



Message

This year's World Kidney Day has come and gone. This however does not mean that we can then store away our T-shirts with the World Kidney Day logo and thoughts about how vital our kidneys are till the next World Kidney Day.

The theme for this year's World Kidney Day is "Amazing Kidneys." We have to take good care of these two bean shaped structures and hope they remain in good shape. Adult kidneys filter 170 litres of blood per day. Our kidneys also perform other amazing acts like getting rid of our body's waste products, regulating our body's internal environment, and adjusting the amount of urine that is produced to the amount of fluids we have taken in. They also produce hormones which regulate blood pressure, ensure that our bones remain healthy and we have adequate blood.

Unfortunately, kidneys can become sick as a result of disease in the kidneys and the urinary tract or from other diseases like diabetes or high blood pressure. Permanently diseased kidneys - otherwise known as chronic kidney disease (CKD) is common and harmful. Fortunately CKD can both be prevented and treated. Hence the whole publicity exercise that goes with World Kidney Day. We in the nephrology community cannot emphasise often enough about how detrimental CKD is to our physical and financial health and quality of life, and how eminently treatable most CKD is.

Although mainly a disease of adults, CKD including the severe forms that require dialysis also occur in children. In these children CKD is a double tragedy as children do not just experience the similar detrimental effects from the CKD as in adults. Children are constantly growing and developing to eventually become normal adults. CKD adversely affects growth and development. Again as in adults, some forms of CKD in children are both preventable and treatable.

Let us all work together to ensure that our amazing kidneys continue to serve us throughout a long and fruitful life.

Lim Yam Ngo
Editor
SHARE

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COPING WITH KIDNEY FAILURE - PART 2

Interview with Serina, mother to twins Tracy and Stephanie, who have started school again

The second in a two part series, looks at the progress of twins, Tracy and Stephanie, 9 years, diagnosed with End Stage Kidney Disease and currently **on peritoneal dialysis at home**. The twins are now attending school and according to mother Serina anak Merang, are progressing well.

As mentioned in Part 1 – ‘Coping with Kidney Failure’, Serina left the comfort of her home and family to venture to Kuala Lumpur in order to ensure the best treatment for her children. It was a difficult choice as her husband, Thomas continues to work in Bintulu as he felt unskilled and thus would not be able to find work in KL.

Serina, as the main caregiver for the twins as well as another son, Gary 3 years, shoulders the main burden of coping with the disease, ferrying the twins, Tracy and Stephanie from school as well as looking after Gary, who misses his father.

In Malaysia, current statistics point to an increase in kidney failure in patients less than 20 years of age, the reasons for sudden kidney failure are sometimes unknown. From 41 in 1996, the number of children on dialysis increased to 88 in 2006 and by end 2006, 486 children under 20 were shown to be on dialysis.

Source: 14th Report of The Malaysian Dialysis & Transplant Registry 2006.

Thus, Tracy and Stephanie join an increasing number of children being dialysed either at home or in hospitals. As Serina herself admitted, “If I only knew the reasons why their kidneys failed, I could accept the reality and move on but till today, it happened so suddenly, my husband and I were caught unprepared,” said Serina, her shaky voice, betraying her emotions.

Currently, the latest problem has been the low haemoglobin levels prevalent in both the twins, a common problem in those undergoing dialysis, **according to Dr Lim Yam Ngo, Paediatric Nephrologist, Paediatric Institute, KL**, and which has been remedied by weekly Epoetin injections at HKL, since there is no fridge available at the twins residence, where the Epoetin can be stored said Dr Lim.



The twin receiving their weekly Epoetin injection from Institut Paeditrik, HKL



Tracy and Stephanie, feel a bond when they undertake dialysis at home together

Serina said the children had been converted from **Continuous Ambulatory Peritoneal Dialysis (CAPD)** to **Automated Peritoneal Dialysis (APD)** so they could attend school and have a normal childhood as opposed to being dialysed every 6 hours on CAPD, which meant there was no time left for schooling and for Serina to complete the household work. Since the twins are in afternoon school, Serina starts the dialysis at 8 pm and finishes at around 8am the next day.

“Now the children are more settled, we are residing with my brother-in-law and his family and this has meant the children have a better home life and Gary has his uncle to turn to,” said Serina with more optimism in her voice.

From the financial aspect, the twins’ APD treatment are being sponsored by donors who pay for the extra cost incurred with APD. Serina hopes there would be sponsors for the badly needed fridge so the children would not tire themselves by travelling to and fro weekly for their injections.

Once again Serina said the nurses and the doctors have been tremendously supportive in the conversion from CAPD to APD and she hopes the twins would continue to improve.

Serina’s goal is to ultimately work and thus manage financially for the children. Also, then she could share the burden of managing the family with her husband, Thomas, currently still in Bintulu.



Serina, still a regular visitor to Institut Paeditrik, HKL.

WORLD KIDNEY DAY CELEBRATED – AMAZING KIDNEYS



The Amazing Kidneys Walk, Taman Jaya, flagged off by Dato' Dr Zaki Morad Mohd Zaher

It was indeed a sight to behold when World Kidney Day 2008 was kicked off at **Taman Jaya Recreational Park on Sunday, 16th March 2008**. With their distinctive tee-shirts emblazoned with the WKD logo, the long trail of eager participants dotted the park early on Sunday morning, attracting the attention of curious onlookers. This time the 'Amazing Kidneys Walk', open to both members of the public and dialysis patients turned out to be an outstanding success as more than 200 participants, including children and families of dialysis patients turned up to participate in the walk. Jointly organized by the National Kidney Foundation of Malaysia, the Malaysian Society of Nephrology and the Ministry of Health (MOH), it proved to be yet another successful third collaboration for World Kidney Day 2008.

