jamilah binti Ariffin in her opening address to the participants stressed

counselling to reverse these trends," added Dr. Jamilah.

Dr. Jamilah, who is also the Association of Wives of Johor Assemblymen (JUITA) President, pledged RM50,000 towards the opening of a new dialysis centre in Tangkak, Johor next year. The new centre, expected to cost RM800,000, would be in collaboration with the National Kidney Foundation of Malaysia.

On the need for a new centre in Tangkak, Dr. Jamilah noted that currently most of the dialysis centres in operation catered to the needs of those living in the town areas. Those living in rural areas had to travel to Muar or Malacca for dialysis and many could not afford it. There is a need to educate and also provide affordable dialysis to those who live in rural areas was her final analysis.

As Welfare Manager of NKF, Mah Ah Noye said the Patient Forum programme was designed for the benefit of dialysis patients and included topics presented by Consultant Nephrologist, Dr. Sunita

Continued.....

Patient Forum 2006



World Kidney Day highlights:-

- Launch of World Kidney Day in Penang on Thursday, 11th March 2007.
- Walkathon at Taman Titiwangsa, Kuala Lumpur on Saturday, 10th March 2007.
- Children's Art Competition, Exhibition and Health Screening at Berjaya Times Square on Sunday, 11th March 2007.

Patient Forum 2

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Bavanandan, 'Coping with Chronic Disease', 'Diet for Dialysis Patients' by Lecturer and Clinical Dietician, Dr. K. Tilakavati, while Janice Tay, Clinical Exercise Physiologist presented some informative slides on the importance of exercise before and after dialysis.

Dr. Sunita spoke on the importance of spiritual well-being and the importance of family as well as developing personal friendships in coping with Chronic Kidney Disease. She stressed the importance of being calm and developing a positive attitude while handling the impact of the disease.

Dr. Tilakavati said many patients overlooked the importance of maintaining their body at a certain weight and keeping to well-planned meals. Thus, it was important to plan the calories for each meal and fluid intake for optimum results during dialysis.

Janice emphasised the importance of the dialysis patients and the family members exercising together as this promotes good health and also family unity. Dialysis patients soon realize that the whole family benefits from their better health. And which may lead on to greater independence on the part of the dialysis patient, as there is no need for anyone to stay home and look after them. "Exercise has been shown to have long term psychological benefits. There is a feeling of self-empowerment on the part of the dialysis patient as he now feels control over his life and his health improves in the long-term," said Janice, who currently holds the position of Manager, Centre for Exercise Medicine and Nutrition, NKF Singapore.

Current statistics from the NRR Registry reveal 54% of new patients now on dialysis in Malaysia were known to be diabetic and steps would need to be taken to educate members of the public on the prevention and management of diabetes. Mah discussed the many options available in terms of financial aid to those on dialysis. Some receive aid



▲ Some of the 300 participants at the 4th Patient Forum

▼ Dr. Sunita Bavanandan



from governmental organizations while others had to rely on non-governmental organizations, temples, churches, private companies and



▲ Dr. T. Sivakumar

individuals. Looking at the broad view, she said Malaysian dialysis patients were fortunate in that they received financial assistance from many sources.

In recognition of the fact that it was not only the dialysis patients who needed financial aid, NKF provided funds from the 'Children Education Fund' for the children of dialysis patients for their school going and educational needs.

Consultant Psychiatrist, Dr. T. Sivakumar, said psychological disorders are common in individuals suffering from chronic diseases and many patients move from initial 'shock' and 'denial' to a gradual assimilation of the information and adjustment to the 'new' situation. In dealing with patients diagnosed with chronic diseases, Dr. Sivakumar said it was crucial to understand the illness, its link to the individual and then finally to the family life cycle. Thus, any changes in the person's health and mental well-being was linked to family support and understanding of the illness.

It was therefore important to help not only the dialysis patients but their family members deal with



▲ Blindness does not prevent participation at the Forum.

