COURSE DESCRIPTION

The elderly are the fastest growing subset of population in developed countries. In 2000, up to 20% of the population were aged over 65 years in most developed countries and about 6% were over 75. This increase will continue for another 20 years at least, by which time 8% of the European and 7% of the North American populations will be aged more than 75 years. Chronic kidney disease has been recognized as one of a number of chronic diseases primarily affecting the adults over the age of 65 years. The full extent of burden of chronic kidney disease is not known. The early stages of chronic kidney disease in older persons are silent yet associated with substantially increased risk for cardiovascular disease. The later stages are also associated with a wide range of comorbid conditions including end-stage renal disease. Therefore, understanding the prevalence and causes of chronic kidney disease, as well as the association with other organ systems diseases in the elderly is essential for prevention, effective treatment, and decrease of a significant financial burden on the health care system.
Integral to efforts to slow or halt chronic kidney disease progression is an understanding of its expected course, and the factors that predict and influence its development. Particularly important are modifiable factors such as glycemic control in patients with diabetes, hypertension, proteinuria, anemia, dyslipidemia, alterations in calcium, phosphate, and bone metabolism, smoking, and chronic use of non-steroidal antiinflammatory drugs. In addition, susceptibility to acute kidney injury and other side effects of medications, diagnostic, therapeutic procedures or consequences of other organs system failure, are more common in elderly patients.

The balance and quality of different renal replacement treatment modalities used in the elderly with end-stage renal disease vary between countries depending on economic resources, distribution of renal units, number of specialists, and patterns of reimbursement of both hospitals and physicians. Elderly patients with end-stage renal disease need detailed assessment of medical, psychological, motor, and social factors in order to choose an appropriate renal replacement treatment option. Presence or absence of significant comorbidity is much more important than the chronological age. The choice between hemodialysis and continuous ambulatory peritoneal dialysis is largely dependant on preferences of the local team and the patient. Patients with adequate cardiovascular systems are generally considered to be more suitable for hemodialysis. Hemoglobin should be optimized in all patients. Poor cardiac status and/or angina will require assessment, medical treatment, and, if necessary, surgical treatment or angioplasty. Transplantation should be considered in all reasonably fit and carefully selected patients older than 65. Only the permanent shortage of suitable kidneys limits our ability to treat all those who could benefit from this type of treatment. Renal transplant recipients may benefit in terms of both survival and quality of life even if older than 70 years and beyond. Immunosuppression in these patients should be moderate.

Local Coordinator
Prof.dr. Petar Kes, E-mail: kesper@net.hr

Faculty
Nikolina Bašić-Jukić, Croatia
Rosanna Coppo, Italy
Duška Dragun, Germany
Petar Kes, Croatia
Norbert Lameire, Belgium
Francesco Locatelli, Italy
Marko Malovrh, Slovenia
Boleslaw Rutkowsky, Poland
Goce Spasovski, Macedonia
Christian Verger, France
Carmine Zoccali, Italy

GENERAL INFORMATIONS

CME credits
European Accreditation Council for Continuing Medical Education (EACCME) credits will be assigned to all physicians and Croatian Medical Chamber credits will be assigned to Croatian physicians.

Language
The official language is English. No simultaneous translation will be provided.

Registration and Information desk
According to ERA-EDTA rules, registration fee will not be charged, but preregistration for this CME Course is mandatory. Please fill the attached Registration form and follow the instructions. The registration and information desk will be located at the Hotel Dubrovnik in front of Congress hall. The desk will operate on Saturday, Jun 13th from: 8.00 – 17.00 hours.
Registration include attendance to the lectures, Certificate of attendance, lunch, coffee during the brake and Get together dinner.

SOCIAL EVENTS
Buffet lunch will be served at the Congress site. Coffee and mineral water will be served during breaks.
Get together dinner will be organized on Saturday 13.06.2009. at 19.30 in a typical Croatian restaurant in a walking distance from the Congress site. Preregistration for the dinner is mandatory.

Travel Grant
To apply for travel grant please click here

Accommodation and Transportation
Participants should take care about travel and accommodation arrangements on their own.

For those who are coming by plane more information can be find at the web site of Zagreb Airport www.zagreb-airport.hr. Furthermore, Zagreb can be easily reached from all Central European cities countries, by train, bus or car.

Organizers reserved a number of hotel rooms for the delegates. Hotel accommodation is booked on a first-come, first served basis. Please book the room directly with the hotel sending the attached Reservation form to Reservation department. Fax: +38514863506 or groups@hotel-dubrovnik.hr.
Reservations should be made no later then May 20th, 2009. After this date the hotel accommodation cannot be guaranteed.
For other hotel accommodation in Zagreb please see www.zagreb-touristinfo.hr

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<tr>
<th>Hotel Dubrovnik **** Zagreb Price list*</th>
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<tbody>
<tr>
<td>Accommodation</td>
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<tr>
<td>Standard single room</td>
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<td>Twin room</td>
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The prices indicated in Euro are valid only per room/per night, including breakfast, and if they are booked using Reservation form sent to Reservation department.

COURSE SECRETARIAT
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Visa and Passports:
Citizens from most European Countries will not need a visa. Make sure that you have a valid passport and visa if required. Please find more information at: www.mfa.hr/MVP.
Upon request, the Organizer will be pleased to send a personal letter of invitation so as to enable participants to obtain visa for attending the Course. This letter, however, does not constitute any commitment by the Organizers to cover accommodation, travel expenses or other costs connected to the participation in the Course. The Organizer will not be held responsible for visas not granted.

COURSE PROGRAMME

Saturday, June 13

08.30 - 08.45  Welcome Address:  Norbert Lameire, Rosanna Coppo, Petar Kes, Goce Spasovski, Dragan Ljutić

08.45 - 09.15  Carmine Zoccali, Italy  
                   The growing burden of chronic renal failure in elderly population

09.15- 09.45  Rosanna Coppo, Italy  
                   Primary glomerulopathies as a cause of chronic renal failure from childhood to a disease in elderly patients

09.45 - 10.00  Discussion

10.00 - 10.30  Norbert Lameire, Belgium  
                   Diabetes and cardiovascular diseases complicating the end-stage renal disease in elderly patients

10.30 - 11.00  Goce Spasovski, Macedonia  
                   Bone disease and rheumatological problems complicating the end-stage renal disease in elderly patients

11.00 - 11.15  Discussion

11.15 - 11.30  Coffee break

11.30 - 12.00  Marko Malovrh, Slovenia  
                   Vascular access for hemodialysis in the elderly

12.00 - 12.30  Petar Kes, Croatia  
                   Acute kidney injury in the elderly

12.30 - 12.45  Discussion

12.45 - 13.15  Francesco Locatelli, Italy  
                   Hemodialysis in elderly

13.15 - 13.45  Christian Verger, France  
                   Peritoneal dialysis in elderly

13.45 - 14.00  Discussion

14.00 - 15.30  Lunch break

15.30 - 16.00  Boleslaw Rutkowsky, Poland  
                   Can octogenarians be good candidates for renal replacement therapy?

16.00 - 16.30  Nikolina Bašić-Jukić, Croatia  
                   Selection of older patients for transplantation

16.30 - 17.00  Duška Dragun, Germany  
                   The immunological system and immunosuppression in the older recipient

17.00 - 17.20  Discussion

17.20 - 17.30  Concluding remarks