

OLD AGE AND RENAL FAILURE IN SZABOLCS-SZATMÁR-BEREG COUNTY

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BACKGROUND

The significance of old age and, together with it, the importance of old-age kidney disease and failure have increased all over the world. The number and proportion of elderly people have grown and kidney disease has become widespread. In these days, approximately 600 million people over 60 years of age live in the world, and their number may easily double by the year 2025. Parallel to the reduction in population size in Hungary, the ageing of the population continues further; because of the higher mortality of men the proportion of women is higher among the elderly. Every tenth inhabitant of Hungary is 70 years old or older. By the year 2060 every third Hungarian citizen will be 65 years old or older.

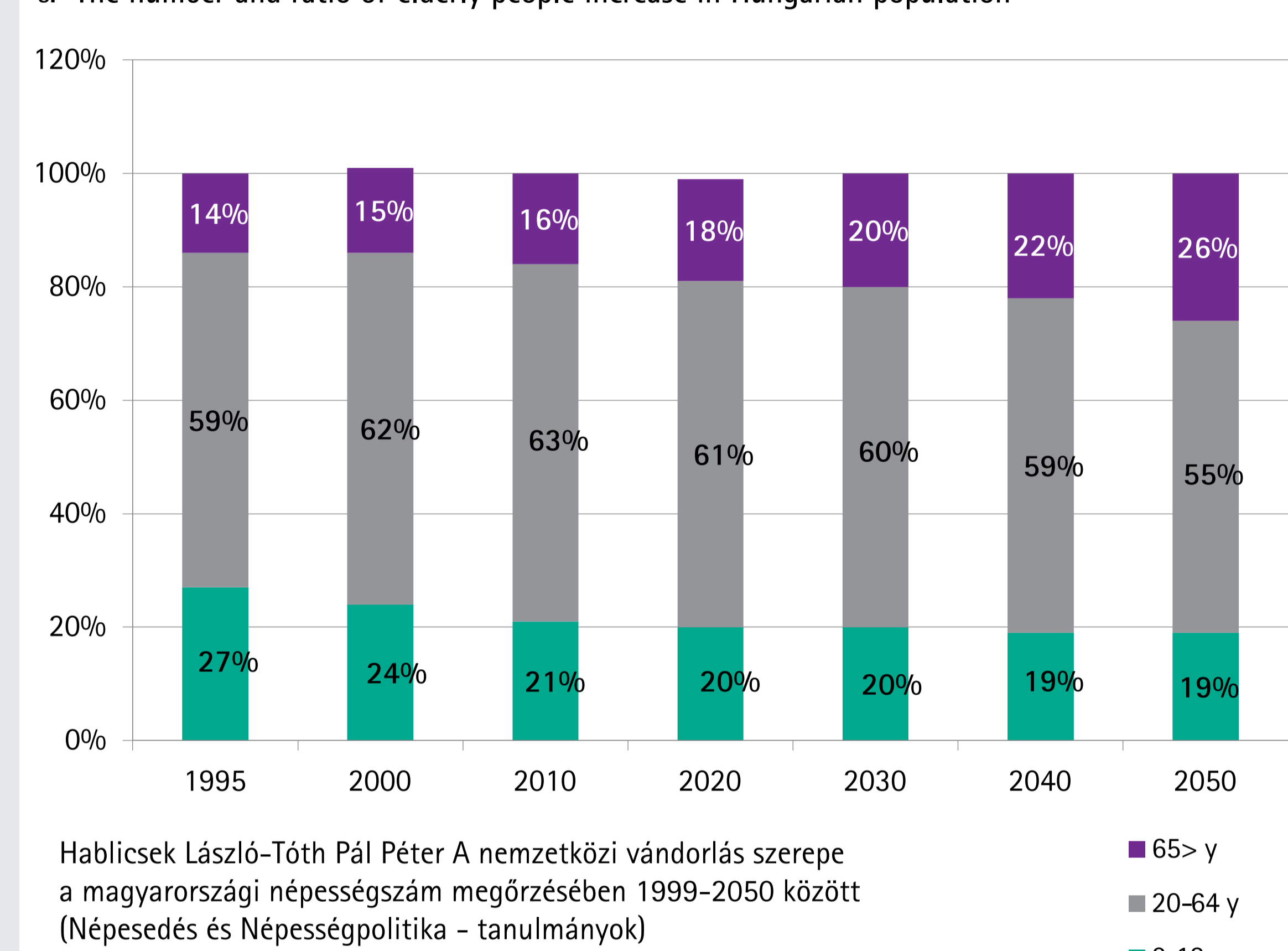
In Szabolcs-Szatmár-Bereg county, the proportion of people less than 14 years old and more than 65 years old is equal. Chronic kidney disease affects 10–14% of the population, which represents 500 million people on a global scale. The number and proportion of elderly people continue to rise within the dialysis population as well. Chronic kidney disease affects nearly 800,000 people in Hungary. Age, obesity, diabetes mellitus, and hypertension play an outstanding role in the high prevalence of chronic kidney disease and chronic kidney failure.

