

## **Welcome to the Spring Edition of the New Zealand Kidney Foundation Newsletter.**

Isn't it fabulous seeing the fresh green growth, daffodils and blossom everywhere, this is my favourite time of the year, it certainly makes one feel brighter after what seems to have been a very long cold winter.

Needless to say things have been very busy in the NZKF office, we have just moved two doors down to a smaller premises but it has a nice view. The new office number will be **(03) 353 1240 Fax 374 2176**

**The 0800 line remains unchanged.**

In this edition I am excited to introduce our Medical Director Dr Kelvin Lynn, he has provided a brief background and some of his objectives in this new role.

I was lucky enough to attend the RSA ANZSN Co-Joint Conference held in Melbourne, Australia in August, I will report on some of the key sessions I attended.

The NZKF senior renal nurses conference was held in Auckland on September 2<sup>nd</sup>, this was a very successful event, with some wonderful speakers and enthusiastic participants, more on this later.

The 0800 line has continued to be increasingly busy with many calls wanting information on how to keep their kidneys working well, school projects on dialysis and kidney related topics and several people recently diagnosed with some form of kidney disease.

The NZKF website continues to receive more than 4000 hits a month; we are currently looking at upgrading our website to a more user friendly and even more informative format, so keep an eye on it.

The "to do" list for the rest of the year is already filling up fast with planning for the National Drink Water Week well under way. The New Zealand Kidney Foundation uses this week to raise our profile while encouraging people to drink water instead of the other less healthy alternative drinks.

Also while in Melbourne we met with the Kidney Health Australia team to hear about some of the work they are doing in Australia, it was encouraging to know we are on the right track and also to come back with some useful ideas we can utilize here in New Zealand.

In the meantime I hope you are all enjoying this lovely spring weather. Please feel free to contact me if you have any questions, suggestions or items you would like to see in the next newsletter.

Carmel Gregan-Ford  
Education Manager.

**Welcome to our newly appointed Medical Director – Dr Kelvin Lynn.**

I am honoured that The New Zealand Kidney Foundation has appointed me as their inaugural Medical Director.

I was attracted to nephrology as a specialty by the enthusiasm and support of my mentors and teachers, Peter Little and Ross Bailey, and by the challenge of caring for patients with chronic illness. My contacts with patients and their families during my career have frequently made me feel humble at the fortitude and courage they display.

I trained in nephrology at Christchurch Hospital and in the United Kingdom before taking up a position as nephrologist at Christchurch Hospital in 1980. From 1991 until 2000 I was the Clinical Director of Nephrology and then Chief of Medicine at Christchurch Hospital until recently. I have an extensive experience in clinical research. Home dialysis has been a particular clinical interest.

I chaired the National Renal Advisory Board's Standards and Audit Subcommittee that has recently developed audit standards for New Zealand dialysis practice and produced its first report in late 2005.

My main roles as Medical Director are to ensure that those people responsible for health system planning and funding are aware of the magnitude of the chronic kidney disease burden and its close relationships with diabetes and heart disease; to promote research into kidney disease; and to provide a source of responsible, informed comment on matters of public interest related to kidney disease.

There are a number of very successful and active patient support groups and

I see my role as supporting their moves to assist kidney patients and families to obtain a fair share of community supports.

I am still involved in clinical practice at Christchurch Hospital as Clinical Director of the Nephrology Service. I can be contacted either through the New Zealand Kidney Foundation office or the Department of Nephrology at Christchurch Hospital (Phone 03-364-0655; e-mail [kelvin.lynn@cdhb.govt.nz](mailto:kelvin.lynn@cdhb.govt.nz))

**Kelvin Lynn**

**Medical Director**



## **New Zealand Kidney Foundation Senior Renal Nurses Conference - 2006**

This was held in Auckland on September 2<sup>nd</sup>. Senior Renal Nurses from throughout the country were invited to attend the workshop, 46 nurses attended.

The programme for the day covered a wide range of topics all relating to kidney disease and health in a variety of ways. Helen Hoffman from Wellington Hospital spoke about supporting the renal patient, particularly in their treatment option decisions, whether it be the type of dialysis treatment they would like to the decision not to have active treatment, this was a topic of interest to all attending.

Kath Honeybone from Auckland Hospital talked about recruiting and retaining renal nursing staff within the renal units, she had many very useful ideas on ways to keep renal nurses interested and keen.

