

World Kidney Day 2008 A Message to the Kidney Community of Iran

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The World Kidney Day (WKD) Steering Committee would like to express its sincere gratitude to the Iranian Society of Nephrology, the Kidney Foundations of Iran and the community of kidney healthcare professionals and volunteers for organizing such an excellent series of initiatives in Iran on the occasion of WKD. The importance of WKD is due to the activities that these individuals and organizations are conducting in Iran, led by people who understand the specific kidney health issues that exist in their country. By uniting together, we will continue to make meaningful progress in raising public awareness of chronic kidney disease (CKD) and inspiring positive changes in healthcare systems and practices around the world.

To understand the relevance of WKD to our attempts to reduce the prevalence and harmful effects of CKD, a few comments of explanation concerning WKD may be in order. The idea of a WKD emerged from the following considerations¹⁻⁹:

- (1) Chronic kidney disease is common, and appears to affect roughly 10% of the adult population worldwide.
- (2) Chronic kidney disease is associated with increased risk of cardiovascular and cerebrovascular diseases, which, even without this increased risk, is one of the most common causes of death worldwide.
- (3) Chronic kidney disease, once established, commonly progresses to end-stage kidney disease, if the patient lives sufficiently long.
- (4) Treatments for CKD are now available that slow, and sometimes even stop, the progression of CKD to end-stage renal disease.
- (5) Based on available evidence from the general population, it seems reasonable, although not proven in the CKD population, to conclude that reduction of cardiovascular and cerebrovascular disease risk factors, which are commonly present in patients with CKD, will reduce morbidity and

mortality from these conditions.

- (6) Evidence strongly indicates that a large proportion of individuals with CKD are not aware that they have this condition. Those who are diagnosed with CKD frequently are not managed with the proven, state-of-the-art treatments by physicians.
- (7) The prevention and treatment of CKD often ranks low on government healthcare agendas.
- (8) This situation is particularly unfortunate because state-of-the-art medical care for slowing progression of CKD and treatment of most cardiovascular and cerebrovascular risk factors are relatively inexpensive.
- (9) In summary, CKD has recently been recognized to be common, harmful, and treatable, and to be a serious medical illness and public health threat throughout the world. Moreover, a critical gap has emerged between readily available and demonstrably effective therapies for CKD and the healthcare that most people with this malady actually receive.

The International Federation of Kidney Foundations and the International Society of Nephrology cosponsor the WKD, which is held annually on the second Thursday of March. With very little time to prepare and with limited resources, the first WKD was celebrated on March 9, 2006. To our astonishment, celebratory events were held in 45 countries.

On March 9, 2007, the second WKD was observed in 63 countries. In many individual countries, WKD was observed in more than one city. The types of events that have commemorated WKD include kidney disease detection programs and scientific, educational, or public relation events for healthcare professionals, government officials, and the public-at-large. Other activities carried out on WKD include inauguration of more effective kidney disease treatment programs, promotion of living donor kidney transplants, and improvement

in the effectiveness and availability of chronic dialysis programs.

One of our greatest challenges is general ignorance about the kidneys. Surveys made before the advent of WKD have shown that less than 5% of the general population know where the kidneys are located and what they do. For that reason Amazing Kidneys! is the WKD theme this year. The campaign stresses the positive message that kidneys are truly "amazing." A focus for the general public is on simple facts about what kidneys do for us. For example, "Every day our kidneys filter and clean 200 liters of blood." Creative flash and cartoon animations, images, and messages are also available to educate the public about their kidney health. One of the great strengths of the WKD campaign is its global reach. On the 13th of March, Iran will be joined by a huge number of individuals, healthcare professionals, the media, and governments from around the world. A sense of the extent, variety, and innovativeness of the activities for WKD 2008 can be obtained at http://www.worldkidneyday.org.

What can workers in the healthcare field do for WKD? The answer is that many things can be done. These activities include support of local kidney foundations and societies of nephrology, participation in kidney disease detection programs, and education of patients, their families, and the public-at-large concerning the need for periodic check-ups for kidney disease. Advocacy with the government and with appropriate healthcare agencies for the establishment of broadly-based kidney disease prevention, detection, and treatment programs are critically important issues for people with or at risk for CKD. It is argued that, at the least, kidney disease detection programs should be established for such high risk groups as those with diabetes mellitus, hypertension, coronary artery disease, cerebrovascular disease, or a family history of CKD. Indeed, comprehensive kidney disease detection and management programs are beginning to spring up in government and forprofit healthcare management programs as well as in the private practice setting.

In some communities, WKD has become a vehicle to foster collaboration among the various local organizations concerned with kidney disease. These organizations are working collaboratively to develop educational programs, improved healthcare

delivery, and government advocacy for CKD prevention, detection, and treatment. It is important to recognize that in every metropolitan area, there may be many such organizations concerned with CKD; for example, medical schools and other academic medical centers, health maintenance organizations, government hospitals, organizations of renal nurses, technicians, dietitians or kidney patients, minority advocacy groups, as well as societies of nephrologists and kidney foundations. The talents and resources of the people in these organizations, when they join together, can be enormous and represent a great untapped potential for improvement of the health and quality of life for people with or at risk of CKD. Such a communitywide effort is currently underway in Los Angeles for WKD 2008. It is hoped that other communities will use this model to enhance the health of people with, or at risk of, CKD.

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