

Prevalence of Chronic Kidney Disease is estimated to be 8-16% worldwide, and with the rise in diabetes and heart disease, these rates are rising exponentially.

Chronic Kidney Disease is very closely interlinked with other increasingly prevalent chronic diseases such as diabetes, high blood pressure and heart disease. In fact, Europeans most at risk of developing CKD are those with diabetes and high blood pressure:



1 in 3 people with diabetes has kidney disease.

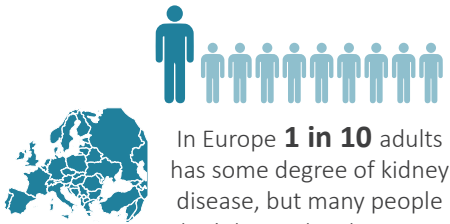


1 in 5 people with high blood pressure has kidney disease.

People with CKD are more likely to have cardiovascular problems such as angina, heart attack, stroke or heart failure. **3x**

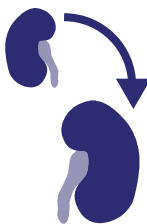


Clinical Burden



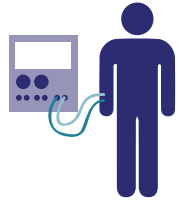
In Europe **1 in 10** adults has some degree of kidney disease, but many people don't know they have it or that they are even at risk.

Many of those will progress to end-stage renal disease (ESRD) and require renal replacement therapy (RRT) in the form of dialysis or transplantation just to stay alive.



↑160 Frequency of kidney disease dramatically increases after the age of **60**.

Kidney transplant is the preferred treatment, but when not possible or while waiting for a suitable organ, patients will need to undergo dialysis.



Health-Related Quality of Life

Selected measures of health-related QoL for dialysis patients is

↓27%-49%

worse than that for the general population (age and gender matched) and is a predictor of hospitalization and mortality in dialysis patients.

For those patients undergoing dialysis, there is:

- a very high mortality rate
- a decreased patient quality of life (QoL)
- a high cost to society

The prognosis, including life expectancy and quality of life, is exceedingly better after kidney transplantation than dialysis.

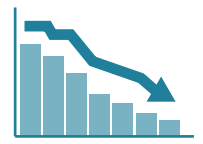
The annual risk of death in dialysis patients is **10 - 100x** higher than the risk of death in the general population.

Economic Burden

Treatment with either dialysis and kidney transplantation consumes disproportionate amounts of healthcare resources in the EU.



It has been calculated that dialysis treatments alone account for more than **2%** of national healthcare budgets and this figure is set to **double** in the next 5 years.



Workplace productivity/employment rate is low in dialysis patients.

Dialysis is resource-heavy, costing up to



EUR per year, per patient, depending on the country and method.

Kidney transplantation costs roughly the same as dialysis in the first year, but then

40% less of that in the years thereafter.



Dialysis patients are often hospitalized and for extended periods of time, also incurring costs for the health system.

Currently in the EU:

97% of health expenses are spent on treatment. **3%** of health expenses are spent on prevention.

There is an urgent need for improved public awareness of the risks, and a policy shift that focuses on prevention strategies, early detection, education and subsequent management of CKD in clinical practice to ensure that every European citizen has equal access to high-quality healthcare.
For more information, please see www.ekha.eu