

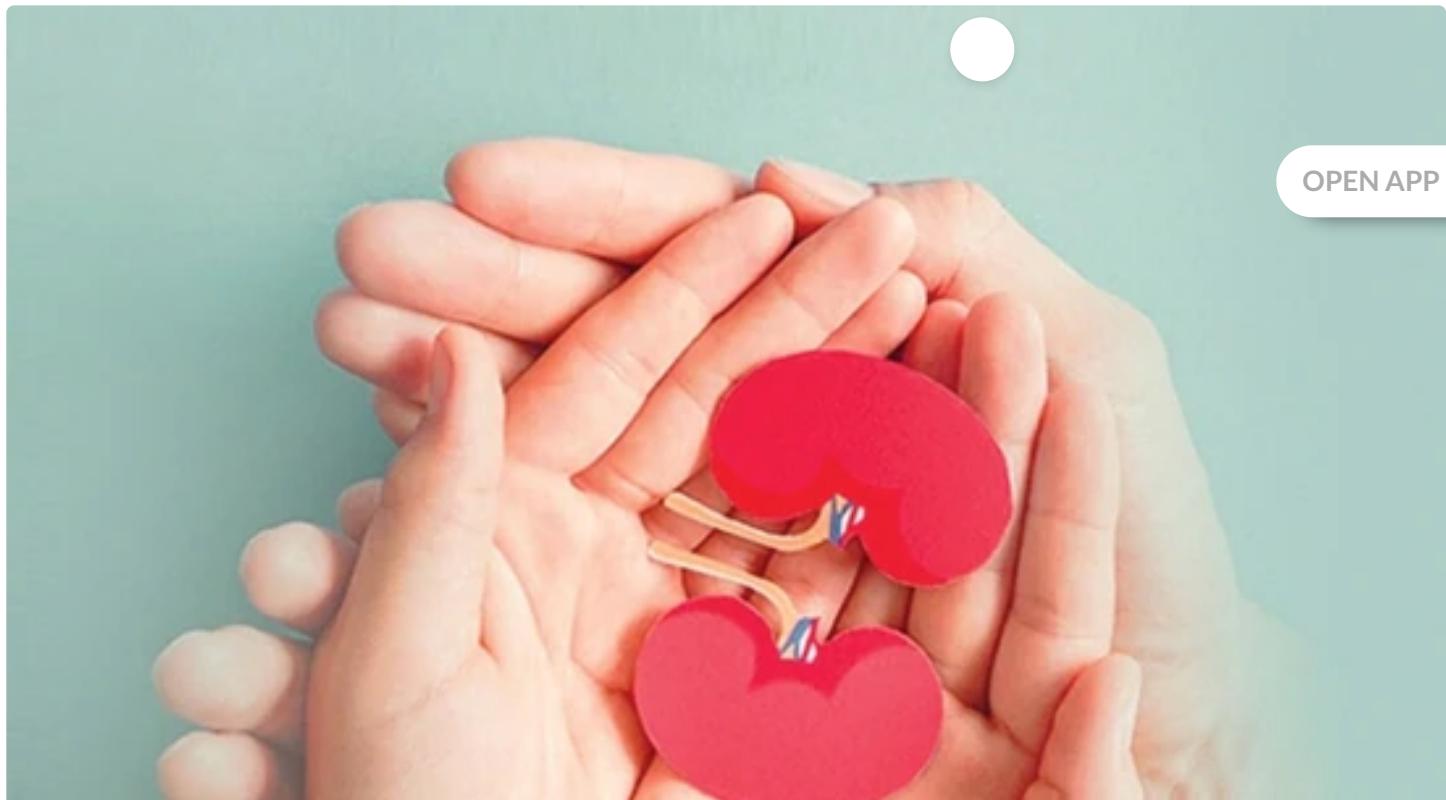
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## Less than 5% Kidney failure Patients get 'life saving' intervention like transplant\*

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Updated on Apr 06, 2023 10:50 AM IST

Patients with kidney failure die due to lack of Renal Replacement Therapies. Medical & non-medical professionals need to come together to change this.

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It is estimated that nearly 10 per cent of the population of India suffers from Chronic Kidney Disease (CKD)\*\*, which is emerging as a very common non-communicable disease in India. Even though the exact prevalence is not known as there is no registry available for CKD in the country, the explosion is being attributed to the increasing prevalence of diabetes and hypertension. This is also having a negative impact on the social and economic development of the country.

A majority of patients suffering from CKD die prematurely due to a lack of access to dialysis and renal transplantation. In such patients who are unfortunate victims of kidney failure, there are several comorbidities that can shorten their life span. Early detection and effective dialysis and transplantation can prolong their life spans.

