

On World Kidney Day: from early detection to access to kidney disease treatment

A propósito del Día Mundial del Riñón: de la detección temprana al acceso al tratamiento de la enfermedad renal

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As every year, World Kidney Day will be celebrated on March 13th, prompting educational campaigns worldwide aimed at raising awareness among the general population about kidney care. Given that chronic kidney disease (CKD) has a significant impact on quality of life, morbidity, and mortality, it is crucial to use this opportunity to raise its visibility among the public. It is estimated that approximately 10% of the global population suffers from some form of CKD, with 78% residing in low- or middle-income countries. These regions also face challenges such as malnutrition, infection risks, low birth weight, environmental factors, and limited access to healthcare services¹⁻³.

CKD is an asymptomatic, slowly progressive, and often irreversible condition. However, early detection can modify factors that lead to its progression to advanced stages or prevent death from its complications, particularly cardiovascular ones. Late referral and lack of access to renal support therapies and transplantation are significant factors affecting the prognosis of individuals with CKD¹⁻³.

Globally, including in Latin America, diabetes mellitus remains the leading cause of CKD, followed by other cardiovascular and metabolic conditions. In addition, there is an epidemic of CKD of unknown etiology affecting certain regions of Central America^{4,5}.

Access to treatment in Latin America is heterogeneous and depends on each country's health care system, public health expenditure, and the existence of a national renal health policy and program that addresses the needs of the entire population. Some Latin American countries have national programs that include timely detection, prevention, access to medications, and renal support therapies, bolstered by renal health promotion programs, data registries, and organ donation promotion. However, these countries represent < 15% of Latin America, and in other cases, national renal health programs are either absent or limited to specific systems, such as social security, non-governmental organizations, or certain states or provinces.

Most Latin American nephrologists work in isolation, making significant efforts from their local settings to address

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this situation. However, even if physicians are well-versed in detection, prevention, and treatment concepts, their impact remains limited. It is essential to emphasize that CKD, in its entirety, must be addressed by a national renal health system under the guidance of the central government and implemented by each public health ministry, with the participation of various stakeholders, including medical societies, nutritionists, nurses, social workers, psychologists, researchers, and patient associations^{1,4}.

Proposal by the Latin American Society of Nephrology and Hypertension (SLANH)

Given the described context, SLANH, through its Renal Health Committee, is making a significant contribution by encouraging countries to move toward the creation of a “Renal Health Program”⁶. In their publication, the authors propose a comprehensive approach, ranging from early and timely detection of CKD, access to drugs and renal support therapies, to the integration of other elements, such as advanced CKD clinics and tele-nephrology. They also highlight the importance of CKD registries at all stages, including not only patients requiring dialysis and transplantation but also those with less advanced CKD. They recommend early detection and standardization of follow-up pathways based on each country’s resources, targeting at-risk individuals (diabetics, hypertensives, and metabolic syndrome patients, those exposed to occupational heat stress) or healthy individuals seeking health care for various reasons⁶.

Screening is recommended using an estimated glomerular filtration rate (eGFR) and the albumin-to-creatinine ratio in a random sample. For individuals with eGFR < 60 mL/min/1.73 m², evaluation by a primary care physician is recommended to assess renal health status and consider timely referral to a nephrologist. For this purpose, it is crucial to standardize diagnostic methodologies, suggesting the use of the CKD-EPI 2021 equation or the MDRD4 186-factor equation if serum creatinine is not standardized. Laboratories must report eGFR once a serum creatinine value is obtained, even if not explicitly requested by the physician⁶.

It is also essential to establish a clear pathway for CKD patients. In Latin America, the number of nephrologists per country is limited, making it vital to train primary care physicians, who are often the first point of contact and diagnosis. They will evaluate the patient and determine if a nephrology referral is necessary (Fig. 1).

Interdisciplinary care for CKD patients is crucial. Instead of referring patients to multiple specialists

(nephrologist, cardiologist, diabetologist, nutritionist, nurse), it is advisable to establish advanced renal care clinics where patients can be evaluated, treated, and informed by all specialists in a coordinated manner, providing better follow-up for their condition.

As is well known, Latin America is highly heterogeneous in terms of geography, culture, and languages. In many cases, patients cannot easily travel long distances to see a nephrologist. Therefore, tele-nephrology can be a valuable tool for the detection and follow-up of CKD patients. Experiences such as Chile’s have shown that this technology is feasible for improving outcomes, reducing costs, and reaching more patients⁶.

Ensuring access to nephroprotective medications is critical. In recent years, it has been demonstrated that, in addition to lifestyle changes, blood pressure control, and the use of renin-angiotensin-aldosterone system blockers, sodium-glucose cotransporter-2 inhibitors, the non-steroidal selective mineralocorticoid receptor antagonist finerenone, and semaglutide for overweight or obese patients with diabetic kidney disease, have a significant impact on CKD progression, complications, and mortality. A renal health program must focus on providing patients with access to these drugs, which will ultimately prove cost-effective, saving resources for healthcare systems to treat more patients⁷⁻⁹.