▼ Dialysis patient sharing his experiences



the psychological aspects of a family member suffering from chronic illness with long term effects both financially and otherwise.

During the Q&A session, many patients shared their experiences, many said they felt stressed by the impact of the disease on their jobs and families as they had to undergo dialysis thrice weekly for four hours.

Among those who attended was dialysis patient Zainuddin Isfaq Ahmad, 24, from Malacca, who said he had been on dialysis for the last two years. "I'm here to get a better understanding of how to control and modify my diet," he said.

Another patient, manager Alif Salikan, 53, said that both he and his son were on dialysis and urged those with hypertension and diabetes to take care of their health to prevent kidney failure. "I am lucky as I do not have to pay for our treatment, but the dialysis sessions thrice weekly have interfered with my work schedule," he said.

NKF conducts survey on Chronic Kidney Disease



▲ Zailila, Programme Executive, NKF, explaining the importance of prevention of kidney disease to nursing students on World Health Day 2006 at Putra World Trade Centre.

In a survey conducted since October 2005 by NKF, questionnaires in both English and Bahasa Malaysia, covering 10 questions related to Chronic Kidney Disease (CKD) were given out to ascertain public knowledge with regards to CKD.

More than 1300 Malaysians filled out the forms which had been given out at 74 roadshows, health talks, exhibitions, health screening and public forums at various states throughout the country such as Penang, Johor, Kedah, Kelantan and the Klang Valley.

In some aspects, the survey was encouraging as it revealed that 78% of those who answered the ten True/False questions were aware that kidney disease could progress for many years without any real symptoms.

90% knew that lower salt intake could lower blood pressure and hence the onset of CKD.

A vast majority, 93%, recognized that diabetes and high blood pressure may speed the progression of the disease. 73% were aware that CKD could affect children as well.

In other areas, there were some concerns. 67% falsely believed high blood pressure is the leading cause of CKD and a further 43% were not aware that a person could survive with one kidney.

KEY MESSAGES FOR PEOPLE AT RISK OF CHRONIC KIDNEY DISEASE (CKD)

- CKD is a serious, common but preventable and manageable public health problem and its incidence is on the rise.
- People at high risk of getting CKD should get tested because treatment at early stages slows disease progression.
- Know the risk factors of CKD. If you have risk factors, you should be checked on a routine basis and lifestyle modified to reduce the risk of CKD.

WAYS TO REDUCE THE RISK OF CKD

- Maintain a healthy weight
- Do regular physical exercise
- Eat a healthy diet consisting of fruits and vegetables
- Be a non-smoker
- Drink water instead of sweet, sugary drinks
- Visit your doctor annually for a health check

Questionnaire

Test yourself!

How much do you know about Chronic Kidney Disease (CKD)?



Please tick the correct response.

1. A person can only live with two (2) kidneys. _____ ☐ True ☐ False
2. Kidney disease can progress for many years without causing any symptoms. _____ ☐ True ☐ False
3. Low salt intake can lower blood pressure. _____ ☐ True ☐ False
4. Diabetes and high blood pressure may speed up the progression of CKD. _____ ☐ True ☐ False
5. Men have a higher risk of developing Chronic Kidney Disease than women. _____ ☐ True ☐ False
6. You are at increased risk of diabetes or hypertension *yourself if you have a family member who has any of these diseases.* _____ ☐ True ☐ False
7. There are many medications and measures available to slow down the loss of kidney function. _____ ☐ True ☐ False
8. Children do not get kidney disease. _____ ☐ True ☐ False
9. Older people are more likely to have Chronic Kidney Disease. _____ ☐ True ☐ False
10. Hypertension is the main cause of Chronic Kidney Disease in Malaysia. _____ ☐ True ☐ False

Answers:

1.'False' 2.'True' 3.'True' 4.'True' 5.'True' 6.'True' 7.'True' 8.'False' 9.'True' 10.'False'

A day in the life of a dialysis patient.

