

For Immediate Release

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Statement of Griffin P. Rodgers, M.D., Director, National Institute of Diabetes and Digestive and Kidney Diseases for National Kidney Month

Kidney disease is common, serious and treatable. Yet, most of the 26 million Americans who have kidney problems still don't know it because they don't have symptoms, hampering efforts to prevent kidney failure. While World Kidney Day 2008 has passed and National Kidney Month is well under way, here at the National Institute of Diabetes and Digestive and Kidney Diseases, part of the National Institutes of Health, we continue to hear from people about kidney health. We remain strong in our commitment to support research and to raise awareness about important steps people can take to protect their kidneys.

If you have diabetes, high blood pressure, heart disease, vascular disease, or kidney disease in the family, you are at risk for kidney problems. Blood and urine tests are the only way to find the disease early, when treatment is more likely to significantly delay or prevent kidney failure. To help protect the kidneys, I urge you to carefully control high blood pressure--and blood sugar if you have diabetes--and ask your doctor if you should take an ACE (angiotensin-converting enzyme) inhibitor or ARB (angiotensin receptor blocker).

No one is immune from kidney disease. It does not have a season. It strikes children and adults and people of all races and ethnicities. It runs in families, disproportionately affecting African Americans and Native Americans. Kidney disease can lead to kidney failure, premature death, heart attacks, strokes, bone disease, and growth and development problems in children. Diabetes and high blood pressure are the top causes of kidney problems, but kidney disease is also caused by glomerulonephritis, polycystic kidney disease, focal segmental glomerulosclerosis, and vesicoureteral reflux.

NIH research has shown that more people are getting kidney disease and kidney failure every day. Treatment advances and the increase in diabetes and in the U.S. population--and the graying and growing girth of our population--means more people than ever are getting and living with kidney problems. Chronic kidney disease now affects about 13 percent of the U.S. population, up from 10 percent in 1994. And in 2005, more than 485,000 people were on chronic dialysis or had a kidney transplant for kidney failure, costing Medicare, private insurers and patients \$32 billion.

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At NIH, our timeless commitment to vigorous medical research has improved patient care and, in the 2007 budget year alone, this agency made a \$450 million investment in advances of the future. Past NIDDK-supported clinical studies established that tight glucose control and ACE inhibitors prevent or slow kidney disease and other complications of diabetes. Current NIDDK programs are adding to ever-increasing knowledge of kidney disease--from basic research to understand the underpinnings of healthy and diseased kidneys to clinical research involving patients, and from children to adults. Ongoing studies include a trial of magnetic resonance imaging to monitor polycystic kidney disease, more frequent dialysis for kidney failure, and treatment studies for polycystic kidney disease, glomerulosclerosis and vesicoureteral reflux in children.

In line with our mission, NIDDK's National Kidney Disease Education Program (www.nkdep.nih.gov) aims to improve early detection and broaden the use of available treatments. Through this ambitious program, we ask labs to automatically report estimated kidney function (eGFR) to find the disease earlier and to use standardized kidney tests, and we offer time-saving tools to improve communication between kidney specialists and primary care physicians. Visit our Web site to learn about other NKDEP activities and information available for people at risk and for the health professionals who care for them..

Finally, I hope you will consider participating in clinical trials (www.clinicaltrials.gov) and remember: If you are at increased risk for kidney disease, get tested. If you have high blood pressure, carefully control your pressure and ask your doctor if you should take an ACE inhibitor or ARB for your kidneys. And if you have diabetes, also carefully control your blood sugar.

The National Institute of Diabetes and Digestive and Kidney Diseases, a component of the NIH, conducts and supports research in diabetes and other endocrine and metabolic diseases; digestive diseases, nutrition, and obesity; and kidney, urologic, and hematologic diseases. Spanning the full spectrum of medicine and afflicting people of all ages and ethnic groups, these diseases encompass some of the most common, severe, and disabling conditions affecting Americans. For more information about NIDDK and its programs, see www.niddk.nih.gov.

The National Institutes of Health (NIH) — The Nation's Medical Research Agency — includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about the NIH and its programs, visit www.nih.gov.

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