OBJECTIVE

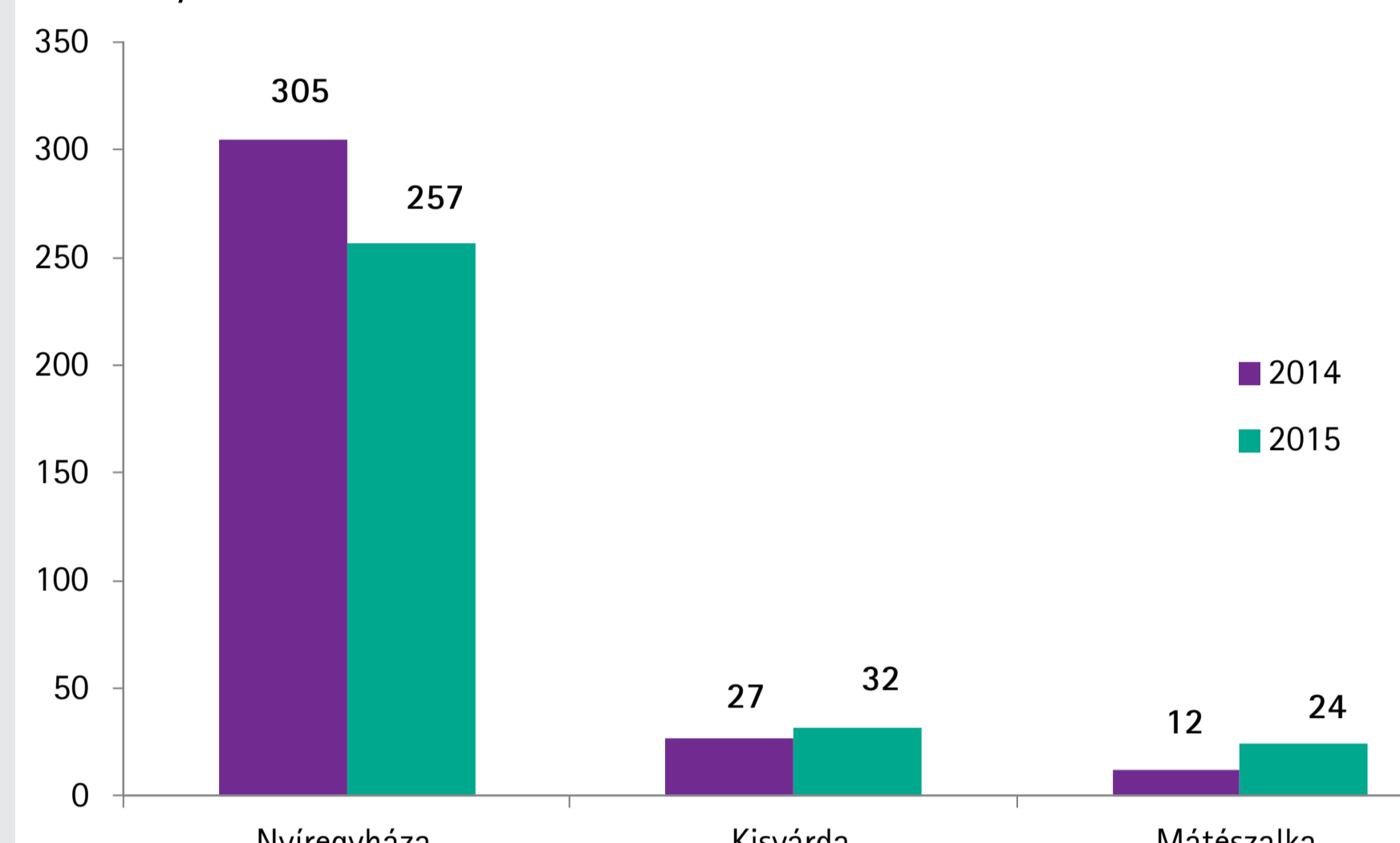
To compare the international data with the Hungarian data obtained in Szabolcs-Szatmár-Bereg county, to study the age distribution of patients treated in the dialysis programme and to determine the proportion of elderly patients within the dialysis population.

In Szabolcs-Szatmár-Bereg county, which has 530,000 inhabitants, three dialysis centres (Kisvárd, Mátészalka, Nyíregyháza) provide care to patients requiring renal replacement therapy. The study compares the data generated in 2014 and 2015 and evaluates the data obtained in the county in the light of the Hungarian and international data.

