



Kidney disease rate rising 3 times faster in BC

The kidney dialysis population is rising rapidly in British Columbia, prompting the BC branch of the Kidney Foundation to distribute a new guide to 3000 family doctors alerting them about early warning signs of kidney failure. The foundation says that the incidence of kidney disease is increasing by up to 15% a year in the province, compared with 5% nationally.

Currently, 445 people are waiting for kidney transplants in BC and the waiting time — 4 years — nearly doubled in 1999. The demand for dialysis has leapt from 900 people in 1996 to 1500 in 1998.

“We don’t know all the reasons why the dialysis population is growing,” says Dr. Adeera Levin, director of the British Columbia Renal Agency. “It may be that the rate of kidney disease has increased or it may be that the rate of referral to dialysis has increased.”

Other reasons for the increase can be found in BC’s unique population structure. The prevalence of diabetes, the leading cause of kidney failure, is rising rapidly among the aboriginal and Asian populations. As well, the number of senior citizens is growing rapidly as more and more people retire to the warmer West Coast. More seniors are also surviving heart disease and diabetes, and some are left with kidney disease. The average age of new patients with kid-

ney disease — now 60 — has been increasing steadily in recent years. About 40% of new dialysis patients present “out of the blue” from within this older age cohort, Levin says.

Levin hopes that the new brochure will make family doctors more aware of the importance of early diagnosis. “There’s no question that early identification can delay progression of renal disease, improve patient outcomes, even potentially lead to the avoidance of dialysis by getting pre-emptive transplants. And you need time to organize all that.”

About 20% of patients, if diagnosed early enough, can delay or avoid dialysis altogether. “There is a huge role for the general practitioner to play. If you know someone has early renal disease, you don’t give them certain medicines because you know those are harmful to the kidneys. It’s not just about referring but about knowing how best to treat the patient.”

Can BC’s 28 nephrologists handle the estimated 1700 patients who will need dialysis by the year 2000? Levin says that more specialists are needed across the country, but co-management of patients by family doctors can help overcome the shortage. Of more concern, she says, is the lack of nurses and technicians in renal dialysis units. “We could build a unit tomorrow with machines in it, but there would be no one to staff it.” — © Heather Kent, Vancouver



New expanded guidelines for preventing HIV

For the first time, HIV prevention guidelines from the Canadian AIDS Society and Health Canada include risk factors other than sexual transmission of the virus. The 46-page *HIV Transmission: Guidelines for Assessing Risk* includes information on safer injection techniques for drug users and advice for pregnant women and people having their bodies pierced or tattooed.

Based on a comprehensive review of research over the last 5 years, the guidelines offer a scientific framework for judging the levels of risk of HIV transmission for various activities. In order to reach a wider audience the language used is blunt, and includes many words that are not used in polite company. Unlike previous versions, this third edition focuses on providing information and support to help people make informed decisions. The guidelines have been translated into 12 languages and are internationally renowned as the authoritative document on HIV transmission. For more information, visit www.cdn aids.ca.