



END-STAGE KIDNEY DISEASE

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Kidney disease is a costly and debilitating disease. An estimated 11.5 percent of adults, ages 20 or older, have physiological evidence of chronic kidney disease. As of 2007, there were 527,283 residents in the U.S. receiving treatment for End-Stage Renal Disease (ESRD) and shockingly, there were 111,000 U.S. residents who were new beneficiaries of treatment for ESRD. Financially, the cost for ESRD is concerning. Of the same year, \$35.32 billion dollars was spent in the public and private sectors.

The two main causes of kidney disease are diabetes and high blood pressure, which are responsible for two-thirds of the cases of Chronic Renal Disease (CRD). Diabetes is the leading cause of kidney failure in African Americans. The most common type of diabetes in African Americans is type 2 diabetes. Approximately 14.7 percent of all African Americans over the age of 20 have diabetes; and close to one third of these diabetes cases go undiagnosed. This group is also twice as likely to develop diabetes based on kidney disease statistics in the United States.

Racial disparities in ESRD are dramatic. African Americans suffer from ESRD disproportionately. 29 percent of all patients treated for renal failure are African American, which constitutes only 14 percent of the overall population in America. African Americans also develop kidney failure at a mean age of 56 years of age, compared with the age of 66 for Caucasian Americans. Hispanic communities are also at risk. The rate of ESRD for this group was nearly 12,000 in 2005, a 63 percent increase in a nine-year period.

African Americans and Hispanics are not the only race at a higher risk for developing ESRD. Native

Americans and Alaska natives also experience higher rates of ESRD, which have been reported to be 2.7 times higher than the Caucasians. Another high-risk group includes Pacific Islanders. Based on the latest statistics available, the number of all new patients with ESRD increased from 45,127 in 1989 to 87,534 in 1998.

Hypertension (high blood pressure) is the second leading cause of kidney failure among African Americans, which account for 34 percent of new cases each year. Native Americans and Alaska natives are also at a higher risk for developing both, diabetes and hypertension, which contributes to the higher incident of kidney disease.

One in nine U.S. adults has Chronic Kidney Disease (CKD), the precursor for ESRD. That equals 20 million Americans. Sadly, another 20 million are at increased risk for developing CKD. Other factors that increase a person's risk for developing ESRD include diet, family history, advanced age, and lack of preventive and diagnostic medical care.

References:

CMS Local Determination Coverage-ESRD - www.cms.gov
Your Health-Symptoms of ESRD - www.auroahealthcare.org
Kidney and Urologic Diseases Statistics for the United States - www.kidney.niddk.nih.gov
End Stage Renal Disease - www.cms.gov
Ten Facts about African Americans and Kidney Disease National Kidney Foundation - www.kidney.org

References:

Chronic Kidney Disease
Dickinson-Iron District
Health Department
www.didhd.org

Symptoms of CKD may include:

- Fatigue/weakness
- Difficulty concentrating
- Dry, itchy skin
- Muscle cramping, especially at night
- Increased edema (swelling of feet and ankles)
- Orbital edema (puffiness around the eyes, especially in the morning)
- Insomnia (difficulty sleeping)
- Frequent urination
- Anorexia (decrease appetite)

Signs and symptoms of ESRD may include:

- Frequent hiccups
- Jaundice (yellowing of the skin)
- Shortness of breath
- Multiple bruises
- Confusion
- Constipation
- Diarrhea
- Increased fractures or weak, brittle bones
- Nausea and/or vomiting
- Frequent infections
- Decreased libido
- Headache
- Fluid overload

Comorbid conditions contributing to a prognosis of six months or less include any of the above and/or:

- Cardiovascular disease
- Diabetes
- Liver disease
- Vascular dementia

- Activity limitations (assistance in daily living)
- Self-care deficits
- Weight loss (or weight gain due to increased edema)
- Uremia
- Frequent infections
- Dyspnea
- Hyperparathyroidism
- Nephrogenic systemic fibrosis
- Hyperkalemia
- Calciphylaxis
- Electing to forgo or discontinue dialysis (hemodialysis or peritoneal dialysis)

Hospice care is a symptom-driven type of treatment provided to patients at the end of life. Palliative care can be the most compassionate treatment option a healthcare provider can recommend for a patient experiencing ESRD. Allowing the patient to choose what type of healthcare they prefer honors the rights of the patient. Offering both conventional and palliative care options will ensure the patient has a carefully considered choice. Hospice provides an interdisciplinary team of hospice and palliative care professionals who will ensure that not only the physical symptoms are addressed and palliated, but the patient's and family's spiritual and emotional needs are met. Hospice provides bereavement support indefinitely after the death of the patient to ensure the bereaved family's needs are met.

References:

ESRD Incidence & Prevalence - www.usrds.org
Kidney International-The spectrum of kidney disease in America - www.nature.com
Diabetic End Stage Renal Disease among Native Americans - <http://care.diabetesjournals.org>
Prevalence of Chronic Kidney Disease and Associated Risk Factors - www.cdc.gov
National Kidney Foundation Fact Sheet- www.kidney.org

References:

United States Renal Data System: USRDS 1999 & 2000 Annual Data Report, Bethesda, MD, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 1999 & 2000.



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