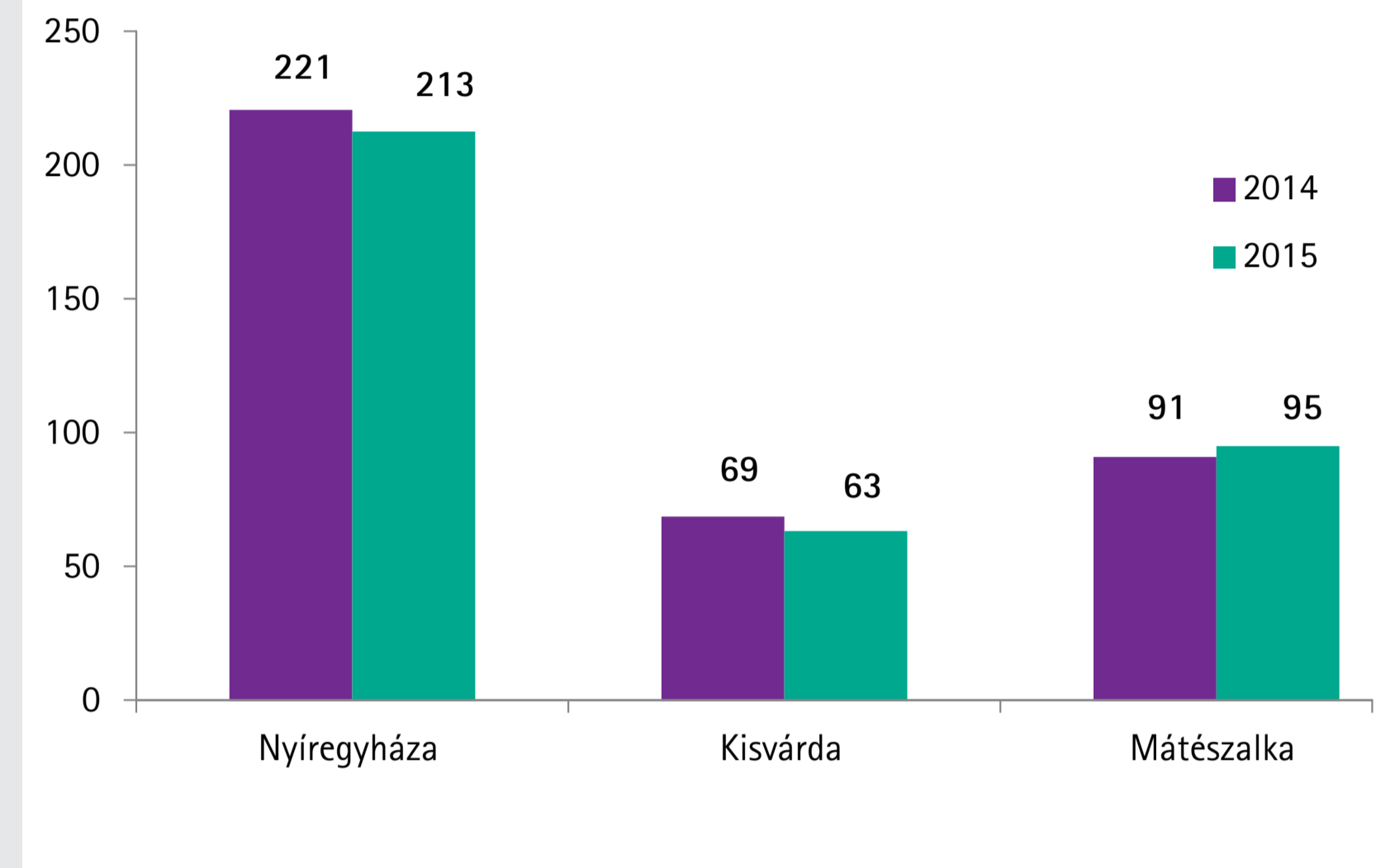
5. The number and ratio of elderly people increase in Hungarian population