Group Percussionist, Muhammed Shahrul Nizam

For 15,000 patients on dialysis, getting through their dialysis three times a week, four hours each time has taken a toll on their working and family lives. For many, they have come to terms with it and in fact once they got over the initial shock, many have gone on to lead fruitful lives, either taking up sports or some other activities, even being part of a music machine to earn an extra income.

For Muhammed Shahrul Nizam, 23 years, it came as a shock to be diagnosed with kidney problems, coming from a small 'kampung' in Sabak Bernam, Selangor. What Shahrul failed to realise, as he explained, the fact that he suffered from repeated urinary infections caused by 'reflux' which finally led to kidney failure.

"For the first five years, I was treated for kidney problems and so I had the time to come to understand what it was all about. When I was 20, I needed to go for dialysis and since I was studying at University Malaya, Faculty of Education for my Bachelor in Counselling, I took a loan for my studies. My dialysis is sponsored by Baitumal and for pocket money I am part of a music machine with some friends," said Shahrul, with a smile on his face.

Staff nurse Chan Mei Chee, working at the Berjaya-NKF Dialysis Centre described Shahrul as being one of the more lively dialysis patients, bringing cheer to the other older patients when he came in for dialysis.

"He has a zest for life and when he comes in for dialysis, the other patients would be entertained with his songs and this is important as the mental well-being contributes to better physical health in the long term," said staff nurse Chan.

With a year to go before graduation, Shahrul works hard at his studies and said that on the days he has dialysis, he does sometimes find it hard to fit in his studies.

"If I have classes on the days that I need to go for dialysis, it is hard to juggle the two but I have made arrangements to have my lectures taped as I cannot postpone my dialysis," shares Shahrul.

Shahrul enjoys his days and has no regrets, "I fill my days with classes and if I am not working, I am playing in a band and with a hectic social life, I have



no time to think about dialysis as every day is a bonus for me," he said.

As a group percussionist, Shahrul enjoys jamming with his friends and from time to time plays at weddings and other functions. The other activity which Shahrul enjoys is selling burgers in front of his house at night as he gets to chat with the local neighbourhood friends and establish new social contacts with those who stop their cars to buy his burgers.

As a last thought, Shahrul hopes he gets to fulfill his ambition of being a teacher as he enjoys interaction and feels he has a wealth of experiences to pass on. With a twinkle in his eye Shahrul adds,

"Lots of pretty girls, also!"

Active Sportsman, Chuah Seong Ban

For dialysis patient, Chuah Seong Ban, who at 34 years is in the prime of his life, dialysis is still an activity he is still getting used to. With a family history of kidney problems, Chuah's father passed away with stones in the kidney and an elder sister, who underwent a kidney transplant, Chuah accepts that he has to plan for his future.

Currently, he works as an electrical engineer and spoke of the support given by his firm.

"My firm pays for my dialysis and understands that it is three times a week and I am allowed the time off from my office to attend the dialysis. Having started off work in the engineering firm and being active in sports, it came as a shock to have given up an active lifestyle till I adjusted to my dialysis schedule. Having set up the Sports Club in my office, I passed on the leadership to other colleagues and I still participate but not as actively as before. These days I play games thrice weekly, badminton, basketball and jog as well," said Chuah.

What Chuah feels puzzled about is the sudden onset of the disease with no symptoms.

"At first I just started feeling uncomfortable, then I could not sleep at night and finally when I returned to



my hometown, I experienced immediate failure of my kidneys to function and had to be dialysed almost immediately," added Chuah, something he was quite unprepared for.

These days, Chuah does not feel different anymore, he has taken things in a stride. His days are filled with activities and says family support is important as his mother cooks for him most days and he minimises his nights out to focus on sports.

