

## 'End stage' is not 'end game'

By Lois Hanna Hernando Today correspondent

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End Stage Renal Disease.

It has a certain finality to it that we'd rather not think about. It's what happens when kidneys are stressed by lifestyle and/or disease and stop functioning. March is designated as "Kidney Education Month" and this time there's progress to report.

This thing that has happened from many other causes can be softened a bit if we call it "ESRD." Until it happens to us or a loved one.

Then the initials blossom out and realization takes place.

Now, though, there's new focus on prevention, education and pre-end stage intervention.

Hernando Kidney Center in Spring Hill is a cheerful place with a clear-cut mission - to keep its people alive. It's an affiliate of DaVita, Inc., a national dialysis corporation. The Center is a well-lighted, friendly place in which people who have ESRD are treated. The emphasis is on the humanity of staff and patients, alike.

The facility started out 16 years ago with 11 treatment chairs and a patient census of 35. Now patients number 150 and there are 34 chairs in the treatment room.

Kellie Akahara is a registered nurse. She comes from Missouri, and says she moved here when she became fed up with cold weather. She's the facility administrator since about four years ago.

Joseph DeRosa is assistant facility administrator. He began working there as a tech. He continued his studies and became a Licensed Practical Nurse and then a Charge Nurse. When we visited, he stopped by to shake hands, then left quickly to tend to his growing list of duties.

Hernando Kidney Center is the only dialysis center in Hernando County, and their workload is increasing rapidly. Four doctors, headed by A.K. Akary, M.D., are on staff at the Center.

P.M. Reddy, M.D., is one of these physicians. He describes ESRD as "a difficult disease with no cure." He sees progress in the field and credits a recent focus on early diagnosis of kidney disease and education for the patients. This can delay the need to start dialysis.

When that happens, they're more apt to "start healthier and stay compliant" with their treatment plan. Once they start dialysis, most will be on it for the rest of their lives unless there's a transplant.

"People can live on dialysis 18 to 20 years," says the physician.

"It's a matter of personal responsibility. They need to be on a special diet, have their treatments on time, and avoid drinking too much fluid."

Further diet mandates are low sodium, low phosphorus and potassium, and high protein. (Or, if not yet on dialysis, the patient is asked to keep protein at a minimum. It gets complicated.)

Reddy focuses on patient responsibility, saying "We're not God. We can only guide."

That guidance includes the services of a full-time dietician.

There's a social worker, too, as well as the administrative and medical staff.

## **When dialysis begins**

Dialysis is usually set at three times a week. The patient's blood detours outside the body via a surgically implanted tube in an arm or upper chest, and returns cleansed and restored. Kidneys are supposed to provide this housekeeping chore. When disease disables the kidneys, or when they must be removed to save the patient's life, something must take over their job.

Many of these patients are waiting for a kidney transplant. Others have received one, and now need to have it replaced. A kidney transplant is not always the complete ticket to a long, healthy life.

## **More about ESRD**

A fact sheet provided by the Center's administrative office describes the growing problem succinctly: "Each year in the United States, approximately 91,000 people are diagnosed with end-stage renal disease, a slow, progressive loss of kidney function caused by inherited disorders, prolonged medical conditions or the long-term use of certain medications.

ESRD is irreversible and life can only be sustained through transplantation or dialysis.

"Currently, 61,778 patients are waiting for kidney transplant in the United States, 2,142 in Florida alone. Because transplantation is severely limited due to the shortage of suitable donors, organ transplant rejection and the age and health of many ESRD patients, most of these people must remain on dialysis for the remainder of their lives."

There's the "what" and the "why."

But the fact sheet goes on. "Once a person is diagnosed with ESRD, medical bills become exorbitant. Most ESRD patients are enrolled in Medicare and/or Medicaid. Nationwide, (these programs) cover almost one-third of all ESRD patients and Medicare alone or with an additional payor cover 90 percent of dialysis patients." (See sidebar.)

## **Who is affected?**

The fact sheet says that ESRD is primarily (73 percent) found in patients with a primary diagnosis of diabetes or hypertension and the majority of these patients range from age 40 to 79. In Florida, 52 percent are 30 to 69 years old.

LeAnn Zumwalt, of the DaVita Corporation in Washington, D.C., sent material on ethnic groups and their of kidney failure rates.

African Americans experience kidney failure four times more often than caucasian Americans.

Diabetes is the primary cause of kidney failure in 64 percent of Hispanic-Mexican patients, 55 percent of Hispanics of other origins, and 43 percent of non-Hispanics. Hispanics have a very high rate of diabetes, as compared to white Americans of similar age.

Native Americans and Alaska Natives are about 2.6 times more likely to have diabetes than white Americans of similar age. Among these natives receiving care from the Indian Health Service, 15.1 percent have diabetes.

More Asian and Pacific Islanders are also at increased risk for diabetes than white residents of Hawaii of similar age.

Diabetes is the leading cause of kidney failure in African Americans, accounting for 43 percent of new cases of kidney failure each year. Thirteen percent of all African Americans have diabetes.

An article entitled "Kidney Failure, Diabetes and Obesity" tells a sad story in that title. It warns of the prevalence of obesity in our population, the link between that and diabetes. It names this as one of the biggest health problems facing the U.S. today.

"Some 65 percent of adult Americans are overweight, and nearly a third are medically obese. By contrast, obesity in other industrial nations is far lower, averaging 10 to 12 percent in Europe."

It warns, "Even if Americans were to start losing weight and exercising more, the effects on the nation's diabetes rates probably wouldn't appear for a decade or so."

And it sums up the risk factors for diabetes: Obesity, lack of exercise, age, ethnicity and family history.

Next week we'll visit the dialysis room at Hernando Kidney Center.

Lois Hanna can be e-mailed at [lhanna27@atlantic.net](mailto:lhanna27@atlantic.net).