

Kidney Health NEW ZEALAND

Prevention • Support • Research



Christmas Issue 2012

I can hardly believe it is almost the end of another year. It has certainly been a much less traumatic year for those of us living in Christchurch; in fact more recently I have seen as many buildings going up as there are buildings coming down. This brings such a feeling of positivity, and to see such progress after so much destruction it really does make me very excited about being here as we rebuild our city not only for our children but for the generations to come. The only down side is that most days there is a new road shut for repairs and diversions in place, so getting to work on time can be challenging at times. But a small price to pay as we remind ourselves it is all a sign of progress. I

look forward to the coming months to see many more changes on the landscape.



On another positive note a huge thank you and congratulations to **Rachael Walker** (left) and **Caron Schollum** on their marathon effort completing the Auckland marathon in October. But wait there's more... "New Zealand has one of the worst organ donation rates. We want to see that change. If we can stimulate the community to begin conversations about organ donation in a positive way we are hopeful this will eventually lead to higher organ donation rates in New Zealand. Increasing awareness of kidney disease will also encourage people check their kidney health, especially those who have high risk factors such as diabetes and high blood pressure. Early detection is really important. In taking part in the marathon we are acknowledging the tough journey those with chronic kidney disease often face. Friends and whanau often wish there was something they could do to help. Supporting Km's for Kidneys campaign is

one way to achieve this".

Rachael is also completing the Iron Maori in December. This is a Half Iron Man (2km swim, 90km bike ride and 21.6km run) in support of Km's for Kidneys." To donate go to the KHNZ bank account:

National Bank 06 0501 0280602 00 **ref:** KM's. **GST NO:** 69-442-005



World Kidney Day Thursday 14th March 2013

Next year's theme for World Kidney Day is Acute Kidney Injury, we feel that Acute Kidney Injury was not an issue that required a nationwide campaign here in New Zealand and thought it would be a better idea to look at one of the "at risk" areas. We have decided to focus on people with a family history of kidney disease, we have a few ideas, which need to be finalised to help raise awareness within this group, although will be using the day to raise awareness about kidney disease in general. Keep an eye out on our website and our Facebook page for events during that week.

From the Medical Director

If I have chronic kidney disease could my family be at risk as well?

It has been known for a long time that some kidney diseases run in families. These inherited diseases such as polycystic kidney disease, Alport's syndrome and some causes of kidney stone disease have a known genetic abnormality. There are many other rare kidney conditions that also have a genetic basis.

The most important causes of chronic kidney disease (CKD) are diabetes, high blood pressure and glomerulonephritis.

Those people at most risk of these common causes of CKD are:

- People with:
 - diabetes
 - high blood pressure
 - family history of kidney disease
- Older people
- Smokers
- Māori and Pacific people
-

In this article I will address two questions.

1. Is the risk of my getting CKD increased by having a relative with CKD or one on dialysis?

People with kidney failure caused by diabetes, high blood pressure or glomerulonephritis are more likely to have other family members with CKD. A person with a family history of CKD is three - to nine times more likely to develop kidney failure than a person without such a family history. This appears to be particularly true for Māori and Pacific families.

In a study of 26,000 dialysis patients in the United States researchers found that nearly a quarter (23%) of patients with kidney failure from diabetes, hypertension or chronic glomerulonephritis, had a first¹ or second² degree relative who was on dialysis. The researchers suggested that there were likely to be even more relatives with less severe forms of CKD, most of whom would be unaware

¹ parent, brother/sister, child

² uncle, aunt, nephew

they had it. These, and other studies, have shown that when kidney disease such as this runs in families it tends to start earlier.

It also appears as if women, young people and overweight people are more likely to have a family history of CKD.

These family associations with kidney disease are seen all over the world and suggest that they do not result from different diets and social class, or other environmental factors.

Diabetes is the cause for kidney failure for nearly two thirds of Māori and Pacific people on dialysis. It also appears that if you have diabetes a family history of severe diabetic kidney disease or having lots of protein in the urine (proteinuria) is a strong predictor of your getting diabetic kidney disease. While keeping your blood sugar and blood pressure controlled and stopping smoking are important a family history of kidney disease may have more effect on you kidney health in the long run.