On the other hand, registries are an essential tool for understanding the pathology and evaluating the program and its execution team. Therefore, a core component of a renal health program is the creation, maintenance, and strengthening of registries, not only for dialysis and transplantation but for all CKD patients.

None of this is possible without sustainability and governance. A renal health program must have a legal foundation, establishing it as a national public health policy with regulations for implementation, promotion, and patient care. It must be led by qualified individuals from nephrological, health care, and epidemiological perspectives, who can selflessly execute a renal health program that is accessible, cost-effective, and practical.

The “Resolution on Prioritizing Kidney Health,” proposed by Guatemala to the World Health Organization, aims to reduce the epidemic of non-communicable diseases by promoting kidney health, and strengthening CKD prevention and control. It will be put to a vote by governments at the upcoming General Assembly in May of this year. If approved, kidney health will be elevated to a global priority, making the

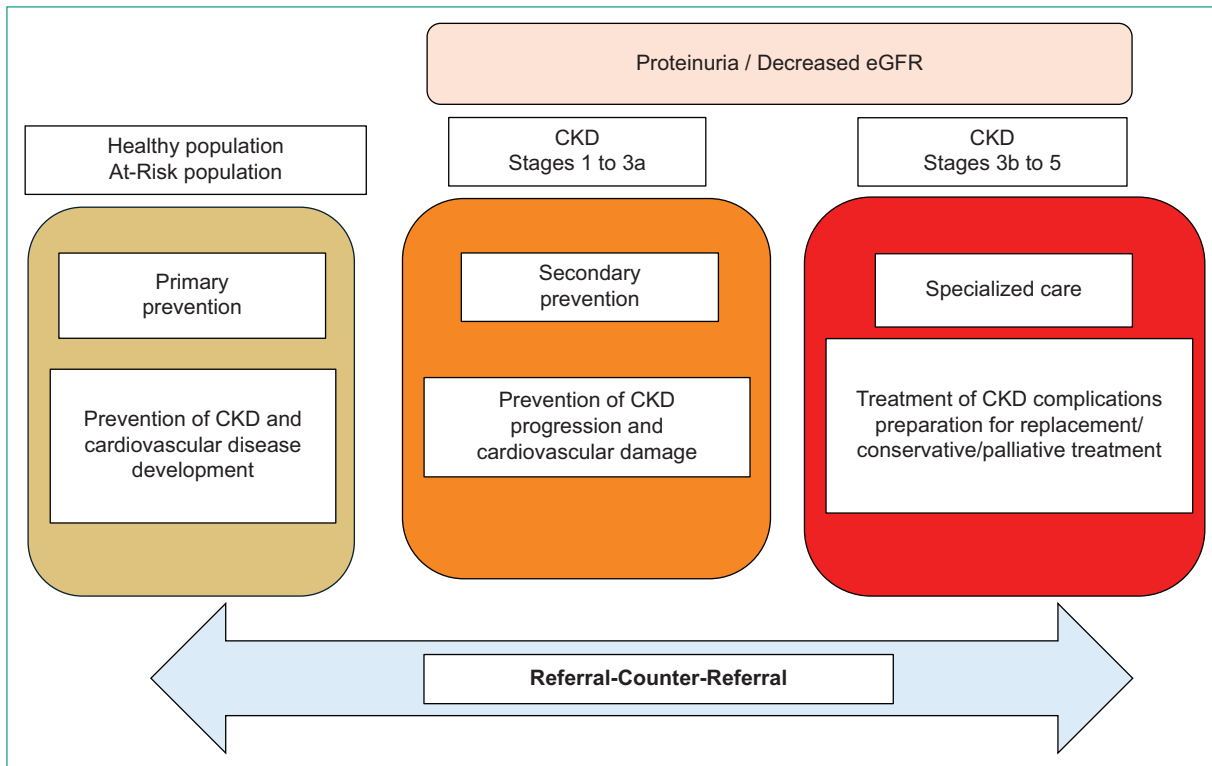


Figure 1. Renal health policy: from early detection to access to treatment (adapted from ref.⁶).

creation of national renal health programs more feasible and providing the general population with access to kidney health promotion, early detection, and treatment, while strengthening healthcare teams' capacities.

SLANH is committed to promoting and supporting the creation of these programs across the region. Through a dedicated renal health team composed of highly trained and prepared specialists, we pledge to support the various efforts countries may undertake and strengthen the capacities of those already taking steps in this important mission.

A major goal and challenge for us is that we are not only a scientific society with purely educational objectives but are also actively participating in influencing and collaborating on the planning and development of renal health policies, contributing our part to the dream of better kidney health in the region. SLANH works for kidney health for everyone, everywhere!

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Conflicts of interest

The authors declare that they have no conflicts of interest.

Ethical considerations

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data, informed consent, and ethical approval. The authors declare that no patient data appear in this article. Furthermore, they have acknowledged and followed the recommendations as per the SAGER guidelines depending on the type and nature of the study.

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