How did World Kidney Day come about?

The International Federation of Kidney Foundation (IFKF) **felt the need to create awareness among members of the public on the importance of the kidneys in the daily functioning of the human body** and thus the first World Kidney Day was declared on March 9th 2006.

Since then more than 65 countries across the globe have joined hands to celebrate World Kidney Day and the effect has been felt as medical personnel and patient groups mobilized themselves to create awareness about the vital role of the kidneys and to spread the **message Chronic Kidney Disease (CKD) is common, harmful but treatable**. These groups are united and driven by the knowledge that if we do not act now, the number of human lives lost to kidney diseases would continue to rise. CKD is a major, global public health issue affecting more than 500 million persons worldwide – 10 % of the adult population ready have some form of kidney damage.

Why the theme 'Amazing Kidneys' this year? According to the IFKF, the theme underscores the important role played by the kidneys, to filter and clean 200 litres of blood daily and how they are vital and sophisticated organs in many other ways. **Thus, World Kidney Day offers a crucial, visible opportunity to inform and educate policy makers as well as members of the public on how to care for their kidneys.** "God has gifted us with 2 kidneys, that is why when something is wrong, with one kidney the other compensates. Which is why most people do not realise that they have kidney disease until a very late stage," said Datuk Dr Rozina Ghazalli, Head of Nephrology Services, Ministry of Health at the press conference for the launch of World Kidney Day 2008 on 4th March 2008.



The winners of the WKD Children's Art Competition

Chronic Kidney Disease is the gradual but permanent loss of kidney function. It may be the result of physical injury or a disease that damages the kidneys, such as diabetes or high blood pressure. "Studies have found **57% of new dialysis patients to be diabetic** and chronic kidney disease is rising mainly due to the increase in Type 2 Diabetes," stated Dr Rozina. This shows a 5 % increase compared to the 2005 figure of 52%, which is one of the 'largest percentages' ever, Dr Rozina added. "That is why people in general, especially those who have high risk of developing chronic kidney disease (diabetes or hypertension) should get themselves screened regularly for signs of kidney disease," Dr Rozina said.

"Currently the National Kidney Foundation is aggressively promoting its Outreach Programme by conducting health screening via its NKF LifeCheck Mobile Health Screening Unit, the 40-seater customized bus with 7 workstations in and around the Klang Valley since its rollout on 21st December 2007," said Dr SS Gill, Chairman, Board of Managers, NKF.



Health screening for members of the public



Aerobic warming up exercise at Taman Jaya prior to the Amazing Kidneys Walk

For Malaysia, World Kidney Day was jointly celebrated on the third week of March. NKF jointly hosted a variety of activities on March 16th, a Sunday in order to attract members of the public to participate in the event said Sharleen Lee, Manager, Public Education Department, NKF.

The various activities:-

- More than 200 participants, including transplant and dialysis patients, for the 'Amazing Kidneys Walk' at the Taman Jaya Recreational Park, Petaling Jaya
- 254 members of the public screened via the NKF LifeCheck at Amcorp Mall on Sunday
- 47 young children took part in a WKD 2008 Children's Art Competition with the theme 'Care for your Kidneys' where children from the ages of 2 up to 12 years old participated in the art competition
- Three health talks in Bahasa Malaysia, English and Mandarin by Consultant Nephrologists from various major government hospitals in the Klang Valley, covering kidney functions and disease.
- Health Exhibition using NKF educational posters for public education and the dissemination of educational pamphlets covering CKD, diabetes, high blood pressure and cholesterol control in four languages.
- Launch of the NKF **Kidney Care Community Education Programme**, a long term initiative to continually promote the prevention of kidney disease especially End Stage Kidney Disease.

The World Kidney Day 2008 celebrations were officially launched by NKF Vice-President Lynn Kulasingam at the foyer of Amcorp Mall, the venue for the official launch and activities for World Kidney Day 2008.



Dr Goh Bak Leong conducting a health talk at Amcorp Mall in conjunction with World Kidney Day 2008

The slogan '**Are Your Kidneys OK?**', also emblazoned on WKD t-shirts, button badges and car stickers given out on Sunday, was chosen by the International Federation of Kidney Foundation, to prompt members of the public to take the necessary steps to ensure the good health of their kidneys.

It is indeed a sad fact that in Malaysia **more than 3,000 dialysis patients are added annually to the already 15,000 dialysis patients, based on records compiled by the National Renal Registry in 2006. World Kidney Day (Malaysia) 2008 Committee Organising Chairman, Dr Goh Bak Leong feels the threat today is no longer from communicable diseases but chronic diseases such as diabetes, high blood pressure and chronic kidney disease. To combat this threat," WKD served as a unifying and energizing event to bring together all healthcare providers, the public and government bodies in formulating policies that would improve early detection and optimize medical care for those with kidney disease"** said Dr Goh.



HYPERTENSION Take Action Now!