2. If I have a family member with CKD how can I be checked out?

One of the most important things to realise is that CKD doesn't usually cause symptoms until CKD is well advanced. Most people with CKD do not know they have it. People with a family history of serious CKD, particularly diabetic kidney disease, are the most likely to benefit from kidney screening

Your family doctor can do two simple checks of your kidneys:

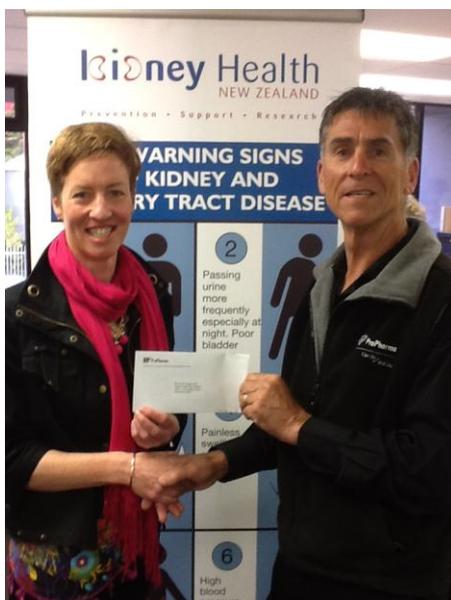
- A urine test to look for increased amounts of protein (proteinuria)
- A blood test to check overall kidney function (blood creatinine test)

You should also have your blood pressure checked.

If there is a sign of CKD your doctor can advise on any medication or change in diet that may be needed. More information can be found at www.kidneys.co.nz

Kelvin Lynn

Thank you to ProPharma



A big thank you to ProPharma, who donated \$6000 to Kidney Health New Zealand. We were one of three charities chosen by the ProPharma to donate to. Mike Hancock the Christchurch Branch Manager gave the cheque to Carmel Gregan-Ford, on behalf of their organisation.



The team at Kidney Health New Zealand wish you all very happy Christmas and a Safe and Healthy New Year

Renal Society of Australasia Conference (NZ Branch)

Recently I was fortunate enough to attend the annual Renal Society of Australasia conference held in Whangarei, this conference provides an opportunity for nurses, doctors, renal dieticians, dialysis technicians and social workers to hear from a range of speakers on a variety of topics around kidney disease. It is also a chance to meet other like minded people involved in the care of renal patients and share experiences and information.

This year's conference was one of the best I have attended in recent years, the Northland renal team had gone to extraordinary lengths to ensure everything ran smoothly. There was a wide variety of speakers who spoke on a wide variety of topics. Some of these included;

Cultural care of Maori patients, this was presented by Ned Peita, the Takawaenga for Maori Health Services at Whangarei renal unit, and supported by Huria Iri, they spoke about their work with renal patients and their role assisting staff to improve care of both patients and their whanau, family members and health professionals. They talked about the four cornerstones of health and the integral aspects of providing cultural care at all stages of the patient journey

Te taha Wairua - spiritual health

Te taha Hinengaro - psychological health

Te tara Tinana - physical health

Te taha Whanau - family, relationships

Dr Walaa Saweirs - Establishing an integrated regional dialysis service and clinical network.

The Northland population is approximately 150,000

Socioeconomic deprivation is prevalent especially in the far north. Travel times are lengthy and often at huge social cost for patients and their families

Tertiary referral centre is Auckland City Hospital; which provides vascular, transplant and cardiac support.

Kawakawa and Kaitaia each have an 8 bed unit set up. This has issues around training, staffing and geographic isolation

So the solution Telehealth . This involves a sound proof room with desktop, polycom tv, camera and tablet all set up, based at Whangarei hospital. This initiative now enables;

Weekly meeting with all units

Medical handover of patients to each unit

Review of difficult cases requiring input from more than one member of the team

Dialysis access meetings

4 separate screens, with each unit represented, so everyone can be involved at the same time

Monthly paper round-summary

Ability to review dialysis charts, medication, advise GPs

This initiative enables improved communication and support for both staff and patients in

Northland, improved staff morale, reduced travel and enabled more patients to be seen due to less time taken up with travelling.

