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CHRONIC KIDNEY DISEASE PREVALENCE VARIES GREATLY ACROSS EUROPE

Highlights
- The prevalence of chronic kidney disease varies across European countries, ranging from 3% to 17%.
- Differences in rates of diabetes, hypertension, and obesity—which are risk factors for chronic kidney disease—do not account for this variation.

Estimating the prevalence of chronic kidney disease is critical for managing and preventing the disease.

Washington, DC (December 22, 2015) — The first study to carefully characterize the prevalence of chronic kidney disease (CKD) across Europe found considerable variation. The findings appear in an upcoming issue of the Journal of the American Society of Nephrology (JASN).

Knowledge on the number of patients suffering from CKD is central to efforts related to managing and preventing the disease. In what represents the first attempt to carefully characterize CKD prevalence in Europe, Katharina Brück, MD (Academic Medical Center in Amsterdam, The Netherlands) and her colleagues, on behalf of the European CKD Burden Consortium, collected data from 19 general-population studies from 13 European countries. They increased the comparability of CKD prevalence across studies in several ways, for example by using the same definition for CKD and by using calculations to correct for different age distributions in the various regions.

The investigators found substantial variation in the prevalence CKD across countries, ranging from 3% to 17%. This large variation appears to be due to factors other than the prevalence of diabetes, hypertension, and obesity, which are well-known risk factors for CKD. Possible explanations might relate to differences in environmental and lifestyle factors, public health policies, and genetic influences.

“Our results may be used to guide future projections of the CKD burden in Europe and thereby help estimate the growing demand for CKD services that the ageing population will likely create,” said Dr. Brück. “Identification of countries with a relatively low or high CKD prevalence will guide the medical community and policy makers where to focus prevention and disease management strategies.”
Study co-authors include Vianda Stel, PhD, Giovanni Gambaro, MD, PhD, Stein Hallan, MD, PhD, Henry Völzke, MD, PhD, Johan Ärnlöv, MD, PhD, Mika Kastarinen, MD, PhD, Idris Guessous, MD, PhD, José Vinhas MD, Bénédicte Stengel, MD, PhD, Hermann Brenner, MD, PhD, Jerzy Chudek, MD, PhD, Solfrid Romundstad, MD, Charles Tomson, MD, Alfonso Otero Gonzalez, MD, PhD, Aminu K. Bello, MD, PhD, Jean Ferrieres, MD, PhD, Luigi Palmieri, MSc, PhD, Gemma Browne, MD, PhD, Vincenzo Capuano, MD, Wim Van Biesen, MD, PhD, Carmine Zoccali, MD, PhD, Ron Gansevoort, MD, PhD, Gerjan Navis, MD, PhD, Dietrich Rothenbacher, MD, PhD, Pietro Manuel Ferraro, MD, Dorothea Nitsch, MD, MSc, PhD, Christoph Wanner, MD, PhD, and Kitty Jager, MD PhD, on behalf of the European CKD Burden Consortium.

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American Society of Nephrology, may be used to guide future projections of the burden of chronic kidney disease in Europe.

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Figure 1 and figure 3 of the paper show a map of Europe with the height of the CKD prevalence indicated with colours.

**Media:**

1. ERA-EDTA will also have a press release (after the JASN press release): Bettina Albers (press@era-edta.org)
2. The Academic Medical Center (hospital we are working in) is informed about this press release (press@amc.uva.nl)