WORLD
HYPERTENSION
DAY May 17, 2008

Initiated by the World Hypertension League

**An Interview with Dato' Dr Azhari Rosman,
Consultant Cardiologist Institut Jantung Negara (IJN)**

Did you know that your kidneys and blood pressure (BP) are dependant on each other? Kidneys play a vital role in keeping blood pressure within a normal range, while BP levels can have a significant impact on the state of your kidneys. The ideal blood pressure reading is 120/80 but what do those two numbers mean? The first number is an indication of the highest pressure inside the arteries ie when your heart is beating or contracting (systolic), whereas the second refers to the lowest pressure, when the heart is 'resting' between beats (diastolic)

So what does your blood pressure reading actually tell you?

Your BP levels indicate the pressure your blood exerts against blood vessel walls as it is pumped through the body. Blood pressure can be raised in many ways:-

- Δ Excessive accumulation of fluid in the body, increasing the volume of blood flowing within the blood vessels. This in turn **causes the pressure in the blood vessels to increase, a condition known as high blood pressure or hypertension.** A diet high in salt over many years can lead to this.
- Narrowing of the small blood vessels (capillaries).
- Stiffening of the arterial walls as age increases, causing a rise in the systolic blood pressure

Hypertension in Malaysia – the current scenario

Dato Dr Azhari Rosman is a Consultant Cardiologist at IJN and President of the Malaysian Society for Hypertension as well as President of the Asia-Pacific Society of Hypertension and runs a busy schedule. However, he is happy to grant interviews that touch on his pet topic, hypertension.

As one of the opinion leaders on hypertension, Dr Azhari feels hypertension has become a lifestyle disease affecting not less than 42% of the Malaysian population.

"Many people are under the impression that the prevalence of hypertension among Malaysians stands at 33% but that was in 1996. The figures have been revised upwards, and in 2006, 42.6% of those over 30 years age surveyed, had hypertension. Of those who taking medications, only 26% have their blood pressure under control." said Dr Azhari.



What then is hypertension?

According to Dr Azhari, hypertension is a sustained elevation of blood pressure equal to or above 140/90mmHg taken on at least 2 occasions 24 hours apart. This means that anyone who has a blood pressure of 140 and above by definition has hypertension, although not severe. If only the lower reading (diastolic) is 90 mmHg or above, and the top reading is normal, he/she is still considered a hypertensive.

Dr Azhari feels hypertension or high blood pressure, if untreated, could lead to 'Target Organ Damage'; which in simple terms means vital organs such as the brain, heart muscle and even the kidneys can be damaged in the long term. If treated early this organ damage may be reversible. However if untreated it will lead to target organ complications resulting in the patient succumbing to heart attacks, heart failure, kidney failure, stroke or even premature death.

One of the major drawbacks of hypertension is the lack of early symptoms. "It is a silent killer as many are not aware they have the disease, uncontrolled hypertension can then lead on to renal disease or renal failure," explained Dato Dr Azhari.

Hypertension and its relationship with End Stage Kidney Disease

When blood flow to the kidneys decreases, the kidneys take this as a signal that BP is low and, as a result, releases hormones that cause the body to retain salt and water and making the capillaries narrower. This will increase BP and will further damage the kidneys, resulting in more hormone changes and further raising the BP. In other words, a "vicious cycle" is setup. End Stage Kidney Disease can finally occur. In fact hypertension is one of the leading causes of kidney failure after diabetes. Unfortunately,

according to Dr Azhari, there are very few symptoms to indicate there is kidney disease until it is too late. One noticeable sign can be detected through urine tests which indicate the presence of microalbumin or small molecular weight proteins in the urine. Another test, is the creatinine, which indirectly measures the function of the kidneys.

Dealing with Hypertension and the steps to be taken to control it

If a person has already been to the doctor and diagnosed with hypertension, according to Dr Azhari, it is not the end of the road, as long as the organs are not severely damaged. The condition may be reversible if the right steps are taken.

- Accept the fact that you have hypertension once the diagnosis is confirmed. Denial often delays starting adequate treatment.
- Take the proper medication as prescribed
- Change your lifestyle to include fruits, vegetables and regular exercise

"Many hypertensive patients are reluctant to accept the fact that they are hypertensive, especially when there is a lack of symptoms associated with the disease," said Dr Azhari.

Changes in diet is one of the key factors, as obesity leads to blood vessel narrowing. So if you are overweight, lose pounds as this will help in the journey towards reversing mild early hypertension. The final words of wisdom from Dr Azhari, "With a combination of the right drugs and the change in lifestyle, the condition can be reversed or at least controlled. Unfortunately, once hypertension is established, there is no cure. With proper control the patient can live a comfortable life knowing the danger of uncontrolled hypertension is minimized.



A hypertensive Dialysis patients have to be on medication

MANAGING HYPERTENSION THROUGH DIETARY CONTROL

by **Dr Tilakavati Karuppiah, Accredited Practising Dietician (Aust.)**
Senior Lecturer, Department of Nutrition and Dietries, UKM



1. How do eating habits contribute to Hypertension in the long term?

There are many Malaysian adults who are hypertensive. Poor eating habits over many years contribute to the development of high blood pressure [HBP] or in medical terms – hypertension. The phrase ‘eating habits’ is a loose term to describe choice of foods and socio-cultural and lifestyle factors relating to the choice of foods. For example, the amount of salt or sodium in chosen food is influenced by ethnicity [sambal belacan, soya sauce or papadum]. It is also influenced by an individual’s decision to eat out or eat home-cooked foods. If the choice is to use fresh ingredients to cook a meal, then the amount of salt in this is far lower than fast food choices such as chicken nuggets, burghers or pizzas. Cutting across all these food choices is the excess calories that these persons may be consuming coupled with a lack of exercise leading to weight gain.