It is hoped in the future there is potential for larger group discussions encompassing the Auckland, Waitemata, and Middlemore.

Billy Stewart –Health Literacy

Literacy can be defined as a mechanism of passing down knowledge from one generation to another. Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information.

There are approximately 56% of our population that have poor health literacy. This can result in these patients being less likely to manage long term and chronic conditions, not taking their medication properly, non compliant and missing appointments. This could mean they don't understand the instructions and those in health care need to look at ways to make these instructions easier to understand. Billy talked about some of the work being done at Tai Tokerau DHB to assess and improve documents and the physical environment as they strive to deliver improved care to their patients and whanau.

Dr Richard Egan – Spirituality matters at End-of-Life

Richard has been researching Spirituality on and off for 25 years, he talked about the fact that Spirituality means differing things to different people it may include ; One's ultimate belief, a sense of meaning and purpose in life, a sense of connectedness, identity and awareness, and for some people, religion. It may be understood at an individual or population level. There's a need to start addressing spirituality, it becomes more important as people become more unwell. Almost 70% of people surveyed in NZ wanted spiritual care in the hospice setting. Research has shown that spirituality has a positive effect on range of health outcomes.

Maori have made a huge contribution talking about Wairua (spiritual health) being essential for health. Internationally spirituality is being increasingly included in healthcare

Often defined as “long dying” - most of us will die of a chronic disease. So there is in essence a long time to be thinking about death.

“I’m spiritual not religious” is a common comment among the younger generation

In Dr Egan's second presentation he talked about the early results from his qualitative study where he asked NZ Kidney Specialists about spiritual care. In renal we are “caring not curing our patients” Family needs in relation to spirituality included a Karakia, family prayers, family meetings were considered to be play an important part. Doctors felt there was a reasonable awareness of compassion and death in their units. Rituals were mostly adhoc, with some places having the unit blessed after a death and some places held a remembrance service for patients and their families. Dr Egan felt we needed to include spirituality more in practice and ultimately be guided by the patient.

Jo Burton –“Paired kidney exchange” – creating a larger donor pool

657 people are on the transplant waiting list in New Zealand

Paired kidney exchange programme has been introduced to try and increase the number of transplants

Many centres around the world now have a paired kidney exchange; the first was introduced in Korea in 1991.

700 paired exchanges have taken place in the last three years around the world.

First kidney exchange April 2011 in NZ which has been successful, there are currently 18 pairs registered in the program, a second exchange took place in October with a third planned for in the near future. Surgeries are carried out simultaneously. Kidneys were flown to the transplant centres, rather than the patients. It is hoped to expand the programme further, with Government funding approved for this.

Pauline Sanders-Telfer – Foot Care in Dialysis Patients

Patients with diabetes are at high risk for foot disease due to the damaging effects of hyperglycaemia on blood vessels. Diabetic patients with chronic kidney disease and end stage renal disease are at an even higher risk of diabetic-related complications and further delays in recovery and wellness.

Pauline talked about Pacific and Maori dialysis patients being disproportionately represented in diabetic related amputations for the past two years. The result is poorer outcomes for our renal patients post transplantation, with mortality with each amputation. Quality of life studies have shown that having a limb amputated is likened to losing a family member.

Current delivery of podiatry care is contributing to widening the gap of health disparities in this population. Pauline identified three main barriers to this care;

1. High non-attendance to clinic appointments other than dialysis treatments
2. Markedly low engagement in primary care services
3. Absence of seamless care continuum across the primary and secondary care sectors

Some of the challenges for Counties Manukau DHB include

Low socio economic group

Increased secondary service use (can't afford to go to GP)

50% Pacific people

High diabetes

Do not turn up to clinic appointments.

Health literacy

No money, no car, no one to take them to appointments.

High risk and hard to reach group

So how can the service be improved to capture this hard to reach group?

Podiatry staffing to reflect population need

Contract two podiatry services to ensure needs are being met

Establish expertise in foot care within the renal team

Develop an assessment tool to ensure timely diagnosis and treatment

Educate patients about the importance of foot care

Pauline won the Robert Hutchinson for Best Presentation and the People's Choice Award for her presentation.

