

MEDIA RELEASE

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EXPLOSION IN DIABETES-FUELLED KIDNEY DISEASE

Diabetic kidney disease now costs the Australian healthcare system \$1 billion annually

A report released today reveals that Australia has endured a rapid rise in the most serious and life-threatening form of 'diabetic kidney disease' during the last decade.

The Kidney Research Group at the University of Sydney reports that the rate of end-stage diabetic kidney disease treated with dialysis or kidney transplantation in Australia more than doubled (130 per cent) between 2000 and 2010 – one of the largest increases of any developed country.

The report, prepared for Kidney Health Australia with an unrestricted educational grant from Boehringer Ingelheim, also projects that the number of Australians with diabetes and kidney disease commencing dialysis or kidney transplantation each year – nearly 1,000 in 2012 – could more than double by 2025 if the incidence of diabetes in the Australian population continues to increase.

Dr Tim Mathew, National Medical Director at Kidney Health Australia, explained that poor diabetes control accelerates the progression of kidney disease, while declining kidney health increases the rate of diabetic complications. "It really is a sinister relationship," he said.

"Diabetic kidney disease is reaching epidemic proportions, with direct healthcare costs now approaching \$1 billion annually."

The number of people with diabetic kidney disease is also anticipated to rise from around 250,000 to around half a million in the next ten years.

Dr Mathew says that diabetic kidney disease is often not diagnosed until much of the person's kidney function has been lost and life-saving treatment is no longer possible. End-stage kidney disease occurs when less than 10 per cent of kidney function remains. Nearly 5,000 Australians with end-stage kidney disease due to diabetes are currently dependent upon a kidney transplant or dialysis for survival.

"The problem is only going to get bigger. For every diabetes patient with end-stage kidney function, another sixty have earlier stages of diabetic kidney disease. Many more people will progress to dialysis or transplantation if we don't intervene now," he said.

Professor Steve Chadban Director of Kidney Transplantation, Royal Prince Alfred Hospital and from the Kidney Research Group said the research had identified a glimmer of hope in efforts to combat spiralling rates of end-stage diabetic kidney disease.

"The use of more effective diabetes therapies and blood pressure medicines that are kidney-protective appears to be stemming the burden of diabetes-related kidney disease overseas," he said.

In the United States, Canada and several European countries, the rates of new cases of treated end-stage kidney disease have stabilised.

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“What we have seen in the United States and elsewhere may be attributable to early detection through effective screening and better use of therapies that control diabetes and protect the kidneys,” said Professor Chadban.

Kidney Health Australia is calling for increased funding to support the prevention and early detection of diabetic kidney disease, as well as optimal management of diabetes and kidney disease.

“Monitoring for kidney disease must be made a high priority for all people with type 2 diabetes and more effort needs to be made to ensure that glucose control is optimised and other issues such as blood pressure and lipids targets are met. This means better control of diabetes in the first instance,” said Dr Mathew.

The report found that the annual healthcare cost of providing kidney replacement therapy (dialysis and kidney transplantation) to people with end-stage kidney disease due to diabetes is approximately \$300 million a year (\$80,000 per patient) in Australia. The direct healthcare cost in the earlier stages of diabetic kidney disease is approximately \$700,000 per annum. The presence of diabetes doubles the healthcare costs of someone with early kidney disease.

The Two of a KinD supplementary report was produced by the Kidney Research Group, Royal Prince Alfred Hospital and University of Sydney for Kidney Health Australia. Funding for the report was provided as an unconditional education grant from Boehringer Ingelheim. The full Report can be viewed at www.kidney.org.au.

Kidney Health Australia is a national healthcare charity with a vision 'to save and improve the lives of Australians affected by kidney disease'. As the national peak body, Kidney Health Australia promotes good kidney health through delivery of programs in education, advocacy, research and support.

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For further information or to arrange an interview please contact Gerald Power on 0429 005 147 or gpower@ethicalstrategies.com.au

Note to Editors

About Diabetic Kidney Disease

The kidneys filter blood through an extensive network of tubes (nephrons) which contain blood vessels (glomerulus) that channel excess fluid and waste chemicals to the bladder, from which it is expelled from the body as urine.

Type 2 diabetes leads to an unnaturally high level of glucose (sugar) in the blood that causes the kidneys to process a larger amount larger of sugar than normal. Over time this causes damage to the kidneys' filtering system and can lead to high blood pressure.

As a result of the kidneys' filtering system no longer working effectively, waste builds up in the body rather than being excreted and important blood proteins that should be retained are lost.

Diabetic kidney disease is often not diagnosed until much of the kidney function has been lost and life-saving treatment is no longer possible.