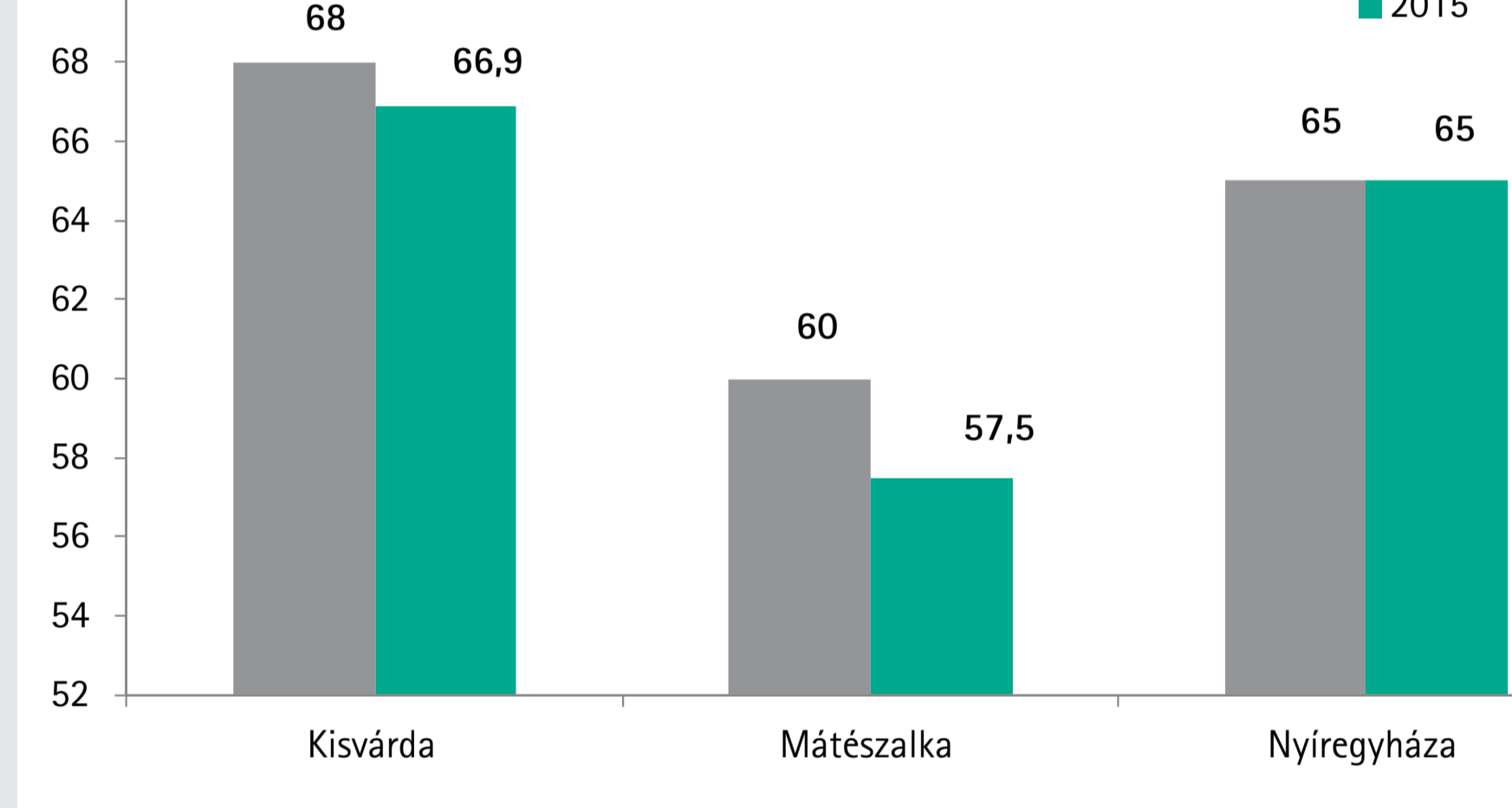
6. New patients in three dialysis centres of Szabolcs-Szatmár-Bereg county in 2014-2015



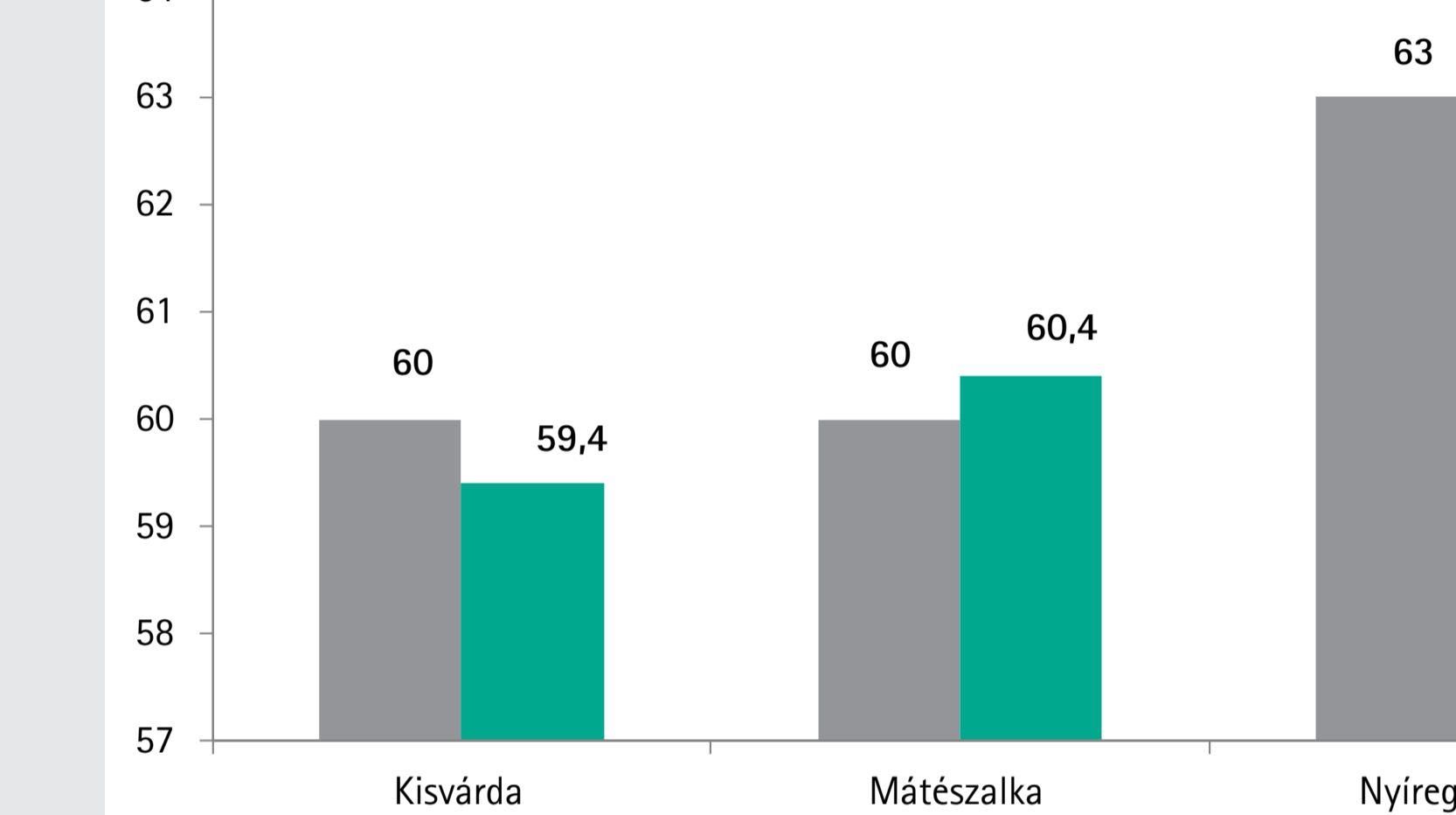
7. Prevalent patients number (Dec. 31) in Szabolcs-Szatmár-Bereg county in 2014-2015



