

**MEDIA RELEASE**

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## **Chronic kidney disease common but under-treated**

One in seven Australian adults has at least one marker of kidney damage or dysfunction, although it is often unrecognised.

A major health concern on its own, chronic kidney disease is also one of the most potent risk factors for cardiovascular disease.

In the latest edition of *Australian Prescriber*, Brisbane nephrologists Dr Ken-Soon Tan and Professor David Johnson discuss the best ways to treat this combination of chronic illnesses. The article also highlights under-treatment of ischaemic heart disease in people with chronic kidney disease.

"Patients with advanced chronic kidney disease are up to 20 times more likely to die from cardiovascular disease than to survive to require dialysis. However, patients with chronic kidney disease who also have cardiovascular disease are more likely to progress to renal failure than those without cardiovascular disease," Professor Johnson says.

If the progression of chronic kidney disease can be slowed, cardiac risk may be reduced. As chronic kidney disease accelerates cardiovascular disease, management of the risk factors should begin as soon as possible.

Evidence shows that timely intervention can substantially reduce the progression of renal failure, and can cut cardiovascular risk by up to 50 per cent.

Effective treatment options include lifestyle modification, early intervention and management of risk factors such as anaemia, dyslipidaemia and hypertension.

"Lifestyle modification underpins all other therapeutic approaches and must continue to be practised throughout the treatment of chronic kidney disease," Professor Johnson writes. "Particular attention should be paid to smoking, nutrition, alcohol and physical activity."

Ischaemic heart disease is very common in patients with chronic kidney disease. It progresses at a more rapid rate than in people without chronic kidney disease and is often undertreated.

"Even though patients with chronic kidney disease had a higher prevalence of diabetes mellitus and hypertension, the rate of prescription of evidence-based cardiovascular therapies (aspirin, beta blockers, ACE inhibitors, statins) was lower than for those with normal renal function.

"This situation is undesirable, but may be caused in part by the perception of a higher number of complications, fear of adverse effects, and less evidence from controlled trials in this population," Professor Johnson writes.

All guidelines recommend a reduction of dietary sodium for patients with hypertension and chronic kidney disease. Other recommendations are discussed in the full article which is available on the Australian Prescriber website [www.australianprescriber.com](http://www.australianprescriber.com).

### **ENDS**

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