Happy Grandmother, Thangachiammah

For most housewives, getting up and going about to complete their daily chores and activities would not be an unusual activity. But for Thangachiammah M. Muthoo, 50 years, every day is a bonus and she looks forward to being with her grandchild, whom she babysits everyday.

Having had her children in her twenties, Thangachiammah is a lucky grandmother who cooks daily for her four children, who stay with her at their DBKL flat. For her she accepts the fact that being a diabetic she has to lead a fairly active life. Well-spoken in English, she went to Convent School, having being educated in Setapak and married at an early age.

For many years Thangachiammah was unaware she had diabetes, till her swollen hands and feet, plus the feeling of being faint made her consult a doctor. "In those days, people were not as educated as they are now about kidney disease and diabetes. Now, all the information is available and if I had known earlier about my diabetes, I would have taken more care," she said.

Having being a diabetic for 13 years, it has taken a toll on her kidneys but she says she has learnt to accept that she has to take care of herself and be independent. With her grandchild happily running around, one would not think of Thangachiammah as a dialysis patient but in truth she makes every effort to fill her days with her family and as she said their support was vital to her well-being as a dialysis patient.

In return, she makes herself as independent as possible, making her way to the dialysis centre thrice weekly, while cooking meals daily and keeping the apartment clean.

"I thank God that I am not an invalid and am able to be of help to my family," she said, busily preparing dinner for her children and grandchild.



Diet for diabetics

by Dr K. Tilakavati, Senior Lecturer and Dietician,
Universiti Kebangsaan Malaysia

The long term complications of poorly controlled diabetes are its long-term effect on the kidney, eyes and feet. Nephropathy or kidney failure is a major threat. The chance of Malaysians with diabetes, developing kidney failure is very high- as high as 54% or 5.4 diabetics in every 10 dialyzing patients. It is thus not uncommon to find many dialysis patients are diabetics. Diabetes is on the rise.

Q1. Are dialysis patients with diabetes the same as non-diabetic patients?

No, as those with diabetes must take the necessary steps to control their diet as uncontrolled diabetes leads to other health complications which may affect dialysis in the long term.

Q2. As a diabetic patient for the last 10 years, I have recently begun dialysis. Does my diet change now that I have begun dialysis?

Before dialysis:

Being a diabetic for the past 10 years you would have received advice about your diet. During this period, diet advice would have focused on modifying your diet to obtain good blood glucose control.

On Dialysis:

With kidney failure, the dietary changes become more complex as you need to take care of your nutritional status, fluid status and bone health.

In simple terms the advice now would be about coping with dialysis treatment

- Eating enough energy and protein to achieve a healthy body weight.

Because dialysis cannot replace the 24-hr work of a healthy kidney your food selection should limit:

- phosphate-rich foods to safeguard against bone weakening.
- fluid intake to control fluid build-up
- salt intake to manage blood pressure
- potassium intake to prevent abnormal heart rhythm known as cardiac arrhythmia

Q3. Is it no longer important then to use a diabetic diet?

It is a common misconception among dialysis patients with diabetes that it is no longer important to manage blood glucose levels now that the kidneys are damaged. On the contrary, uncontrolled blood glucose can affect dialysis outcome:

- **A diet that contributes to high circulating blood sugar also increases the risk of heart disease.**

Most diabetic patients also have high blood triglycerides (a type of fat) which contributes to heart disease. Have you noticed 'waxy white' particles clogging your blood tubes while dialysis?

- **A diet that contributes to high blood triglycerides usually has a high carbohydrate content. Also consuming meals containing oily or fat-rich food items could also contribute to this condition.**

About 50% of new dialysis patients are diabetics. Malaysia has the honour of having one of the highest, if not the highest percentage of new dialysis patients with diabetes.

Practice Tip:

The main source of carbohydrates should come from 'less refined' cereals, mixed coarse grains, pulses and vegetables.

Q4. Can you then give me dietary tips for reducing my glucose levels?

