

Kidney disease in Canada: 12.5 percent of adults afflicted, yet many unaware

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evidence of chronic kidney disease, including people without risk factors such as high blood pressure and diabetes, according to a study published in CMAJ.

Chronic kidney disease is a risk factor for death, and it places a significant burden on the health care system; dialysis for 1 person alone over 1 year costs about \$60 000.

Estimates of kidney disease in Canada are based on extrapolations of the prevalence of end-stage renal disease. In this study, researchers looked at blood and urine samples from 3689 participants in the Canadian Health Measures Survey aged 18-79 years from across Canada to generate a national estimate of chronic kidney disease. Kidney disease (all stages) was present in 12.5% or 2.9 million Canadian adults during the study period from 2007 to 2009. High blood pressure and diabetes were more common in people with chronic kidney disease than without (25% v.15% for high blood pressure and 11% v. 5.4% for diabetes). However, 72% of adults with chronic kidney disease had neither condition.

Prevalence rates are similar to US rates, although higher than in Europe and Australia.

Awareness of kidney dysfunction was low, with only 5.3% of adults with any stage of chronic kidney disease having been diagnosed and only 12% of people with later stage kidney disease knowing they were ill.

Screening for kidney disease in people with hypertension, diabetes and other chronic diseases is recommended by some associations, but it is not cost effective for the general population, seniors and people with hypertension.

"Because most of these people did not have diabetes or hypertension, conditions most likely to

An estimated 12.5% of Canadians in Canada have prompt screening for kidney dysfunction, they may be easily missed based on current practices. A comprehensive, evidence-based Canadian guideline for screening adults for chronic kidney disease would be useful to optimize early intervention and secondary prevention of chronic kidney disease and its associated outcomes," the authors conclude.

More information:

www.cmaj.ca/lookup/doi/10.1503/cmaj.120833

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