There are also many healthy Malaysians who are not hypertensive but who may have one or both parents with hypertension. This group has an opportunity to prevent hypertension developing by adopting the right eating habits and starting an exercise programme.

2. Is obesity a key factor in those with hypertension?

Excess weight gain is also linked to hypertension. A person’s weight may grow with excess calorie consumption coupled with reduced energy expenditure. However the size of their heart does not grow with the body weight. The heart is thus burdened to provide for the excess weight leading to HBP.

For those with HBP, control is also better achieved by shedding pounds from their weight. Studies on hypertensive patients have shown that taking that first 5 kg OFF triggers a tremendous lowering of blood pressure. Achieving and maintaining a 10% weight loss is a target that is set for overweight or obese individuals with hypertension.

3. Is there a specific diet for those managing Hypertension?

The common understanding about dietary management of High Blood Pressure is to reduce salt in food intake. However, controlling HBP should take into account patient differences and lifestyle factors.



Common salt found in all food

A popular diet supported by the National Institute of Health in the United States is the **Dietary Approaches to Stop Hypertension (DASH)**. This diet uses 2 levels of sodium restriction per day, i.e 2300mg (6grams or 1 tsp of salt) and 1500mg (4grams or 2/3 tsp of salt), essentially one-half and one-third the normal intake of the average American. The lower the restriction the greater is the drop in BP. The key recommendations in this diet are:

- Increase fruit and vegetables
- Use skimmed or low fat milk/products
- Include wholegrain (complex) cereals and nuts
- Choose fish and chicken over meat
- Reduce red meat, added sugar and sugar-containing beverages.

A diet plan with the above practice points WILL lead to a reduction in saturated fat, cholesterol and total fat and MORE importantly less sodium and more minerals (potassium, magnesium, calcium) and protein and fibre. The diet provides about 2100 kcal which is considered as a calorie-restriction for the average sized American who normally eats beyond 3000kcal.

The effect of the above diet on BP is observed by 2 weeks in even those with normal BP, pre-hypertensives and hypertensives.

4. What are the foods to avoid for those with High Blood Pressure and Why?

What we should recognize is the above plan is tailored to the typical American lifestyle and patient type. Most of the subjects in the DASH study were overweight or obese, consumed too many calories, consumed mostly processed foods rich in sodium, too little exercise, too much TV and too little vegetables and fruits. Changing all these negative factors collectively brought down BP. Patients were introduced to lifestyle modification and most importantly using fresh food, fresh ingredients and fresh flavours. Sodium in the American diet comes from baked foods, cereals, soy sauce, seasoned salts, monosodium glutamate (MSG), baking soda and even antacids.

5. Are drugs or diet a better way of treating Hypertension?

High blood pressure can be controlled if you take these steps:

- Maintain a healthy weight.
- Be moderately physically active on most days of the week.
- Follow a healthy eating plan, which includes foods lower in sodium.
- If you drink alcoholic beverages, do so in moderation.
- If you have high blood pressure and are prescribed medication, take it as directed.

DIETARY GUIDELINES



▶ Tinned food



▶ Preservative cheese



▶ Salty vegetables



▶ Soya sauces

▲ FOOD TO AVOID ▲

What is sodium?

Table salt is sodium chloride. Sodium is also found in food enhancers such as MSG /aji-no-moto, chicken granules, stock and baking soda.

Sodium is also added during the manufacture, processing and preservation of foods.

Vegetable salt, rock salt, sea salt, garlic salt and celery salt are the same as ordinary salt and should be reduced/avoided.

Hints to decrease sodium intake

1. Limit intake of rich sources of sodium (refer to list)
2. When cooking, minimize the use of salt.
3. Use more natural flavorings such as spices & herbs instead of soya sauce, oyster sauce, fish sauce, tamarind, tomato/chilli sauce
4. Substitute salt-reduced or salt free versions of biscuits, confectionary, bakery products, margarine/butter.
5. Use home made versions of chilli sauce using vinegar and fresh chillies.
6. Don't add salt, soya sauce or commercial ketchup/chilli sauce at the table.
7. Avoid taking asam boi with fruits.
8. Avoid snacking on salted chips, peanuts, peas, kacang, murukku, keropok
9. Avoid pickles, papadums, sambal belacan, chutneys in meals
10. Avoid using canned foods, stock cubes for flavouring and packet seasonings
11. Minimize eating out as most foods outside are highly salted. Request for fresh cooked items without salt/MSG/ soya sauce.