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It has been observed that lack of access to dialysis is a significant obstacle in preventing deaths from CKD. Even though the National Dialysis Programme has improved access to dialysis in many parts of the country, the medical intervention still remains out of reach for a large population of Indians living in rural and remote areas of our country.

Renal transplantation is considered the best treatment for patients suffering from kidney failure. As the kidney damage progresses towards complete kidney failure, the patient will be initially kept on dialysis followed by transplantation. A successful transplantation can restore life back to normal for the patient, except for the fact that they need to be on drug therapy throughout their life.

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Most of the kidney transplants in our country are by living-related organ donation by blood-related donors, which is undoubtedly the best. It has also been observed that there is a social inequity in transplantation in India. Most of the donors are women while the recipients are men. The trend of deceased donor transplantation is picking up too, but only in a few states in the country.

There has been a colossal improvement in drug therapy to preserve kidney function. A variety of drugs which are safe and time-tested have improved both short as well as long-term kidney graft function. But the major cause of death remains infections.

It's a tightrope walk for nephrologists to strike a balance between preventing rejection and avoiding infections. As these patients are immunocompromised due to drugs, they need to take several precautions to avoid infections, especially in the initial few months. Other major complications include cardiac and neurological complications and malignancy but are common in the long run.



In a lot of cases, patients have lived for more than two to three decades after undergoing transplantation. It has been seen that having a strong willpower and leading a disciplined lifestyle are of paramount importance for prolonging the life span.

There are two other factors that are responsible for the dismal number of transplants taking place in India. Transplant surgery is majorly restricted to major cities and predominantly in the private sector. The cost of the therapy is another prohibitive factor. Despite government-support, and health insurance programs being offered in a handful of states, renal transplantation is not picking up as expected due to several factors.

There is a definite need to improve the transplantation programme in the government sector to make it more widely accessible, even in remote parts of the country. A lack of awareness about the transplantation process, its benefits and side effects are further acting as the Achilles heel to the transplantation programme in India. What is needed is a concerted effort by medical and non-medical professionals who need to come together to improve the transplant scenario in our country.

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"CKD is a growing global health problem with enormous effects on individuals and society. Diabetes and hypertension are identified as major causes for CKD – together they form an 'Unholy Trinity'. To address these, Sanofi (India) has over the past decade collaborated with the medical fraternity and the academia, in making major progress in developing and disseminating innovative drugs, diagnostics, devices and care models. This has helped majorly in improving patient outcomes by aiding early and better diagnosis, addressing CKD complications in time, choosing the right option for Renal Failure and much more." said **Rodolfo Hrosz – Managing Director, Sanofi India Limited.**

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"We are seeing a new era in nephrology emerge with increased HCP education and engagement, deeper patient awareness and stronger partnerships. The coming together of doctor associations are complemented by concerted efforts from the government and private sector hospitals who contribute equally to help gain momentum for the cause." Hrosz from Sanofi (India) said.

