

# Screen at-risk patients to detect kidney diseases early

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As it is neither possible nor cost effective to screen the entire population for kidney diseases, healthcare providers should be looking at providing opportunistic screening whenever the situation arises, says a prominent nephrologist.

In an interview with *Medical Tribune*, Dato' Dr. Zaki Morad Mohd Zaher, chairman of the National Kidney Foundation (NKF), said patients who are at risk of developing kidney disease should be identified when they visit clinics and offered a screening test to detect early kidney disease.

Patients at risk include those with established diabetes, heart disease and a family history of polycystic kidney disease. Once they have been identified, Zaki said it is important for them to go for regular treatment (if they have early kidney disease) and

checkups (if they have yet to develop kidney damage).

He recommended that doctors to perform three simple tasks to determine a person's kidney disease status: first, take a blood pressure reading, as kidney diseases usually cause a person's reading to escalate; second, perform a simple urine test to check for the presence of protein or blood; and finally, to offer a blood test to check for kidney function.

Dialysis is necessary for those with end-stage kidney disease. In Malaysia, the bulk of dialysis patients are diabetics. Zaki said, "For diabetes or kidney disease to damage the kidneys to a stage where dialysis is required, many years of damage would have occurred." Therefore, this brings up the point of early detection and treatment again.

NKF is playing its part in helping re-

duce the number of people who require dialysis. It has portable screening stations in the form of two buses that visit factories, schools and shopping complexes to offer screening to those who are potentially at risk. Zaki noted that patients can also opt to go to government clinics to be screened.

The number of Malaysian dialysis patients stands at close to 22,900 as of 31 December 2010. (National Renal Registry 2010) However, with the average annual increase of 8 to 10 percent, Zaki said the projected number of dialysis patients might reach the region of 24,000 by the end of 2011.

The bulk of this number will be diabetic patients and the elderly. The number of new younger patients has leveled off in recent years.

In countries such as the US and Australia, the number of patients on dialysis is receding. Zaki said this is due to strict han-

dling of diabetes and blood pressure – both major contributors to kidney disease.

In order to effectively tackle the problem of end-stage kidney disease, Zaki said a national movement is required involving input from all stakeholders. He added that sporadic efforts would not do much to affect the diabetic population.

On advances in the field of dialysis and kidney disease, Zaki said while there have been no dramatic advances, the gradual improvements in dialysis machines, membranes, medications and products to control complications of dialysis have all contributed to better outcomes. Zaki is also looking forward to the development of wearable artificial kidneys – something dialysis patients can use for a longer period of time.

Zaki had earlier officiated the opening of the 9<sup>th</sup> NKF Annual Dialysis Meeting in Kuala Lumpur. 