Suggestions for flavoring foods naturally

Fish – ginger, limau purut, mixed herbs, garlic, onions, fresh tomato, vinegar

Meat & poultry – bay leaf, whole spices, mustard, ginger, onions, vinegar, tomato

Vegetables – vinegar, ginger, garlic, basil, sugar

For hypertensives, the sodium intake is restricted to 5-6g salt /day (2400 mg sodium/day):

- 1/4 to 1/2 tsp salt allowed per day in cooking
- No added salt or sauces after cooking
- No rich sodium foods allowed
- Follow allowed servings of meat, fish, poultry and milk

For your information

1/4 teaspoon salt = 600 mg sodium
1/2 teaspoon salt = 1200 mg sodium
1 teaspoon salt = 2400 mg sodium

Plenty of fruits and vegetables in your diet will increase your potassium intake. This will lower the sodium retention in your body. Hence, blood pressure is lowered.

NKF KIDNEY CARE PROGRAM

The health columns in many newspapers highlight heart disease and cancer as modern day killers but today unknown to many, a hidden disease, one that is 'silent' can be a deadly killer. Why deadly? Many are not aware they have the disease until it is too late.

Chronic Kidney Disease (CKD), a condition that can cause the kidneys to fail and in its final stages require dialysis or kidney transplant as the only option for survival has today been estimated to afflict one in every ten from the general population worldwide. Of major concern also is that people with chronic kidney disease even at the early stages are 10 times more likely than healthy individuals to die of heart attacks and strokes. Even the World Health Organisation (WHO) has given recognition to kidney disease as a public health issue.

CKD in the early stages unfortunately displays no outwards symptoms except through a medical examination or urine tests.

15,000 Malaysians on dialysis and the figure is expected to reach 20,000 by the year 2010.

With this alarming statistic, the government has great cause to worry. Thus, in response to the dire need to educate members of the public and formulate a program, NKF came out with an integrated community education plan, the NKF Kidney Care Program, to spearhead various initiatives that would instill awareness on the many aspects of kidney care to Malaysians.

Previous efforts by the NKF has been through exhibitions, health talks and awareness programmes, 'Love your Kidneys', and a nationwide public health screening at NKF dialysis centres every 3rd Sunday to bring across to members of the public the importance of kidney care.

This year, NKF has decided to launch an integrated kidney care community program to get the message across to larger numbers of Malaysians that early detection and prevention are key factors in the long term kidney care. **Thus, was born the NKF Kidney Care Program, launched on 16th March 2008- the celebration of World Kidney Day 2008 by the National Kidney Foundation of Malaysia in collaboration with the Malaysian Society of Nephrology and the Ministry of Health.**

As a long term community educational program, NKF hopes it will instill and motivate those who come into contact with the awareness program to examine the health of their kidneys through simple urine and blood tests.

Currently, the first initiative of the Kidney Care Program, the NKF LifeCheck Mobile Health Screening Unit, rolled out in December 2007, is already on rounds in the Klang Valley, at hypermarkets, companies, resident's associations, churches conducting screening for members of the public.

For the second initiative, NKF has decided to utilize the mass media to run a series of articles, designed to educate members of



Launch of NKF Kidney Care Program, Amcorp Mall

the public on the possible outcomes of CKD and the impact of dialysis in the long term. Towards this objective, a series of educational articles highlighting the plight of dialysis patients, with their personal daily struggles to survive has served to bring out to many Malaysians the hardships experienced by these families as a result of one family member being on dialysis.

Published in English and Bahasa Malaysia, the articles have garnered a lot of attention with members of the public being exposed to patient's struggles both financially and otherwise to come to terms with their loss of kidney function.

The third initiative, an infomercial is still in the pipeline, with the main message of early detection and prevention of kidney disease being the main thrust of the infomercial to attract the attention of TV viewers.

The fourth initiative, a collaboration with Persatuan Tadika Malaysia (PTM), is designed to reach out to children in registered kindergartens and inculcate awareness of their kidneys and its functions. This will be through simple experiments and Q & A in the classroom.

Currently, the two organizations are working out the activity worksheets to reach out to the children, ranging in ages from 5-6.

The sixth initiative, also involving children but from a higher age group, secondary school students through health talks, exhibitions and kidney quiz has taken off with 2 schools in the Klang Valley being part of the NKF Kidney Care Program this year.

The fifth, still in the pipeline, is to hold an 'Open House' at all NKF dialysis centres throughout the Klang Valley and possibly nationwide, whereby members of the public would be invited to visit dialysis centres and attend talks, exhibitions and even participate in a health quiz to test their knowledge on kidney health.

The main aim of all these initiatives is to reduce the numbers of dialysis patients and for those whose conditions are reversible i.e. taking the right steps for kidney care, eliminate a major risk factor for fatal heart disease and stroke.



NKF giving a health talk at Muar Lions Club, Johor



The NKF Kidney Care Program includes children as the need to create awareness on early detection and prevention begins early.

Early Detection and Prevention of Kidney Disease

With the launch of the NKF LifeCheck in early January, the 40-seater customized bus has been in great demand in locations in and around the Klang Valley. Currently fully booked, the LifeCheck team has its hands full screening members of the public at various locations such as Giant Hypermarket, F& N Dairies (M) Sdn Bhd, Shell Malaysia. According to Patricia Soepadmo, Senior Project Executive and team leader for NKF LifeCheck, "the response has been unexpectedly good, **with 6510 members of the public screened up to April 2008**, and we have been out on all working days screening members of the public, in supermarkets, corporations and even in churches," she said.