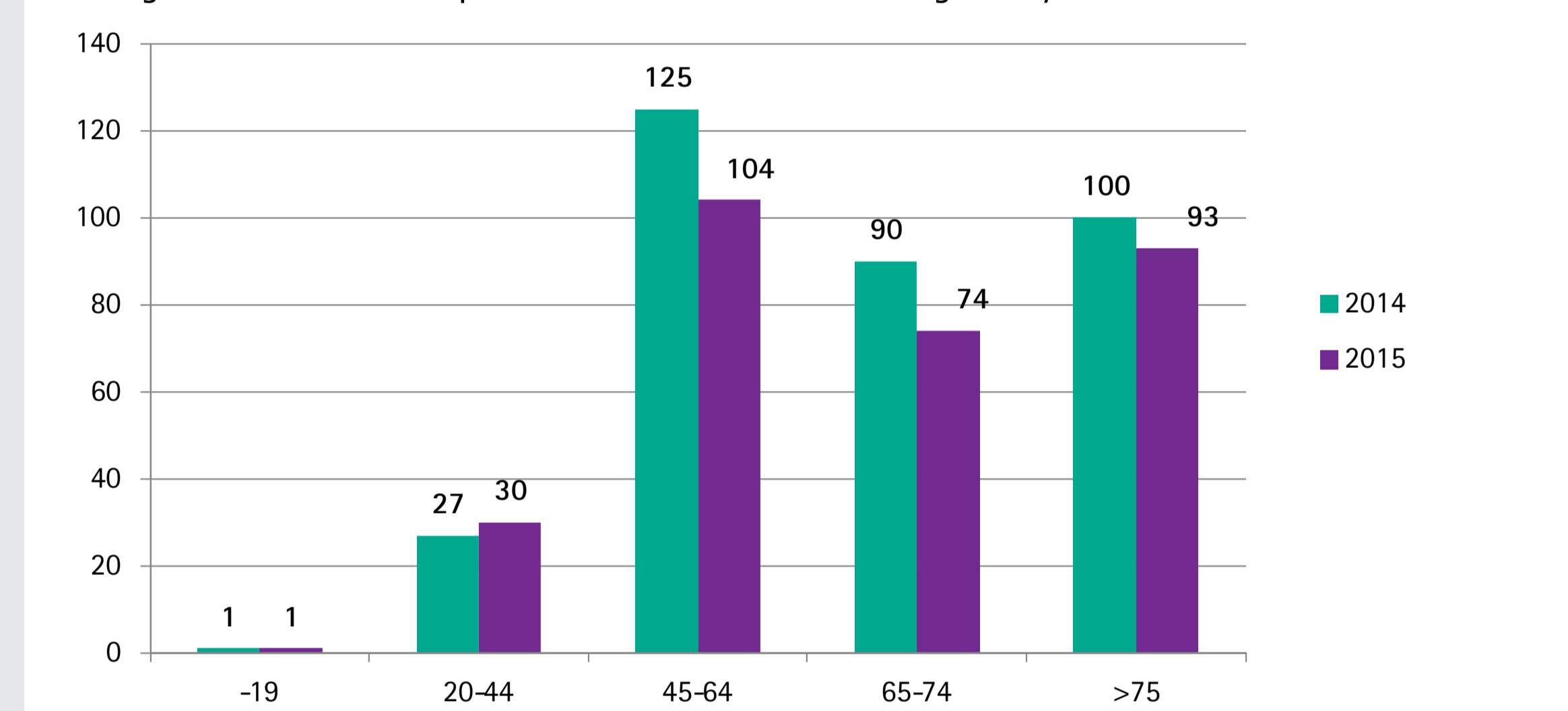
8. Average age of new patients 2014-2015



