



REGULAR SCREENING VITAL IN MITIGATING IMPACT OF KIDNEY DISEASE

The prevalence of chronic kidney disease is on the rise both in South Africa and the rest of the continent with international studies showing that cases of the disease are 3 - 4 times more frequent in Africa than the developed world. However, regular screening and comprehensive medical cover can mitigate the impact the disease may have on someone's life.

Ahead of World Kidney Day on Thursday 10 March, Graham Anderson, Principal Officer and CE at Profmed, says that medical schemes are required by law to cover the diagnosis, medical management and medication of chronic renal failure, as part of the chronic disease list. However, the extent to which chronic medication is covered is dependent on the option or plan the patient has chosen.

Dr Dominique Stott, executive at PPS, says "It is important for anybody who is at a high risk of developing kidney disease to ensure that they are comprehensively covered for all treatment and any associated costs. It is recommended for these people to also take out a dread disease benefit which will pay a lump sum at a specific stage of the chronic kidney disease to help pay for additional expenses, which can be substantial."

"It is essential for those who are deemed most likely at risk, such as the overweight and those with a family history of related diseases, to get screened annually. Generally speaking chronic kidney disease progresses over many years and there is no cure. However, if the disease is detected early and the patient given the proper treatment, it is possible to prevent further damage to the kidneys or at least slow down the process."

She says chronic kidney disease is most commonly brought on by other diseases such as hypertension and diabetes mellitus. "Hypertension and diabetes are often referred to as silent diseases, where the patient may not feel any particular symptoms until the disease has reached an advanced stage and the kidneys have already been affected."

"While people should take note of their family history and other risk factors, it is also important to note that kidney failure in the black population is actually four times higher than any other population group due to the high incidence of hypertension within this group."

In a 6-year study of patients with chronic kidney diseases by the SADTR, hypertension was the cause of chronic kidney failure in 4.3% of whites, 34.6% of blacks, 20.9% of mixed race group and 13.8% of Indians.

She says hypertension currently affects about 25% of the adult population and is the cause of chronic kidney failure in 21% of patients in renal replacement therapy (both dialysis and transplant) in the SA Registry.

“By controlling hypertension and diabetes the rate of progression of kidney disease can be slowed down. This means taking the medication prescribed for the conditions and not ignoring the long term implications of poor disease control.”