With the number of dialysis patients increasing at the rate of 3,000 annually, it has become a cause of concern to the Ministry of Health as Tan Sri Datuk Dr. Haji Mohd. Ismail Merican, Director-General, Ministry of Health said at the launch of NKF LifeCheck.



The NKF Lifecheck Team work at its best

"Health screening plays a vital role in alerting members of the public as to the state of their health early so that necessary action can be taken to arrest any decline."

It is also a wonderful way of knowing how fit you are and a self-help check-up where you are checking yourself for diseases. It represents a modern way of conducting health services. Moreover, kidney disease is something that can be prevented. Most people know this but some are not aware and so this initiative of the National Kidney Foundation is welcome and complements our efforts," he said.



For the Early detection and prevention of kidney disease a simple urine test indicates the health of the kidneys

Dr S. S. Gill, Chairman, Board of Managers, National Kidney Foundation of Malaysia said the customized 40-seater bus had been built at a cost of RM440,000 specifically to carry out preventive kidney care. It is equipped with 7 workstations to carry out screening for urine, blood pressure, random blood glucose, random blood total cholesterol, body mass index, waist circumference and counseling. It represents a long term effort on the part of the National Kidney Foundation to educate members of the public on the importance of knowing the state of their health.

As NKF LifeCheck team leader, Patricia said she was shocked at the lack of awareness of members of the public on the importance of exercise and dietary control. As a trained nurse, working for the last 40 years in various capacities, Patricia said there were many who are diabetic and hypertensive but because these are 'silent killers', only with screening can the disease be diagnosed. "To be honest, those living in town areas seem to be the ones consuming oily and fatty food especially from fast food outlets," she said. She hoped the counseling would serve as a wake-up call and prompt those in the high risk categories to change their lifestyle and dietary habits.

Ramakrishnan Narasiman, Occupational Safety & Health Manager, ASTRO, where such a health screening was carried out recently, felt such health checks should be carried out annually but many employees were too busy to take the time off to conduct such checks on themselves and NKF LifeCheck was providing an essential health service for those desk-bound executives.

During the health screening at ASTRO, one such desk bound executive revealed a blood glucose level of 20 mmol/L. He was on treatment for diabetes but upon being counselled was surprisingly unaware of the importance of controlling his diet and blood glucose level.



Residence lining up for scanning

Even after diagnosis, many do not seek treatment or if treated, receive sub-optimal treatment. This contributes to the increasing global pandemic of chronic kidney disease.

With early screening, prevention is possible. "With NKF LifeCheck, the mobile health screening unit would be able to reach out to those desk-bound, those unable to travel long distances to hospitals and clinics and even those who could not afford the cost of such tests, where RM2 would be charged for all the tests," said Dr Sivashanker.

Together with health screening, health talks are also conducted by the NKF LifeCheck team to further reinforce the message of health being in the hands of the individual and on the steps that need to be taken should the tests show abnormal results.



Measuring the waist circumference on the Lifecheck

Thus, **Tanam Markandu, Safety & Health Administrator**, said they would ensure that staff with abnormal results be advised to seek further investigation and treatment. Subsequently, the staff would again be counselled 3 months later.

Dr. Sivashanker, Medical Director, National Kidney Foundation of Malaysia, said today the modern way to practice medicine was in the area of preventive health care as it was costing the government millions annually to maintain the current population of 17,000 dialysis patients.

With diabetes and hypertension on the rise, Dr Sivashanker felt more could be done to alert members of the public as to the state of their health so they could take the necessary steps to arrest any early occurrence of kidney disease due to diabetes or hypertension.

Dr Ismail Merican also highlighted the current statistics available on the number of kidney patients, with **118 new cases of End Stage Kidney failure per million population per year, was a cause of concern for the Ministry of Health. Data from the National Renal Registry showed 3,152 new patients commenced dialysis treatment in 2006 and at the end of 2006, there were about 14, 647 kidney patients undergoing dialysis in the entire country.**

This according to Dr Ismail Merican is 5 times more than 2, 922 kidney patients undergoing dialysis a decade ago.

In 2006, **57% of new dialysis patients were found to be diabetic, while another 6% developed End Stage Kidney Disease due to hypertension.** As in many other developing countries, in Malaysia many people with Chronic Kidney Disease are not diagnosed until long after their illness have developed.

TRAINING FOR THE FUTURE

Community Dietetics

When Soon Ai Lee* began to feel breathless and her legs became swollen easily, she began to wonder what was wrong as she was already undergoing dialysis at the NKF Dialysis Centre in Petaling Jaya. Also, her weight between dialysis was more than the recommended weight and she frequently suffered from cramps after her dialysis.

However, after listening to Tan Pei Fen, 23 years, a dietetics student from Universiti Kebangsaan Malaysia's Department of Nutrition and Dietetics in the Faculty of Allied Health Sciences, Madam Soon realized she was drinking too much water and it had caused the 'edema' or swollen legs feeling. The student was giving a presentation of an ideal dialysis diet, to the patients at the NKF Dialysis Centre.



Currently undergoing community placement at the NKF Dialysis Centre, Tan together with 7 other trainee students were at the dialysis centre as part of the Community Dietetics Program, where they were being exposed to community work as part of their degree, Bachelor of Science in Dietetics with Honours.

Under the supervision of their lecturers, Dr Tilakavati Karupaiah and Dr Winnie Chee Siew Swee, both Senior Lecturers in Dietetics from the Department of Nutrition and Dietetics, Universiti Kebangsaan Malaysia, the student trainees needed to complete 6 weeks of training at the NKF Dialysis Centre for their final degree.