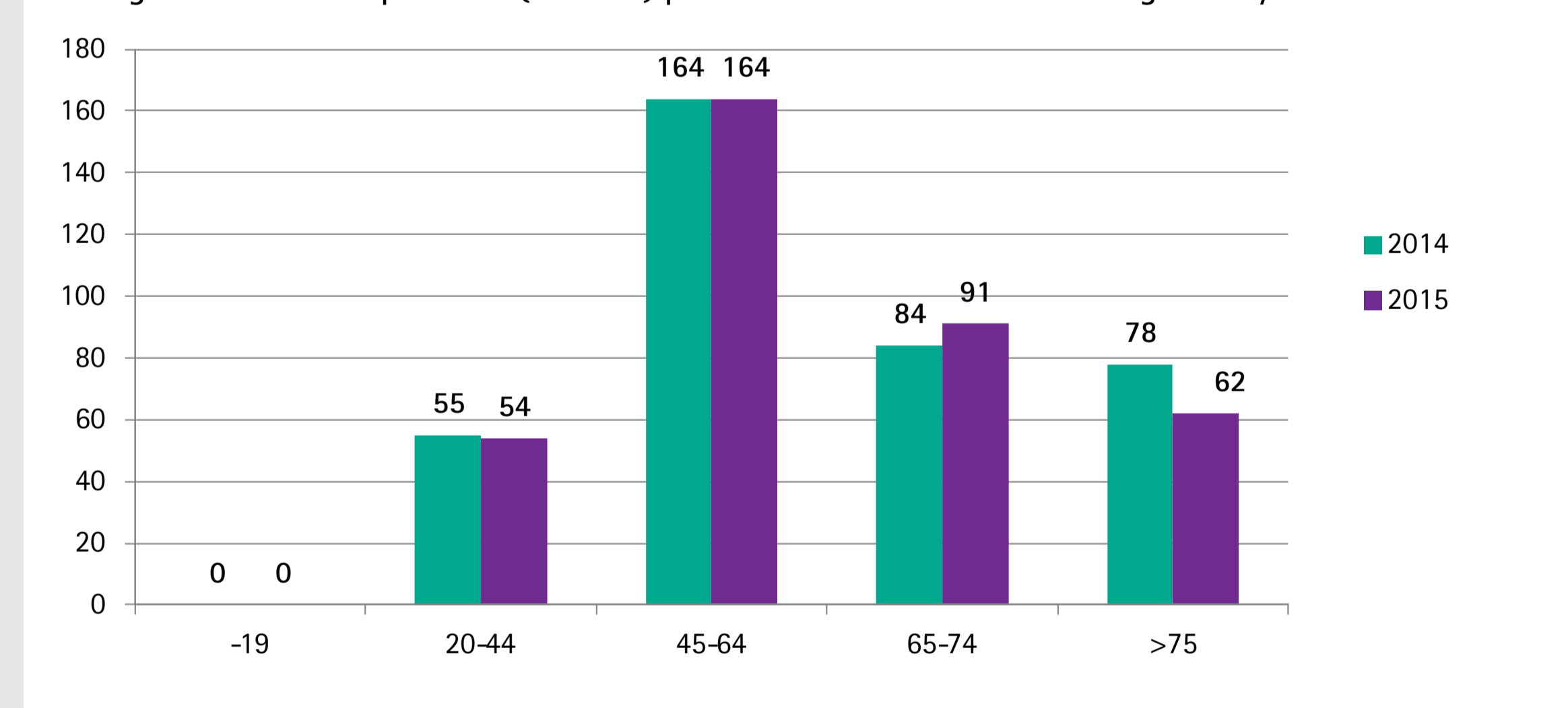
9. Average age of prevalent (Dec. 31.) patients



