



**Guest Editorial: Debbie Gregory**  
**Chairperson, The Renal Society of Australasia**

## Stopping the Tsunami of Chronic Kidney Disease: Report from the International Chronic Kidney Disease Summit, July 27th 2007

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In July 2007 Kidney Health Australia and the Australian and New Zealand Society of Nephrology (ANZSN) jointly held an International Chronic Kidney Disease (CKD) Summit in Sydney. On behalf of the Renal Society of Australasia (RSA) I was invited to participate, one of three nurse delegates attending the day.

This meeting addressed the state of play in Australia in regard to CKD: its early detection, best care protocols and resourcing issues. It showcased the significant progress made in engaging government in the United States of America (US) and the United Kingdom (UK) in CKD issues, and contrasted the progress in Australia.

Associate Professor Robyn Langham, current ANZSN chair, directly noted the support and direct involvement of the RSA confirming our continued support to work collaboratively to manage the ever growing demand of renal replacement therapy management.

The participants of this summit were from across the Australian nephrology community and from other key stake holder areas: various levels of state health departments, members of parliament and invited international guests and the general practitioners group.

Internationally, there are certain initiatives such as Kidney Early Evaluation Program (KEEP) and National Health and Nutrition Examination Survey (NHANES) in the US that may assist our progress to engage government and institute change. I urge you all to “Google” these programs and explore some of the excellent prevention work being undertaken overseas.

From the UK, John Feehally, President of the Renal Association and Chairman of the Joint Specialty Committee on Renal Disease of the Royal College of Physicians presented the UK’s political strategy aimed at preventing the progression of CKD.

It was reassuring that in Australia, we are a collective group taking action to identify the risks and the ways to put in place the many layers required to manage what will become a significant financial and public health issue. It has been reported that if CKD is detected early and managed appropriately, there is evidence that the otherwise inevitable deterioration in kidney function can be reduced by as much as 50% and indeed may be reversible.

The delegates felt it was vital to continue to gather the evidence required to demonstrate to government the needs of investment and gather outcomes from our research (think EQUIP and the 360 degree process). As a first simple step the re-introduction of the simple “urine dip test” . . . . If you can remember your days as a young nurse, remember the “dip test”? The members of the delegation strongly felt that if we re-instituted the simple urine test back in the GP clinic, for a small price of 20 cents per test, then we are on the start of the road to early identification and then to direct the patient into a management program. We need to be efficient with the dollar, appropriately resource the areas identified.

As renal nurses we tend to be a bit accepting of an abnormal urine test or a blood pressure out of normal limits. We can liaise with general practice nurses, our own clients and their families to continue the CKD prevention message.

For further information related to the summit and the prevention of kidney disease go to the KHA website ([www.kidney.org](http://www.kidney.org)).

I urge you to view the program.



*Cover: Kidney Blossom*

Represents the theme of the conference stepping into the future, Kidney Spring blossom, new growth and fresh ideas for renal nursing. Acrylic and modelling paste. Original Artwork by Belinda Wilson, Acting Nurse Unit Manager, St Vincents Dialysis Unit. Melbourne, VIC.