Dr Winnie, also present, said the need to promote the right nutrition to optimize dialysis outcome is an important part of the management of dialysis patients. The lecturers were pleased that NKF was committed to preparing patient education material for the benefit of patients.

"There are more than 1000 patients at all 20 NKF dialysis centres and it is important to inculcate good dietary habits so that dialysis 'outcomes' can be improved and less complications arise as the patients gets older," said Dr Sivashanker, Medical Director, NKF, who had initiated the community service placement and he hoped to have more community programs all NKF dialysis centres.

Both lecturers were happy with the exposure for the students at the NKF center. They also believed that the dialysis patients also benefited from their 'exposure' to dietitians by becoming more committed to their dietary goals set for them by the students.



"Our students are receiving an excellent opportunity to get to know the lives of dialysis patients during this attachment. Because of this long contact time they managed to screen the patients' nutritional status and determine individual needs for dietary advice" said Dr Tilakavati, during the presentation by the dietetics students recently as part of the placement program.

"Trust a Dietician to know about Nutrition"

– The British Dietetic Association

* not her real name



Tekanan Darah Tinggi & Buah Pinggang Anda

Apa itu Tekanan Darah?

- Ia adalah daya yang dihasilkan semasa darah menolak pada dinding arteri anda. Tekanan ini menggerakkan darah dari jantung ke organ-organ seperti otak, buah pinggang dan perut.
- Ia mempunyai dua komponen:
 1. Tekanan sistolik - tekanan maksimum di dalam arteri semasa jantung mengepam dengan aktif.
 2. Tekanan diastolik - tekanan minimum semasa jantung berehat di antara denyutan.
- Terdapat dua bacaan, iaitu tekanan sistolik di atas tekanan diastolik, contohnya 120/80 mmHg, dibaca sebagai 120 di atas 80.
- Tekanan darah berubah mengikut aktiviti fizikal dan keadaan emosi setiap hari.

Apa itu Tekanan Darah Tinggi?

- Tekanan darah tinggi (hipertensi) adalah keadaan di mana tekanan sistolik dan/ atau diastolik yang tinggi secara konsisten atau berselang.
- Secara umumnya, tekanan sistolik pada 140 mmHg atau lebih, atau tekanan diastolik pada 90 mmHg atau lebih secara berterusan dikatakan sebagai tekanan darah tinggi.
- Tekanan darah tinggi berlaku apabila daya tekanan darah yang menolak dinding arteri anda meningkat sehingga boleh mengakibatkan kerosakan.
- Cecair yang berlebihan di dalam badan boleh menambahkan isipadu di dalam salur darah anda. Ini akan menjadikan tekanan darah anda tinggi.
- Salur darah yang sempit dan tersumbat boleh menaikkan tekanan darah.

Adakah Tekanan Darah anda normal?

- Tekanan darah yang normal adalah 120/80 mmHg atau kurang.
- Pada kebanyakan orang dewasa, bacaan tekanan darah pada 140/90 atau lebih adalah tinggi. Bacaan tekanan darah pada 130-139/ 85-89 dianggapkan sebagai 'high normal'.
- Kebanyakan orang tidak mengetahui mempunyai tekanan darah tinggi kerana mereka tidak mengalami apa-apa tanda.

Apakah faktor-faktor risiko bagi Tekanan Darah Tinggi?

- Merokok
- Berat badan berlebihan
- Lelaki berumur lebih daripada 45 tahun
- Wanita berumur lebih daripada 55 tahun
- Sejarah keluarga mempunyai tekanan darah tinggi
- Menghidap diabetes, penyakit buah pinggang atau penyakit jantung
- Pengambilan jumlah garam dan lemak tepu atau alkohol yang tinggi

Komplikasi bagi Tekanan Darah Tinggi

- Kerosakan saluran darah
- Penyakit buah pinggang
- Penyakit jantung
- Strok

Bagaimanakah Tekanan Darah Tinggi boleh mempengaruhi buah pinggang saya?

- Ia adalah sebab utama kegagalan fungsi buah pinggang.
- Tekanan darah tinggi boleh merosakkan saluran darah yang membawa darah ke keseluruhan badan. Saluran yang kecil biasanya akan rosak dahulu.
 - Sekiranya saluran darah di dalam buah pinggang mengalami kerosakan, kebocoran protein daripada buah pinggang mungkin berlaku, manakala tekanan darah tinggi mungkin memburukkan lagi keadaan ini. Akibatnya, buah pinggang mungkin kehilangan fungsinya untuk menyingkirkan bahan buangan dan cecair berlebihan dari dalam darah.

Bagaimanakah untuk mengawal Tekanan Darah saya?

- Selalu memeriksa tekanan darah
- Mengambil ubat-ubatan yang ditetapkan oleh doktor
- Mengekalkan berat badan
- Mengamalkan makanan seimbang yang mengandungi banyak buah-buahan dan sayur-sayuran. Mengurangkan makanan yang mengandungi lemak tepu.
- Hadkan pengambilan garam kepada 1 sudu kecil
- Hadkan pengambilan minuman keras dan kafein
- Bersenam 30 minit setiap hari, sekurang-kurangnya 3 kali setiap minggu
- Berhenti merokok



Penyakit buah pinggang merupakan pembunuh senyap! Tanda-tanda dan gejala-gejala hanya muncul pada peringkat akhir penyakit buah pinggang. Ujian pemeriksaan awal adalah penting terutamanya jika anda berada di dalam risiko tinggi.