Continuing on with the staffing theme Margreet Gutker from Middlemore Hospital spoke about their experience with New Graduate Nurses working in the renal unit, with the new grads receiving good support from experienced staff their experience had been a positive one, this certainly gave many of the Charge Nurses present ideas for staffing within their own areas.

Hannah Cattaway from Middlemore Hospital spoke about managing chronic kidney disease and the current issues relating to this area of increasing focus as we look at ways to slow down the progression of kidney disease in our patients. Hannah talked about the benefits of Erythropoietin in the management of chronic kidney disease.

Victor Gilpin from Roche talked about their latest initiative to remind patients to administer their erythropoietin with the use of text message reminders, with many patients only administering erythropoietin once or twice a week this is an innovative way to remind them when their next dose is due.

We were fortunate enough to have Nikki Hart, aka The Evil Diet Witch, as our guest speaker. Her topic; Nutrition – how important is it really? , was well received, Nikki made a subject that can be repetitious these days really interesting, and thought provoking. Her enthusiasm and passion for nutrition and the fight against obesity was very evident throughout her presentation. Needless to say there wasn't much eaten at afternoon tea!

Dr David Voss gave a wonderful presentation on Diabetic Nephropathy, making an often complex subject both interesting and humorous. This provided some good up to date statistics on the numbers of people in New Zealand with Diabetes and the impact this is having on kidney disease in this country.

To finish the day Karin Norman from Waikato Hospital challenged us all with some thought provoking and challenging case studies to highlight the many ethical issues faced by health professionals in the area of renal medicine, we could have carried on into the evening with some of the discussions raised.

The evening social event, where we were treated to a cabaret style show and dinner was a great way to finish two days of information sharing, education and networking with renal nurses all passionate about their role.

The New Zealand Kidney Foundation look forward to hosting another successful event next year.

### **Latest Kidney Statistics for New Zealand. (Source ANZDATA annual report)**

**As at December 31 2005**

#### ***Number of Patients receiving Dialysis***

<b>Auckland City</b>	<b>350</b>
<b>Starship Children's</b>	<b>13</b>
<b>Christchurch</b>	<b>125</b>
<b>Dunedin</b>	<b>67</b>
<b>Middlemore</b>	<b>410</b>
<b>Palmerston North</b>	<b>105</b>
<b>Taranaki Base</b>	<b>52</b>
<b>Waikato</b>	<b>335</b>
<b>Wellington</b>	<b>274</b>
<b>Whangarei</b>	<b>124</b>
<b>TOTAL</b>	<b>1855</b>

***Number of Functioning Transplants = 1239***

***Number of Kidney Transplants performed 1 Jan 2005 – 31 Dec 2005***

<b>Deceased Donors</b>	<b>47</b>
<b>Living Donors</b>	<b>46</b>
<b>TOTAL</b>	<b>93</b>

***Kidney/Pancreas Transplants 2***

***Number of New Patients receiving some form of Renal Replacement Therapy = 436***

***Primary renal Disease of New Patients 1 Jan 2005 – 31 Dec 2005***

<b>Glomerulonephritis</b>	<b>97</b>
<b>Analgesic Nephropathy</b>	<b>1</b>
<b>Polycystic Renal Disease</b>	<b>32</b>
<b>Reflux Nephropathy</b>	<b>10</b>

<b>Hypertension</b>	<b>48</b>		
<b>Diabetes</b>	<b>177</b>	<b>Type 1 Insulin Dependent</b>	<b>14</b>
		<b>Type 2 Non Insulin Requiring</b>	<b>71</b>
		<b>Type 2 Insulin Requiring</b>	<b>92</b>
<b>Miscellaneous</b>	<b>49</b>		
<b>Uncertain</b>	<b>22</b>		
<b>Renal Society of Australasia/Australia and New Zealand Society of Nephrology Co-joint Conference – Melbourne 2006</b>			

In August I was fortunate enough to be given the opportunity to attend the RSA/ANZSN co-joint conference held at the Melbourne Convention Centre, Australia. Below is a brief overview of some of the sessions I attended.

### **Payment for Organs – Professor Julian Savulescu**

Professor Savulescu is renowned for stimulating public debate around ethical issues which arise in everyday life and which are related to changes in society, particularly those related to technological advancement. He certainly did that with this subject.

Professor Savulescu compared the selling of kidneys to co modification – already occurring in the beauty and sporting industries.

Approximately 17 people die every day in the UK while waiting for a kidney transplant, due to the severe shortage of organ donors.

Exploitation occurs when we pay people insufficiently, so perhaps payment is a reasonable option, given the need for kidneys.

