

## nephron DIGEST

### Issue 3, 2009

April 15, 2009

In this issue of *Nephron Digest*, I have chosen to draw attention to the excellent Mini Reviews that feature in *Nephron* and are available for free via the website of *Nephron Clinical Practice*. They provide readers from all over the world with an up-to-date and expert opinion on topical nephrological issues.

Professor Meguid El Nahas, PhD, FRCP

Editor, *Nephron Clinical Practice*

[nephron@sheffield.ac.uk](mailto:nephron@sheffield.ac.uk)

[m.el-nahas@sheffield.ac.uk](mailto:m.el-nahas@sheffield.ac.uk)

[Issue 111/3/09](#) of *Nephron Clinical Practice* contains two excellent Mini Reviews by authorities in their respective fields.

The Mini Review by Agarwal and Srivasta ([2009;111:c197-c203](#)) highlights very clearly the issues facing patients with CKD in India and reflects more generally those facing patients with ESRD in emerging economies. An increase in the number of patients with chronic non-communicable disease (NCD), in particular diabetes and hypertension, is having a huge impact on the incidence and prevalence of CKD in developing countries. This, combined with poverty, has led to an upsurge of patients with CKD. It is important to appreciate that social deprivation and poverty affect NCD by predisposing individuals and impeding their access to healthcare (discussed in detail by Hossain et al, *N Engl J Med* 2007;356:213-215, and *Am J Kidney Dis* 2009;53:166-174).

In India, only 10% of patients with ESRD have access to renal replacement therapy, and previous observations have highlighted the fact that even those who do have access to hemodialysis do so for a very short period of time (3 months) due to a lack of funds or resources; Most dialysis units are privately run, and the cost of dialysis is beyond the means of most Indians.

Transplantation in India has been fraught with issues such as organ trafficking. The discrepancy between demand and supply highlights the need for concerted measures. The Indian government is taking steps towards a more comprehensive policy to address some of the issues highlighted in this review. A global and concerted approach to address the rise in NCD is being implemented by the WHO.

It is hoped that the current global financial crisis does not impact healthcare strategies (R. Horton, Lancet 2009;373:355-356).

The Mini Review by De Jong and Gansevoort ([2009;111:c204-c211](#)) on albuminuria is a timely and excellent appraisal by two leading authorities in the field of the issues relating to the diagnosis and prognostic values of albuminuria.

Over the last decade, it has become increasingly recognized that albuminuria is common in the general population. A number of factors may contribute to this high prevalence (around 7% in the PREVEND study), including ageing of the population and a rising prevalence of obesity and the metabolic syndrome. However, it is also important to recognize that microalbuminuria is often associated with a number of acute and chronic inflammatory conditions, and that it can be reversible with control of the underlying inflammatory process. Albuminuria is also associated with diffuse vascular pathology and endothelial dysfunction. This may explain its rise with age and the fact that albuminuria is increasingly recognized as a useful additional cardiovascular prognostic marker. Caution should therefore be exerted when labelling individuals as suffering from CKD on the sole basis of transient or reversible microalbuminuria. This may have overinflated the prevalence of 'CKD', especially when individuals are only tested once.

Microalbuminuria is increasingly recognized as a reliable cardiovascular outcome predictor. Moreover, recent evidence from van der Velde et al. (J Am Soc Nephrol 2009;20:852-862), from the same group as the authors of the Mini Review, suggests that screening for albuminuria identifies patients at increased risk for progressive renal disease, 40 - 50% of whom having been previously undiagnosed or untreated. The authors also make the point that, in view of its prognostic implications, albuminuria may have to be factored into future CKD classifications (Gansevoort and De Jong, J Am Soc Nephrol 2009; 20:465-468). This is currently one of the issues under consideration by Kidney Disease: Improving Global Outcomes (KDIGO).