Choose the right type of carbohydrate in the diet. Carbohydrates directly influence blood glucose levels. Carbohydrate content varies in different food groups. All carbohydrates regardless of source are broken down into glucose by the body and so will cause a rise in blood sugar levels. As carbohydrates form a major bulk of each meal, it becomes important to control the consumption of carbohydrate foods.

The following guidelines would help diabetic patients:-

- Avoid sugar rich food
- Add fibre by using vegetables and fruits
- Substitute with less fat foods compared to fat rich foods
- Use smaller (less carbo) but more frequent meals rather than larger (more carbo) meals.

Q5. Can you then give me some tips whereby I can manage my high blood triglyceride levels?

You should pay attention to the meal content of fat. Consuming batter-fried foods such as *pisang goreng* or curry puffs or a 'lemak' rich curry will push up your circulating blood triglyceride levels up to 6 hours after a meal. A lower fat content of the meal means faster fat clearance in the blood.

- Counting your carbohydrates which is necessary for controlling your blood glucose levels will also reduce blood triglyceride levels.
- A 20 minute walk after a meal promotes faster blood fat clearance.
- Exercising while dialysing is beneficial in fat clearance too.



Q6. Should I consume any special foods if I am a diabetic on dialysis?

No, you do not need any new foods or food products or supplements on dialysis. However, pay attention to the new dietary strategies for dialysis. The use of artificial sweeteners should be checked with your nephrologist.

Q7. Currently, I am on insulin injections. How is my food intake affected by this?

Smart distribution of carbohydrates in your meals as well as regular meal timings are important for optimal action of insulin/ tablets. Carbohydrate counting becomes important in managing this strategy. You should consult your dietician to individualize your needs, according to your body weight.

Q8. What foods should I avoid before and after the dialysis?

If you are dialysing in the first shift of the day make it a point not to miss your breakfast. Ideally you should have a large meal at least 2 hours before dialysis. Make sure this meal is not too high in fats. Consume less refined cereals such as wholemeal bread or oats.

During dialysis eat a small snack with a beverage. Consuming large rich meals and too much fluids may result in cramps. Avoid deep fried or fat-rich snacks. Avoid sweet or sugary foods.

After dialysis you should make it a point not to miss a meal because of fatigue or cramps. Missing this meal brings down the intake of energy and proteins. In the long term this affects your nutritional status.

Did you remember to take your medicine today?



by Janice Tay, Clinical Exercise Physiologist,
NKF Singapore.

If the doctor advised you to take a certain medication to manage your condition and that failure to take it could result in complications later on, would you take it? What if the doctor added your condition is critical and if you don't take this medicine, you could end up spending more money later on to correct your condition, would you take it?

We hardly question the need for certain medication for instance, a paracetamol for headache, erythropoietin for anemia; especially when we would feel better very quickly. But when it comes to exercise, we suddenly become ignorant, can find a million excuses, can't find the time or just feel unwell suddenly at the thought of any physical activity.

When you were acutely unwell at the period when you were first diagnosed with end-stage renal disease, and not feeling well enough to do any activity - that is understandable. **You are feeling nearly normal again after a period of dialysis and now is the time to take charge of your life again. Exercise is a must in the routine of a dialysis patient.**

Many patients tell me, "Why bother? I'd rather die early. You think it's fun being on dialysis?"

My heart goes out to them and I tell them, "Many would not understand what you go through



▲ Exercise improves health and physical function

but people whom you love go through hell. They feel helpless, they feel despair when they see you unwell and would do their best to make your life as comfortable as possible before you breathe your last or get transplanted," said Janice.

"What you sometimes don't realise is how family members make changes in their lives to suit yours. If you are unable to walk, one of them may have given up work to take care of you, or work longer hours or buy less things for themselves in order to employ a helper for you," added Janice.

You see, being on dialysis is not just about you alone. Your loved ones are in it with you. So if you know of a way to be less of a burden to them, would you do it? If you can allow yourself to enjoy your

life, even while on dialysis, and enjoy your time with loved ones, would you do it?