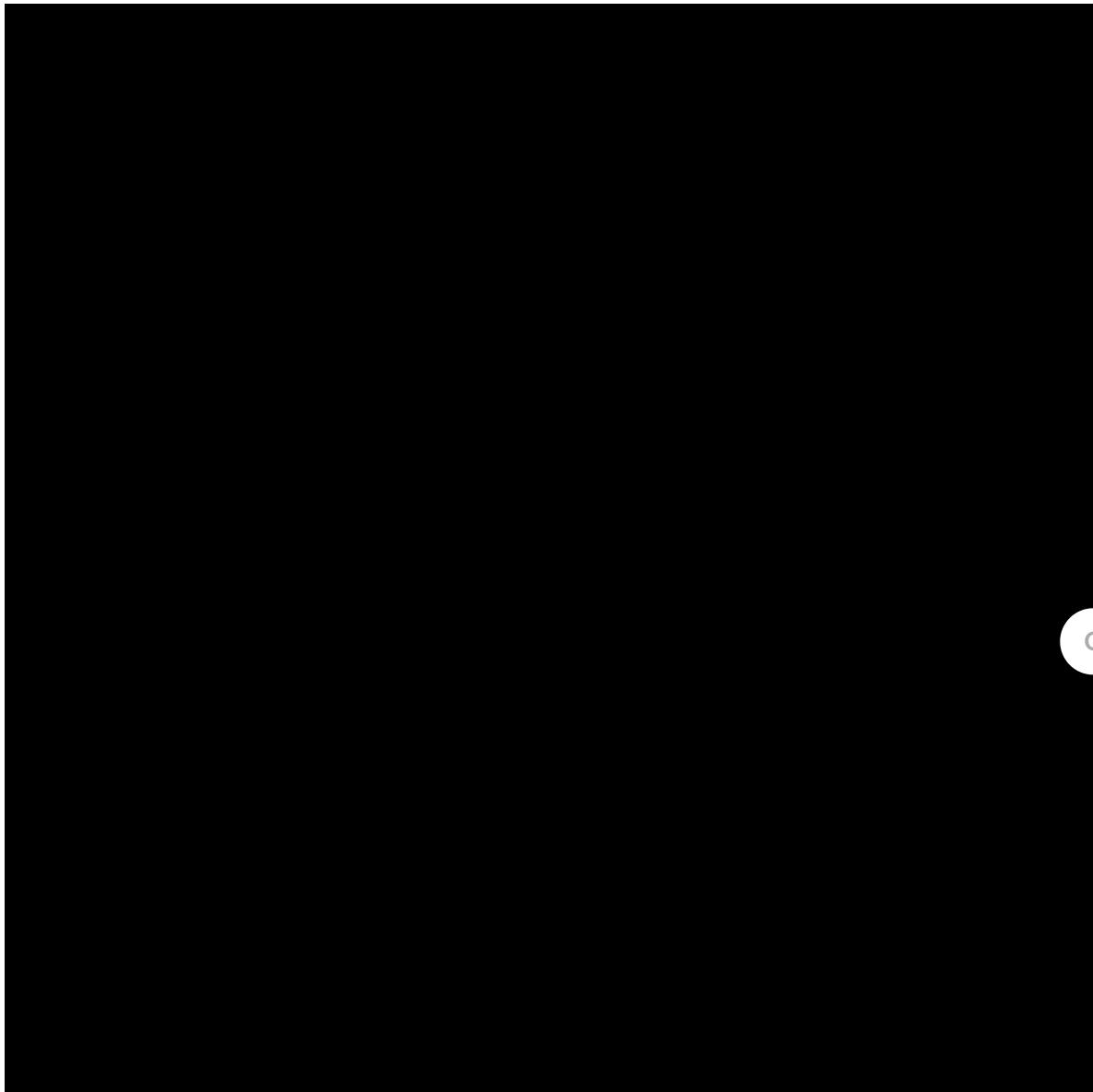
(\* As per Notto Data for Organ Donation and Kidney Transplantation in 2022 - [https://notto.gov.in/WriteReadData/Portal/News/806\\_1\\_data\\_2022.pdf](https://notto.gov.in/WriteReadData/Portal/News/806_1_data_2022.pdf), ESRD patients in India

\*\* Agarwal S.K., Srivastava R.K. Chronic Kidney Disease in India: Challenges and Solutions. *Nephron Clin Pract* 2009;111:c197 <https://doi.org/10.1159/000199460>)

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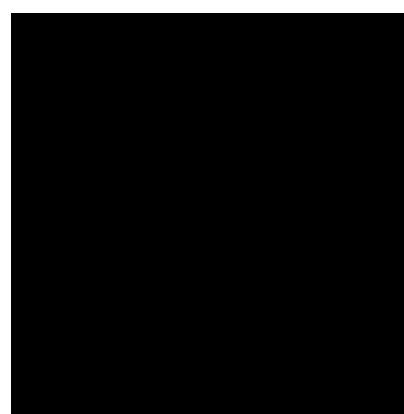
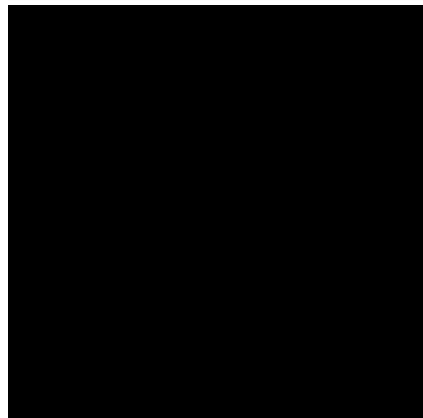
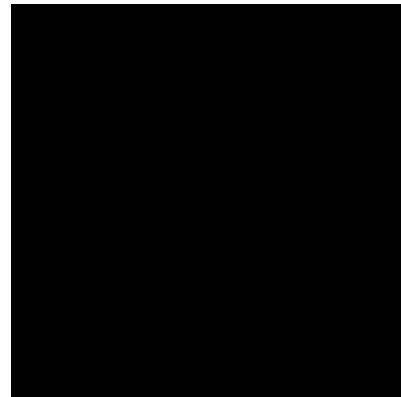
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