First ERA-EDTA 'CKD Anaemia Physician Behaviours Survey' Reveals Complexities Of CKD Anaemia Management

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CKD Patients with Diabetes and Heart Disease Most Complex Early Referral and Primary Care Education Needed

The European Renal Association-European Dialysis Transplant Association (ERA-EDTA) today announced results from the first ever Chronic Kidney Disease (CKD) Anaemia Physician Behaviours Survey, commissioned by ERA-EDTA and sponsored by an educational grant from Amgen. Nephrologists surveyed say that the majority of CKD anaemia patients (59.5 percent) also suffer from diabetes and heart disease. Three quarters of nephrologists (74 percent) describe these patients as complex to manage, suggesting a critical need for more proactive intervention.

The survey, conducted by independent research agency Harris Interactive, polled 369 nephrologists across five European countries (Germany, France, Italy, United Kingdom and Spain) in May and June 2007 to investigate unmet needs and real world challenges faced by physicians in managing CKD anaemia patients.

Alarming results show that nearly half of patients are referred to nephrologists at an advanced stage of the disease - CKD stage four or above. When questioned on how to optimise CKD anaemia management, three quarters (75 percent) of physicians called for increased understanding of CKD in primary care, and 82 percent called for routine eGFR (estimated glomerular filtration rate) testing, in the primary care setting in order to improve diagnosis and referrals.

"Patients in advanced stages of CKD have more related conditions such as diabetes and heart disease, significantly adding to the complexity of CKD anaemia management," explains ERA-EDTA President, Professor Jorge B. Cannata-Andia. "Because these comorbidities reduce patients' quality of life and overall life expectancy, there is real need to diagnose and refer patients at a much earlier stage to reduce the high burden of morbidity and mortality associated with CKD."

CKD anaemia patients, particularly those with diabetes and heart disease, often suffer from fluctuations in their haemoglobin (Hb) levels. Maintaining stable Hb levels is a key element of effective CKD anaemia management. Nearly half (47 percent) of physicians surveyed stated that stabilising Hb levels within target range is achieved through the management of a combination of factors such as intercurrent events (kidney inflammation, bleeding, hospitalisations and infections), clinical practice patterns and use of management tools. Only 5 percent believe that the choice of erythropoietin stimulating agent (ESA) treatment alone is an important factor in maintaining Hb stability. Furthermore, results show that physicians stay well within the European Best Practice Guidelines for the Management of Anaemia (=11g/dl, not to exceed 14g/dl).1

"It is vital that patients' Hb levels are controlled within the target range in order to limit adverse effects," commented Professor Francesco Locatelli, Head of Nephrology at A. Manzoni Hospital, Lecco, Italy, past President of ERA-EDTA and Chairman of the European Best Practice Guidelines. "These results support the need for flexible management, improved primary care education and CKD awareness programmes to improve diagnosis, achieve Hb stability, keep patients within the recommended range and help diminish the complexity of CKD."

To address the growing complexity of anaemia management, the majority of physicians surveyed listed 'flexibility of dosing frequency, such as weekly to monthly' (64 percent) and 'proven safety profile in clinical practice' (62 percent) as the top two most important factors of an ESA in effective management of CKD anaemia for physicians and their patients.

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