As a clinical exercise physiologist, I know that if you do all these well, there would not only be a better quality of life, but it would have an impact on your psychological and social quality of life. You stop focusing on the negative and now focus on being a useful part of your family and society and also in leaving a legacy of love for your family.

So, what can exercise do for me? Improve health and physical function.

Exercise especially for people with diabetes has an immediate benefit. Exercise has an insulin-like effect, so your blood sugar goes down with each exercise. You don't have to wait for months to see the improvement.

Exercise also improves your heart condition. It is a very common cause of death for patients with end-stage renal disease and the worst part is that the path to its end is a very unpredictable and upsetting one. As you exercise, you help your heart pump blood around the body more efficiently, your blood pressure also decreases at rest after just months of exercise.

Recent research has also suggested that if you exercise

during dialysis, **you improve the circulation in the body** and have a better dialysis outcome as more blood is made available for dialysis. Some patients also report less incidents of cramping.

Some of the patients who have osteodystrophy or brittle bone mass, also benefit from exercise as **being physically fit helps prevent falls**. While not a lot can be done to increase bone mineral density as a person ages, the important point is that exercise helps prevent falls which is the single greatest reason for premature disability among older patients.

As you become more physically independent, you regain your confidence and self-esteem. In my experience, the greatest gains from exercise are from the **improvement in the person's own sense of well-being**. You become less preoccupied with the disease and treatment.

Exercise is also a great opportunity to spend time with the family. Time with the family especially when one is old is precious and your family and grandchildren will love this wonderful time they can spend with you.

Besides making you stronger and enable you to work (if you wish to), exercise also makes you stronger so you don't have to rely on others to do chores for you. **The money saved from not needing to employ help will help your family save money**. Being able to work and earn your own income can be a very self-empowering capability.

In essence, **exercise allows you remain independent** and also allows you to do things for yourself which will make you feel better and less of a burden to those around you.



▲ Being in a wheelchair is no barrier to daily chores.

For the new patient and for those who have never exercised much at all before, the key is to start slow and increase the number of times and the intensity progressively. Basically any and some exercise is better than none. Therefore, it doesn't matter if you can only walk non-stop for 10 minutes only once a day. As you exercise more, you will improve and will find subsequent exercise easier. One tip I always give to my patients: there will be days when you don't feel well enough to exercise or even weeks when you might be unwell, don't give up. It's just a hiccup. Just remember to return to activity as soon as you feel well enough. If you leave it too long, it will become harder.

I think the message is clear - you do not have an option. You need to take this (Exercise) medicine and do so regularly. Take charge of your life and make a difference. We all will die one day, how do you want to go?

Do you want people you love to remember you as the vibrant, positive and purpose-filled person who is able to foster meaningful relationships with the family and friends, or do you want your loved ones to breathe a sigh of relief that their burden is finally taken from them?



▲ Fostering meaningful relationship with family member helps to improve quality of life.

KENCING MANIS (DIABETIS) DAN PENYAKIT BUAH PINGGANG

Apakah Diabetes?

Diabetes adalah penyakit kronik yang berlaku disebabkan oleh masalah pengeluaran atau tindakan insulin didalam badan. Apabila seseorang menghadapi diabetes, sama ada pankreas tidak dapat mengeluarkan insulin yang diperlukan (Jenis 1) atau badan mereka tidak dapat menggunakan insulin yang dikeluarkan dengan sempurna (Jenis 2). Biasanya paras glukos yang tinggi didalam darah atau air kencing merupakan tanda jelas diabetes. Jenis-jenis diabetes yang biasa berlaku adalah:-

Jenis 1 - boleh berlaku pada semua peringkat umur, namun ianya lebih kerap di kalangan remaja dan kanak-kanak. Di dalam diabetes jenis 1, badan mengeluarkan sedikit atau tiada insulin langsung. Mereka yang menghidap diabetes Jenis 1 memerlukan suntikan insulin setiap hari.