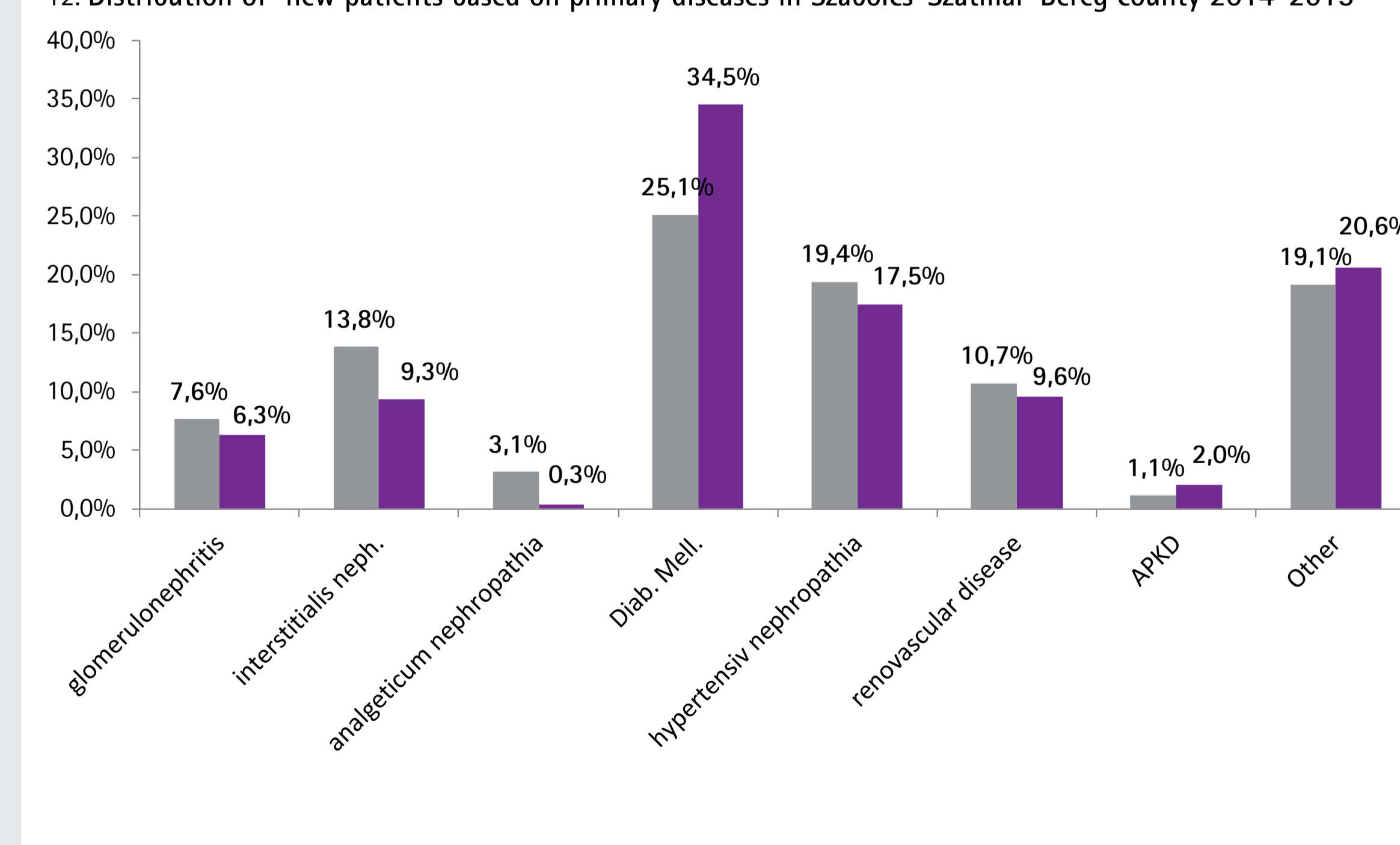
10. Age distribution of new patients in Szabolcs-Szatmár-Bereg county 2014-2015