Professor Savulescu proposed that a fair price could be set for the sale of a kidney; he gave an example from a laureate who had worked out what was considered to be a fair price \$45,000 US. He also suggested governments could buy kidneys from donors and distribute them through a pool. “We have a moral obligation to increase the donor supply otherwise we are forcibly and avoidably allowing people to die.”

In China cadaveric donor families are paid, with the price being negotiated with the donor family.

Professor Savulescu concluded that the cost of not allowing payment of organs is too great to maintain status quo.

### **Sexual Dysfunction in Chronic Illness – Dr John Conalgen**

Dr Conalgen is from Waikato Hospital, he gave an entertaining and interesting session on the causes and significance of sexual dysfunction in patients with chronic kidney disease. He went on to say 70 – 80% of people with chronic kidney disease have sexual problems, with depression being a major cause.

Dr Conalgen also talked about the use of certain medications, particularly some of those used for treating hypertension, can cause problems with erectile function in men.

### **Nutrition in Renal Disease – Professor Carol Pollock**

Professor Pollock talked about the relationship of patient survival at the start of dialysis and malnutrition and serum albumin.

Professor Pollock identified 2 main causes of malnutrition in renal failure

1. Reduced nutrient intake – this state responds to dialysis and nutrient support

2. Associated Inflammatory Response – this condition does not respond to dialysis or nutrient support.

Generally patients with chronic kidney disease have a high leptin level. Leptin is a satiety hormone that suppresses appetite.

It has been shown that decreased albumin levels increase risk of vascular disease in chronic kidney disease patients.

A thorough nutritional assessment of the chronic kidney disease patient is very important, these include;

Assessment of recent nutrient intake

Assessment of longer term nutritional adequacy – total body nutrition

Subjective Global Assessment

Markers of systemic inflammation

Professor Pollock also talked about the importance of predialysis and peritoneal dialysis nutritional management. She recommends;

Protein intake 1.2-1.4g per kg per day

Energy intake 30-35kcal per kg.

Lipids – saturated fats should be restricted

Supplements may be required –e.g. Vit C, Vit E, Vit D

Metabolic Acidosis can increase risk of anorexia, needs to be monitored regularly.

### **Altruistic Donors – The Kindness of Strangers – Ms Christine Ellis**

This presentation discussed the next evolution of live kidney donors, the non-directed donation, whereby an individual wishes to donate a kidney with no intended recipient specified.

In the UK 5425 people are on the waiting list for a kidney transplant, only 1300 kidney transplants are performed annually.

In Australia there are 1600 patients on the waiting list for a kidney transplant, with 700 kidney transplants performed annually, 40% of these are from live donors.

Survival rates of kidney transplants are much improved.

Living donor mortality is 0.03% and the chances of developing end stage kidney disease less than 1%.

Christine gave a brief history of non directed living donors – between 1964 -1968 there were 18 non directed living donors, 4 recipients died within two months of the operations, as a result there were no further non directed living donor operations. Then 40 years later the next altruistic donation occurred with great success

To date there have been 383 altruistic donors in the USA.

Guidelines are currently being drawn up in Australia for non directed living kidney donations.

In the UK the National Kidney Federation has started a national campaign promoting altruistic donation.

Of interest, to date, there have been approximately 6 altruistic kidney donations in New Zealand.

### **Incompatible Kidney Transplantation – Transplanting in the Presence of ABO Blood Group Incompatibility and Donor Specific Anti-HLA Antibodies.**

– Dr Shlomo Cohney

With increasing success of renal transplantation (85% to 90% five year survival) has made it the treatment of choice for patients with end stage kidney disease. With Approximately 1600 Australians are waiting renal transplantation, and as a result, one patient per week dies while waiting for a transplant. A response to this crisis has been a steady increase in live donor renal transplantation. Unfortunately, over 30% of patients with a potential live donor have a blood group incompatibility or positive cross-match with their intended donor, both of which predict a high risk of early severe rejection and rapid graft loss, thus precluding transplantation.

Dr Cohney discussed the background and history of incompatible kidney transplantation and some of the diagnostic and therapeutic tools that have made these advances possible, giving transplant survival rates equivalent to conventional transplantation.

Dr Cohney talked about changing the therapeutic approach to AB mediated rejection with a move away from such medications as OKT3 and Atgam to Immunoglobulin(IVIG) and Plasmapheresis. Protocols have been developed to incorporate these.

These are only a sample of the many sessions offered during the 3 days I attended the conference, I found it to be a very stimulating and educational conference and have lots of new information and ideas I plan to share.