Dr Jenny Walker - Northland Renal Unit. Family meetings in renal practice

There is no literature available on family meetings to discuss end of life issues, so Dr Walker decided to survey the nephrologists in New Zealand and found that most don't commonly have family meetings.

Dr Walker shared their experience as the Northland Renal service use family meetings routinely as part of their patient care finding it a great opportunity to see patients and how they interact with their family, to share information only once rather than individually, educate family regarding own risks, and to spend time with the family.

Lisa Harvey –Jack, Nicolette Crump and Anna Stewardson – “Unexpected visitors – The Christchurch Evacuees – Three Perspectives

This presentation gave an insight into the logistics of having 13 dialysis patients and their caregivers arrive following the earthquakes in Christchurch. The compassion and dedication of all staff in the renal unit in Whangarei was amazing as they worked extra hours and went the extra mile to ensure the people from Christchurch were well looked after.

**Adrian Buttimore (RSA Award Winner 2006) and Life Member awarded 2012
Manager, Dialysis Services, Canterbury District Health
Board, NZ**

Adrian Buttimore has made a long standing contribution to the renal community for over 25 years and has made a significant impact on renal services. He started as a dialysis technician and has now been the manager of dialysis services at Christchurch Hospital for a number of years. The unit he runs is at the forefront of Home Haemodialysis in Australasia and has a reputation for getting patients of all abilities, ages and backgrounds to successfully dialyse at home.



Adrian is a strong advocate for dialysis technicians and has steered the founding of the NZ Board of Nephrology (formerly Dialysis) Practice. This board is the organization that has been instrumental in ensuring that dialysis technicians are recognized and included under revamped health care workers legislation introduced into NZ in 2003. Adrian is the driving force behind the development of standards of practice, career path development and certification for dialysis technicians in NZ. Adrian investigated the most appropriate certification process for dialysis professionals and has worked to bring that process to NZ. Now dialysis technicians, HD nurses and PD nurses can all sit a certification exam that is not only recognized in NZ but overseas as well. Adrian continues to be the international advisor to the US board responsible for the certification process and examinations. Adrian is well respected by all members of the renal community in NZ and overseas. He attends and presents at conferences at home and internationally on a regular basis. He is a member of the National Renal Advisory Board and Chairperson of the NZ Board of Nephrology Practice; he has also sat on government advisory/consultative committees related to renal care.

Adrian was a founding member of the Renal Society NZ Branch back in the days when it was the Dialysis Society. He has supported, promoted and recruited for the society tirelessly since its inception. He encourages all renal staff to join the society and support its goals for all renal health professionals.

Adrian promotes the RSA in all his dealings with members of the renal community. He ensures that the branch is consulted whenever ideas or opinions are sought on renal matters. He encourages branch members to take on committee positions when available and reports back to all branch conferences on all matters related to renal healthcare in NZ and when appropriate from around the world.

Adrian's continued support and active involvement ensures the ongoing success of the NZ Branch of the Renal Society of Australasia and all its activities.

Written by Miranda Walker on behalf of the RSA executive committee

Kidney Health New Zealand acknowledges the unique contribution made by Adrian Buttimore to the treatment of patients with kidney disease in New Zealand for over 40 years. Adrian retired from his post as Clinical Manager of Dialysis Services at Christchurch Hospital in mid September 2012. We would like to wish him a long and happy retirement.

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Yes, I want to help in the fight against kidney disease and support Kidney Health New Zealand

\$100 \$50 \$20 \$10 Other \$..... Enclosed is a cheque payable to the Kidney Health NZ, or please charge:-

Mastercard

Visa

Account number:

Expiry Date: Signature:

Please indicate if you would like:

- A receipt for your donation
- More information on general kidney health.
- Information about kidney donation/transplants.
- To become a member of Kidney Health NZ
- Information about making a gift to Kidney Health NZ in my Will

Name:.....

Address:
.....
.....
.....

Thank you for your support.

Please return this form to: Kidney Health New Zealand, Level 1, 230 Antigua Street, Christchurch 8011



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