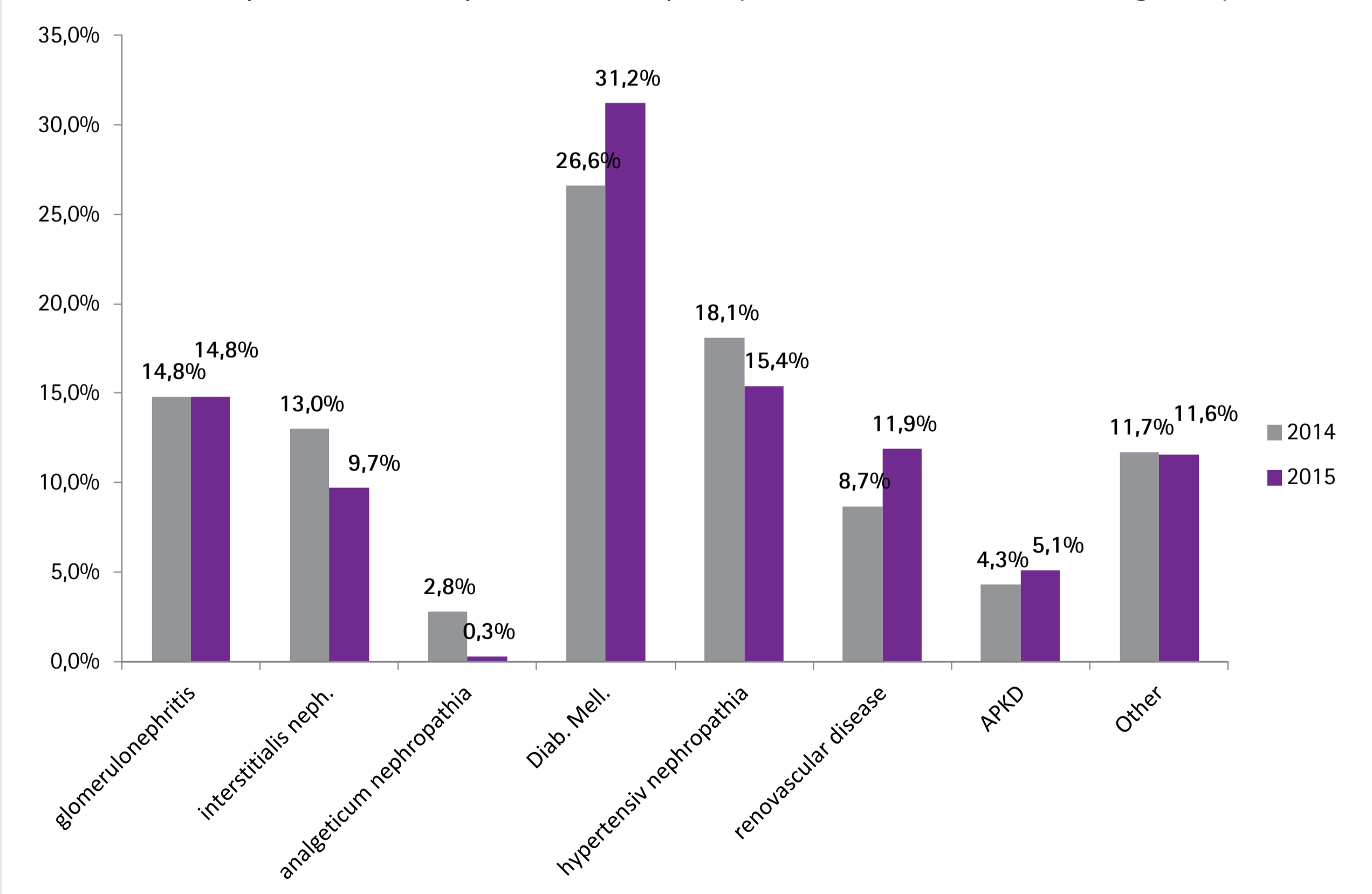
11. Age distribution of prevalent (Dec. 31.) patients in Szabolcs-Szatmár-Bereg county 2014-2015



12. Distribution of new patients based on primary diseases in Szabolcs-Szatmár-Bereg county 2014-2015



13. Distribution of prevalent (Dec.31.) patients based on primary diseases in Szabolcs-Szatmár-Bereg county 2014-2015



RESULT

The quality of life of the elderly population is basically determined by its nephrological status. With the growth of the elderly population the prevalence of kidney disease also increases. This fact calls attention to the need of screening the population at risk for kidney diseases by checking the GFR at least once a year.

Within the study population, in 2014 the mean age of patients at the time of inclusion in a dialysis programme was higher in Nyíregyháza and Kisvárd than the Hungarian average (68, 65 and 62.1 years, respectively). Also in 2015, the mean age of patients drawn into the programme in Kisvárd and Nyíregyháza also exceeded the Hungarian national average (66.9, 65 and 62.8 years, respectively).

In 2014, the mean age of patients treated on 31 December was higher than the Hungarian average in all three dialysis centres (60, 60, 63 and 59.8 years, respectively). In 2015, only in Nyíregyháza did the mean age of patients exceed the Hungarian average (65.1, 62 and 61.1 years).

In 2014, the proportion of patients belonging to the 65 to 74 years old age group exceeded the European average in all three dialysis centres studied (29.6%, 33.3%, 25.6% and 25%, respectively), while in Mátészalka and Nyíregyháza it exceeded the Hungarian average (29.2%) as well. As compared to 2014, in 2015 the proportion of patients over 65 years of age among the new patients did not change markedly (55.4% and 55.3%, respectively), and this proportion was somewhat lower than the Hungarian average (57.1% and 58.9%, respectively) in both years.

The proportion of elderly patients among patients receiving dialysis treatment on 31 December had slightly decreased by 2015 (from 42.5% to 41.2%) and was lower than the Hungarian average (49.8% vs. 50.3%).

Of the primary diseases justifying dialysis, the prevalence of diabetes mellitus was close to the national average in 2014 (26.6% vs. 27%), while in 2015 it exceeded the national average (32.1% vs. 28%).

CONCLUSION

In elderly patients, the development of kidney problems as a complication of new diagnostic and medicinal interventions is becoming increasingly common, which makes it necessary to check the GFR before the examinations. Elderly patients belong to a very high cardiovascular risk category, and therefore their care requires particular attention.

When determining the indications of renal replacement therapy in elderly patients, special attention should be paid to evaluating the expected benefits and risks of renal replacement therapies in order to make a correct decision about conservative management or dialysis.

The organised provision of multidisciplinary pre-education involving the patient and his/her family should be seen as a task of high priority. This is justified also by the fact that, like the studies of wider scope, the surveys conducted in Szabolcs-Szatmár-Bereg county have also revealed that patients have little information about their disease and they know even less about the alternative treatment options.

The prevention of kidney problems in elderly patients would require a change of attitude, a profound knowledge of geriatric health issues and a better co-operation among specialists.