

## MEP Group for Kidney Health

### The costs and policy implications of chronic kidney disease in Europe

On 8<sup>th</sup> October, the MEP Group for Kidney Health met for the second time since its inception in March this year. The Group was formed due to the need to address the silent epidemic of chronic kidney disease in Europe, in particular through preventative initiatives at European Union and Member State level, and provides a permanent forum for the most important kidney health related matters to be discussed at EU level.

The topic of the lunch briefing was the costs and policy implications of chronic kidney disease in Europe. Indeed although the treatment of kidney failure by dialysis and transplantation accounts for several percent of national healthcare expenditure in many European countries, this is just the tip of the iceberg, since for every person with kidney failure there are at least 30 with lesser degrees of kidney damage who need treatment to minimize the risk of developing kidney failure. Added to this, the costs incurred to the individual in terms of decreased earnings, private insurance, healthcare bills etc means that chronic kidney disease is an extremely expensive disease for the European Union.

Professor Andrew Rees, Chair of the European Kidney Health Alliance, welcomed participants and introduced the objectives of the Alliance which are to promote awareness of the threat posed by CKD, prevention strategies and early detection policies, research into better treatments and exchange of best practice, and to ensure uniform standards of care and access to services throughout the EU.

Mrs Frieda Brepoels MEP, Chair of the MEP Group for Kidney Health, stressed that the European Parliament can contribute to the fight against the disease by giving a wake-up call to national governments



Mrs Frieda Brepoels, MEP

and that “efforts can be pulled together at European level by putting the prevention of kidney disease high on the European agenda. Furthermore, progress can be made by exchanging best practices between Member States and by improving existing technologies to detect kidney disease so as to assure that every European citizen has equal access to high-quality health care.”

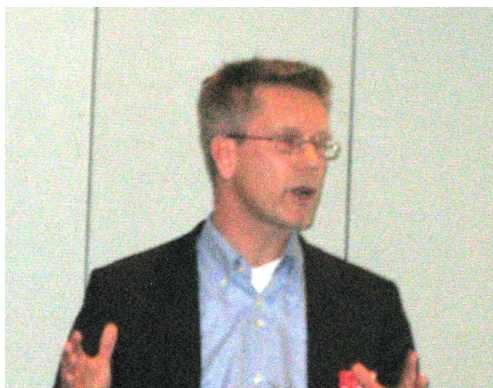
Chronic kidney disease patient Per Åke Zillén then gave MEPs an overview of the financial burden of the disease on the individual – costs that range from blood tests to specialist nephrology and transplantation care, and private insurance to pension plans.

Dr Zillén, a dentist by profession, understands all too well the importance of disease prevention and taking responsibility for one’s own dental health, and stressed that the most important step for the chronic kidney disease patient is to assume



responsibility for his or her own kidney health in order to stop or slow the progression of the disease and to minimize the symptoms and risks of complications. The first step to achieving this is education of the patient and their family, with the aim of providing information, encouraging motivation and promoting the correct behavioral habits such as taking the correct doses of medication at the recommended frequency, maintaining healthy blood pressure and blood sugar levels, not smoking, taking regular exercise, eating the correct foods and controlling stress levels. Dr Zillén’s key message, ‘My kidneys, My body, My health, My life’ was followed by an important recommendation to MEPs: that prevention of chronic kidney disease may be achieved if strategies for early detection, early treatment and early education are put in place.

Professor Ron T Gansevoort of the University Medical Centre, Groningen, then gave an overview of the costs to society of chronic kidney disease.



He explained that the number of people suffering from end-stage chronic kidney disease for which renal replacement therapy is started grows

**Professor Ron T Gansevoort**

exponentially, with worldwide figures having increased from 426,000 in 1990 to 1.5 million in 2000 and an expected rise to 2.5 million by 2010. He explained that these figures are only the tip of the iceberg, with many more people unknowingly affected with earlier stages of chronic kidney disease. This 'silent epidemic' of chronic kidney disease is a huge burden on national healthcare systems, as low kidney function is associated with a high incidence of other medical problems such as cardiovascular events. Giving figures from the US MediCare system, Professor Gansevoort demonstrated that the costs involved with chronic kidney disease are over four times as much as expected from the number of patients. This is due to the high incidence of cardiovascular disease in chronic kidney disease patients, but also caused by kidney failure associated anemia, phosphate retention, hyperparathyroidism, acidification etc. These metabolic problems all add to healthcare costs and impact on the quality of life of the individual.

Professor Gansevoort used results from the PREVEND study to illustrate the cost-effectiveness of screening and treatment. Screening of urinary protein loss of more than 50mg/day costs 7,000 Euros per life year gained, and this cost should be acceptable to most healthcare systems in the EU. Professor Gansevoort concluded that although the number of patients on dialysis or transplantation is relatively low (0.1-0.2%), the costs are very high and the numbers are increasing. The prevalence of earlier stages of chronic kidney disease is far higher, at around 10% - and these earlier stages are also associated with higher healthcare costs. Professor Gansevoort's key message, like Dr Zillén's, was the importance of prevention. Early diagnosis may

For more information on the MEP Group for Kidney Health please contact [frieda.brepoels@europarl.europa.eu](mailto:frieda.brepoels@europarl.europa.eu) or tel: +32 (0) 228 45862

For more information on EKHA please see [www.ekha.eu](http://www.ekha.eu) or contact Anna Rouillard at the EKHA Secretariat: [anna.rouillard@ekha.eu](mailto:anna.rouillard@ekha.eu) or tel: +32 (0) 263 96230

be achieved by screening for urinary protein loss, then protection of the kidneys and the heart in patients with reduced kidney function should be provided. Screening and treatment of these patients is cost effective because dialysis and cardiovascular events may be prevented.



**From left to right: MEPs Irena Belohorska, Miroslav Mikolasik, Dirk Sterckx, Frieda Brepoels, Jolanta Dickute, Adamos Adamou**

Participants of the meeting thanked the speakers for their valuable insights on the costs of chronic kidney disease both to the individual and to national healthcare systems and agreed that a harmonised approach from all healthcare stakeholders is required to push the importance of prevention at EU level, better cooperation between Member States should be aimed for, and a homogenization of practices should be encouraged.



**From left to right, EKHA Senior advisor Frédéric Soudain, EKHA Brussels Representative Anna Rouillard, Professor Ron T Gansevoort, Per Åke Zillén, Frieda Brepoels MEP, Thomas Reiser, EKHA, Professor Andrew Rees, EKHA Chairman, Irena Belohorska MEP, Mark Murphy, EKHA.**

***"EKHA takes a multidisciplinary approach involving patients and their families, doctors and nurses, researchers and other healthcare professionals who work cooperatively for a European health environment in which there is a sustained decrease in kidney disease and its consequences.***