Survival of Children receiving dialysis varies widely across Europe
Survival rates are related to public health expenditure and number of paediatric nephrologists

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All European Union Member States have made commitments towards reducing inequalities in access to health care and in health outcomes. But substantial differences in mortality rates persist in the paediatric renal replacement therapy population across Europe. This is the sad result of a brand new study published in *The Lancet* this week [1].

The authors extracted and carefully analyzed patients’ data from the European Society for Paediatric Nephrology/European Renal Association-European Dialysis and Transplant Association (ESPN/ERA-EDTA) Registry from 32 European countries. In summary, the analysis showed that public health expenditure was inversely associated with mortality risk and explained 67% of the variation in renal replacement therapy mortality rates between countries. Moreover, differences between countries in their ability to treat the youngest patients, who are typically the most complex and costly to treat, were an important driver for poor outcomes.

“We hope that this study is a huge wake-up call for policy makers in Europe”, explains Professor Kitty J. Jager, Managing Director of the ERA-EDTA Registry. Throughout Europe there are vast inequalities in access to renal care. Especially Eastern European countries remain burdened by stringent austerity measures and limited health-care budgets, which results in higher mortality rates. “In some countries children are still dying, because renal care does not meet the European standards. This is something we are not willing to accept any longer. Measures for improvement have to be taken!”

But what measures would be promising? The study observed a positive trend between the number of paediatric nephrologists in a country and the time patients spent in nephrological care before starting renal replacement therapy. “This makes an early referral a key factor for a better survival of pediatric dialysis patients and underlines the value of specialist care as it has already been shown for adult patients”, comments Professor Dr Andrzej Więcek, president of the ERA-EDTA. “Nephrology is a key subspecialty of internal medicine which has to be strengthened within the healthcare systems, if we want to decrease mortality of our patients.”
About ERA-EDTA

With almost 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. It also 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 ERA-EDTA has the Young Nephrologists’ Platform (YNP), a very active committee whose board includes members who are 40 years old or younger. Besides, it has established various working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, an “European Renal Best Practice” (ERBP) advisory board was 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; furthermore NDT-Educational is the online educational journal, open for free to all uses, of the Society as well as the very important and useful feature of NDT-Educational “Literature Review”. The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practice throughout Europe. ENP, the European Nephrology Portal, is the latest new initiative of ERA-EDTA: here all those interested in the activities of the Society can find everything that is done, all in one place! Finally, ERA-EDTA is member of the European Kidney Health Alliance (EKHA), a consortium of patients, nurses, foundations all related to renal issues that actively interacts with the European Parliament. For more information please visit www.era-edta.org