Jenis 2 - sering berlaku di kalangan dewasa (40 tahun ke atas) terutamanya mereka yang mempunyai berat badan yang berlebihan. Diabetes Jenis 2 juga boleh berlaku di kalangan individu yang lebih muda disebabkan oleh obesiti dan aktiviti fizikal yang terhad. Individu yang menghidap Diabetes Jenis 2 tidak bergantung kepada insulin dan biasanya boleh dikawal dengan menjaga pengambilan makanan, mengurangkan berat badan (sekiranya perlu) dan melakukan aktiviti fizikal yang sederhana dengan kerap.

Bagaimana Diabetes memberi kesan kepada badan anda?

Apabila anda menghidap diabetes, saluran darah yang kecil di dalam badan anda menjadi rosak. Ini akan memberi kesan kepada ginjal, mata, kulit, saraf, otot, usus dan jantung. Tekanan darah tinggi dan pengerasan arteri boleh berlaku, dan ini membawa kepada penyakit jantung.

Apakah kesan diabetes ke atas buah pinggang?

Diabetes menyebabkan kerosakan kepada unit-unit kecil penapisan ginjal secara berperingkat-peringkat. Akhirnya, ia akan membawa kepada kebocoran protein di dalam air kencing, peningkatan tekanan darah dan kehilangan fungsi buah pinggang secara perlahan-lahan. Sisa buangan dan air yang berlebihan akan berkumpul di dalam badan. Pesakit diabetes juga mempunyai risiko yang tinggi mendapat jangkitan saluran kencing yang disebabkan oleh kandungan gula yang tinggi di dalam air kencing.

Bagaimana penyakit buah pinggang dapat dicegah atau diperlahankan?

Ujian-ujian tertentu dapat membantu mengesan kerosakan buah pinggang pada peringkat awal. Terdapat juga rawatan yang boleh membantu melambatkan proses kegagalan buah pinggang. Rawatan ini perlu dimulakan sebaik sahaja doktor anda mengesan sebarang tanda-tanda awal risiko. Oleh itu, anda perlu sentiasa mengunjungi doktor anda sekiranya anda menghidap diabetes. Untuk mengelakkan kerosakan buah pinggang:

- * Kawal diabetes anda - ikuti nasihat doktor tentang suntikan insulin, ubat-ubatan, diet, senaman dan awasi gula dalam darah.
- * Kekalkan tekanan darah anda dibawah 130/80 dan sekiranya anda mempunyai kandungan protein yang banyak didalam air kencing, sasarkan tahap yang lebih rendah atau dibawah 125/75.
- * Lakukan pemilihan makanan yang betul - penting untuk berunding dengan doktor atau pakar pemakanan bagi menentukan diet yang bersesuaian.
- * Elakkan merokok.
- * Dapatkan pemeriksaan protein dalam air kencing sekurang kurangnya sekali setahun.
- * Rawat jangkitan air kencing dengan segera.
- * Kawal kolesterol dalam darah dan paras 'tryglyseride' dengan pemakanan dan ubat-ubatan sekiranya perlu.
- * Sasarkan untuk mencapai dan mengekalkan berat badan unggul bersesuaian dengan umur.
- * Lakukan senaman dengan kerap, contohnya 30 minit sehari sekurang-kurangnya 3 kali seminggu.

Pengesanan awal penyakit buah pinggang dapat membantu mencegah kemerosotan ginjal kepada kegagalan buah pinggang yang memerlukan hemodialisis atau pemindahan ginjal.

Tekanan Darah Tinggi & Buah Pinggang Anda

Apakah tekanan darah?

- Daya tenaga di mana darah dipam melalui dinding saluran arteri anda.
- Tekanan ini membawa darah daripada jantung ke organ-organ seperti otak, buah pinggang dan perut.

Apakah tekanan darah tinggi?

