

# “KH4L – Kidney Health For Life” in Portugal

Cristina Vilela, Rui Alves, Fernando Nolasco

Portuguese Society of Nephrology. Lisboa, Portugal

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Chronic kidney disease (CKD) is a global public health problem with adverse health outcomes and high healthcare costs. Recently, the International Society of Nephrology (ISN) supported an international multistakeholder initiative to promote early detection and effective treatment of CKD, the so-called Kidney Health for Life (KH4L).

The main objective of this initiative is to generate recommendations to policymakers, practitioners and researchers with improvement in national healthcare systems regarding the optimal organization and delivery of CKD care.

Portugal was one of the 19 participating countries in this initiative, mainly European countries with a universal healthcare system with equitable access to care.

The Multinational Inventory, resulting from an arduous task of collecting data is now concluded and is going to be presented soon at the ISN site. It includes not only CKD epidemiologic data but also data from current health policies, practices, guidelines and infrastructures relevant to the understanding of CKD care at a national level. It also provides a comparative analysis of the information from the different countries, evaluating present status and inequalities in care.

Surprisingly, data from Portugal are not different from data collected in the other countries studied. The similarities prevail and the major limitations are common across countries, mainly political, economic (inadequate funding) and organizational in nature.

A consistent finding is the low awareness of CKD among policymakers, general population, and among primary care physicians (PCP). On the other hand, CKD patients do not receive adequate education and do not take responsibility for their disease. Another important limitation is the unavailability of national data on epidemiology and costs of CKD care. Only Sweden and the UK have national registries for early CKD stages. Although all countries have highly organized systems to provide renal replacement therapy (RRT), no organized systems are in place for earlier stages CKD care. In particular, there are no screening programmes for early CKD detection in high risk groups, and there is a suboptimal communication/coordination between primary and specialist providers.

At the local level, a number of strategies can be suggested to address these priorities, with varying degrees of impact and feasibility.

Firstly, although we all know that will not be an easy task, it is necessary to generate reliable national data. We need a national CKD registry, starting, for example, at stage 4. Then, we can raise awareness of the central health administration to CKD and alert to the potential cost savings resulting from the prevention of progression of CKD to dialysis. We recall the importance of trying to move forward with the ongoing pre-Odyssey Project.

Measures with high impact, but considerably more feasible, are to increase the awareness of the general population for CKD and its risk factors. Here, there

is an important role for the Portuguese Society of Nephrology (SPN). Besides the use of traditional media with journalistic and advertising items and the website usage, there is great potential for the use of social networks. The SPN intends to create a forum in facebook for discussion of CKD with the general public. The World Kidney Day is always an optimal opportunity for disseminating information. Choosing Wisely campaign, as adopted by the American Society of Nephrology, is an effective example of awareness initiatives.

We have to optimize the teaching of CKD to medical students, intervening in the medical school curriculum, with nephrology becoming a more appealing field and demystifying the fear of treating kidney patients. Updates are required to PCP and, finally, we need to educate our patients, e.g., through collaboration with Kidney patients associations, now mainly concerned with dialysis and transplantation.

Ultimately, we must build a national strategy with development of guidelines for diagnosis, referral and treatment of CKD, allowing better organization, better communication with PCP, avoiding resources duplication and establishing partnerships with other medical societies, e.g., Diabetes or Hypertension.

A multidisciplinary group was formed under the aegis of DGS with the main objective of developing guidelines for the pre-dialysis CKD.

This inventory needs to be the beginning of something not an ending.

**Correspondence to:**

Dr<sup>a</sup> Cristina Vilela  
Sociedade Portuguesa de Nefrologia  
Largo do Campo Pequeno n<sup>o</sup> 2, 2<sup>o</sup> A  
1000-078 Lisboa