Perkembangan penyakit buah pinggang boleh dilambatkan atau dihentikan jika dikesan lebih awal.

Ini merupakan khidmat awam yang diberikan oleh Yayasan Buah Pinggang Kebangsaan Malaysia. Semua maklumat adalah untuk tujuan pendidikan sahaja. Sila berjumpa dengan doktor anda untuk maklumat selanjutnya.

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高血壓和您的腎臟

什么是血压？

- 它是血液推挤您的动脉管壁的力量。这个壓力把血液从心脏輸送至各器官如頭腦、肾脏和胃。
- 它有两个部分:
 1. 收縮壓 - 当心臟收縮時，血管內血流量最大，稱之為收縮壓，或最高血壓、最大血壓
 2. 舒張壓 - 当心臟擴張時，血管內血流量最低，此時期血壓稱為舒張壓，或稱最低血壓、最小血壓。
- 它有兩個讀數，即收縮壓和舒張壓，例如 120/80 毫米汞柱 (mmHg)，读成 120，80。
- 血壓随着当天身体的活動和情緒的状况而改變。

什么是高血压？

- 高血压是收縮壓和舒張壓或其中之一间歇性或持续性的升高的一种失调。
- 通常，收縮壓持续於 140 毫米汞柱或以上，舒張壓於 90 毫米汞柱或以上，就是高血压。
- 当血液推挤您的动脉管壁的力量高到足以造成破坏时，高血压就产生了。
- 您体内過量的流体將增加您血液内流体的体积而使您的血压增高。
- 狭窄或阻塞的血管也可能提高血压。

您的血压是否正常？

- 正常血压应该是 120/80 毫米汞柱或低于 120/80 毫米汞柱。
- 多数的成人，血压為 140/90 毫米汞柱或以上為高血压。血压介於 130-139/85-89 被视为臨界高血压。
- 多数有高血压的人並不知道自己患上高血压，因为他们没有任何症状。

什么是高血压的风险因素？

- 吸煙
- 過重
- 45 歲以上的男性
- 55 歲以上的女性
- 有高血压的家族遺傳
- 有糖尿病、腎臟病或心臟病
- 攝取過多鹽份和饱和脂肪或酒精

高血压的併發症

- 血管受損
- 腎臟病
- 心臟病
- 中風

高血压怎样影响我的肾脏？

- 它是肾衰竭的主要原因。
- 高血压会破坏輸送血液到全身的血管。通常小的血管先受到影响。
- 如果肾脏的血管受到破坏，蛋白质可能从肾脏漏出，高血压或许會恶化。结果，肾脏可能停止从血液中排除废物和过多的流体。

我應該怎么控制我的血压？

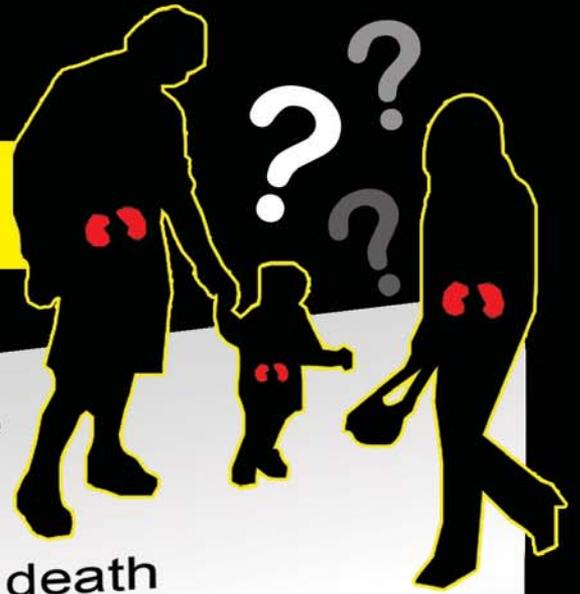
- 經常檢查血壓
- 根據醫生的指示服藥
- 維持健康的體重
- 实施均衡的飲食，多吃水果和蔬菜。少吃飽和脂肪。
- 減少鹽分的攝取至一茶匙
- 限制酒精和咖啡因的攝取
- 每星期運動 3 次，每次至少 30 分鐘。
- 戒煙

腎臟病是一个無聲的凶手！腎臟病的症状很晚才发生。如果您是高风险群，檢驗是非常重要的。

如果及早发现，腎臟病的进度是可以减缓或停止的。



DO YOU KNOW...?



- 1 Early detection can help prevent the progression of kidney failure.
- 2 Heart disease is the major cause of death for all people with chronic kidney disease.
- 3 High blood pressure causes chronic kidney disease and chronic kidney disease causes hypertension.
- 4 People at high risk of chronic disease include those with diabetes, high blood pressure and family history of kidney disease.
- 5 Three simple test scan detect chronic kidney disease: blood pressure, urine albumin and blood test for creatinine.



SHARE



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...ng kita menap
...sebanyak 200

World
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13 Mar 2008

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What happened to Tracy & Stephanie?



Turn page for more.....