Neighborhood as a Risk Factor for CKD

4 February 2015

Chronic Kidney Disease (CKD) is one of the three causes of death that have most increased worldwide in the last 20 years. However, CKD is not homogeneously distributed. A series in the Clinical Kidney Journal (CKJ) identifies CKD hotspots, defined as countries, regions, communities or ethnicities with higher than average incidence of CKD, and, thus, help find risk factors.

The latest publication analyzed data from all adult patients living in Bretagne/France, who started renal replacement therapy during 2004-2009. As a result, a cluster of high risk was identified in the western Bretagne region.

The study also evaluated the spatial implications of adjustment for neighborhood characteristics beyond age and sex (healthcare supply, deprivation and rural/urban typology) on the spatial distribution of End Stage Renal Disease (ESRD) incidence. Interestingly, the neighborhood deprivation index, taking into account the rural/urban typology, explained a great part of the spatial repartition of the excess risk of ESRD incidence observed in the crude analysis. These findings are consistent with a number of earlier studies documenting a social gradient of renal disease [2, 3, 4]. Indeed, the World Kidney Day 2015 (on March 12th) is focused on CKD in Disadvantaged Populations.

[1] Wahida Kihal-Talantikite, Séverine Deguen, Cindy Padilla et al. on behalf of The REIN registry. Spatial distribution of End-Stage Renal Disease (ESRD) and social inequalities in mixed urban and rural area: study in Bretagne administrative region of France. CKJ 2015, epub ahead of print.

Interested in reading the full paper? Just send a copy of your press card to press@era-edta.org and ask for the pdf.
About ERA-EDTA

With more than 7,000 members, the ERA-EDTA ("European Renal Association – European Dialysis and Transplant Association") is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. The ERA-EDTA supports a number of studies as well as research groups and has founded a special "Fellowship Programme" for young investigators as well as grant programmes. In order to involve young nephrologists in all activities of the ERA-EDTA the Council decided to create a Young Nephrologists’ Platform (YNP). Besides, it has established various research networks and different working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, a "European Renal Best Practice" (ERBP) advisory board has been established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: several series of CME-courses as well as the annual congress offer an attractive scientific programme to cover the need of continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation. The association’s journals, NDT (Nephrology, Dialysis, Transplantation) and CKJ (Clinical Kidney Journal), are currently the leading nephrology journals in Europe. The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practice throughout Europe. Finally, ERA-EDTA is member of the European Kidney Health Alliance (EKHA), a consortium of renal societies that actively interacts with the European Parliament. For more information please visit www.era-edta.org