- Tekanan darah tinggi (juga dikenali sebagai hipertensi) berlaku apabila darah menekan lebih kuat ke dinding arteri dan ini cukup untuk mengakibatkan kerosakan.

Berapakah tekanan darah anda?

Kebanyakan individu tidak mengetahui bahawa mereka menghadapi tekanan darah tinggi kerana ia tidak menunjukkan sebarang gejala.

- Untuk kebanyakan orang dewasa, bacaan tekanan darah pada 140/90 atau lebih, adalah dianggap tinggi.
- Namun begitu, paras tekanan darah yang dikehendaki bagi mereka yang mempunyai diabetes atau penyakit buah pinggang kronik adalah kurang daripada 130/80.
- Bacaan tekanan darah kurang daripada 120/80 adalah normal. Bacaan yang lebih rendah selalunya diperolehi di kalangan kanak-kanak dan orang dewasa yang mempunyai keadaan fizikal yang baik.

Bagaimanakah tekanan darah tinggi & penyakit buah pinggang berkaitan?

- Apabila tekanan darah anda tinggi dan tidak dirawat, ianya boleh merosakkan saluran darah yang membawa darah ke seluruh badan.
- Biasanya saluran darah yang lebih kecil akan mendapat kesannya terlebih dahulu. Ginjal mempunyai saluran darah yang kecil dan boleh mengalami kerosakan disebabkan oleh tekanan darah tinggi.
- Ini boleh membawa kepada penyakit buah pinggang kronik. Apabila ini berlaku, buah pinggang anda tidak dapat menapis sisa buangan daripada badan anda dengan sempurna. Sekiranya anda mempunyai tekanan darah tinggi, pastikan anda mengambil ubat seperti yang telah ditetapkan oleh doktor dan lakukan pemeriksaan kesihatan dengan kerap.

Siapakah yang menghadapi risiko penyakit ini?

- Perokok
- Mereka yang mempunyai berat badan berlebihan
- Diabetes
- Lelaki yang berumur lebih 45 tahun
- Wanita yang berumur lebih 55 tahun
- Mereka yang prehipertensif (bacaan di antara 120/80 dan 140/90)
- Sejarah ahli keluarga dengan tekanan darah tinggi

INGAT

1. Tekanan darah tinggi boleh menyebabkan serangan jantung, strok dan kegagalan buah pinggang.
2. Dapatkan pemeriksaan tekanan darah anda sekurang-kurangnya sekali setahun. Jangan tunggu sehingga organ-organ badan anda menjadi rosak.
3. Mengawal tekanan darah tinggi boleh mengurangkan peluang anda untuk mendapatkan penyakit buah pinggang.
4. Sebarkan maklumat mengenai tekanan darah tinggi kepada ahli keluarga dan rakan-rakan anda, dan galakkan mereka untuk menjalankan pemeriksaan tekanan darah.
5. Sekiranya anda mempunyai tekanan darah tinggi, ikuti nasihat doktor anda mengenai pengambilan ubat dan lakukan perubahan dalam gaya hidup anda.

Bagaimanakah saya dapat mengawal tekanan darah saya?

Terdapat tujuh perubahan gaya hidup yang boleh membantu mengawal tekanan darah anda:

1. Kekalkan berat badan yang unggul. Pilih buah-buahan, sayur-sayuran, bijiran and makanan tenusu rendah lemak.
2. Hadkan pengambilan garam harian anda kepada 5-6 gram setiap hari (bersamaan 1 sudu teh) atau kurang sekiranya anda sudah mempunyai tekanan darah tinggi.
3. Lakukan senaman, iaitu sekurang-kurangnya 30 minit aktiviti sederhana, seperti berjalan kaki setiap hari.
4. Elakkan mengambil alkohol.
5. Hadkan pengambilan kafein.
6. Buangkan tabiat merokok.
7. Kurangkan lemak dalam makanan.