

## ERA-EDTA CME COURSE

June 13, 2009, Zagreb, Croatia

### Chronic Renal Failure in the Elderly

*Welcome to Zagreb* City with million 



#### LOCATION

Zagreb, Croatia [www.zagreb-touristinfo.hr](http://www.zagreb-touristinfo.hr)

#### Venue

Hotel Dubrovnik, Gajeva 1 [www.hotel-dubrovnik.hr](http://www.hotel-dubrovnik.hr)

Phone: +385 1 48 63 500; Fax: +385 1 48 63 507;

#### ORGANISING SOCIETIS

Croatian Society of Nephrology, Dialysis & Transplantation, Croatian Medical Association  
ERA-EDTA, ISN/COMGAN

#### 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 anti-inflammatory drugs. In addition, susceptibility to acute kidney injury and other side effects of medications, diagnostic, therapeutic procedures or consequences of other organ 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 dependent 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: [kespetar@net.hr](mailto:kespetar@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 INFORMATION**

### **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 break and Gettogether dinner.



## **SOCIAL EVETS**

Buffet lunch will be served at the Congress site. Coffee and mineral water will be served during breaks.

Gettogether diner 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](http://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](mailto:groups@hotel-dubrovnik.hr) .

**Reservations should be made no later then May 20<sup>th</sup>, 2009.** After this date the hotel accommodation cannot be guaranteed.

For other hotel accommodation in Zagreb please see [www.zagreb-touristinfo.hr](http://www.zagreb-touristinfo.hr)

### *Hotel Dubrovnik \*\*\*\* Zagreb Price list\**

<i>Accomodation</i>	<i>Price</i>
<i>Standard single room</i>	105 €
<i>Twin room</i>	135 €

*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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Web site: [www.hdndt.org](http://www.hdndt.org)

## **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](http://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	<b>Welcome Address:</b> Norbert Lameire, Rosanna Coppo, Petar Kes, Goce Spasovski, Dragan Ljutić
08.45 - 09.15	Carmine Zoccali, Italy <b>The growing burden of chronic renal failure in elderly population</b>
09.15- 09.45	Rosanna Coppo, Italy <b>Primary glomerulopathies as a cause of chronic renal failure from childhood to a disease in elderly patients</b>
09.45 - 10.00	<i>Discussion</i>
10.00 - 10.30	Norbert Lameire, Belgium <b>Diabetes and cardiovascular diseases complicating the end-stage renal disease in elderly patients</b>
10.30 - 11.00	Goce Spasovski, Macedonia <b>Bone disease and rheumatological problems complicating the end-stage renal disease in elderly patients</b>
11.00 - 11.15	<i>Discussion</i>
11.15 - 11.30	<i>Coffee break</i>
11.30 - 12.00	Marko Malovrh, Slovenia <b>Vascular access for hemodialysis in the elderly</b>
12.00 - 12.30	Petar Kes, Croatia <b>Acute kidney injury in the elderly</b>
12.30 - 12.45	<i>Discussion</i>
12.45 - 13.15	Francesco Locatelli, Italy <b>Hemodialysis in elderly</b>
13.15 - 13.45	Christian Verger, France <b>Peritoneal dialysis in elderly</b>
13.45 - 14.00	<i>Discussion</i>
14.00 - 15.30	<i>Lunch break</i>
15.30 - 16.00	Boleslaw Rutkowsky, Poland <b>Can octogenarians be good candidates for renal replacement therapy?</b>
16.00 - 16.30	Nikolina Bašić-Jukić, Croatia <b>Selection of older patients for transplantation</b>
16.30 - 17.00	Duška Dragun, Germany <b>The immunological system and immunosuppression in the older recipient</b>
17.00 - 17.20	<i>Discussion</i>
17.20 - 17.30	<i>Concluding remarks</i>

