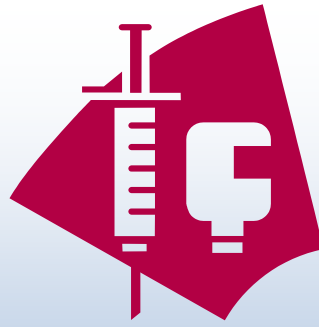




Diagnosis



Treatment



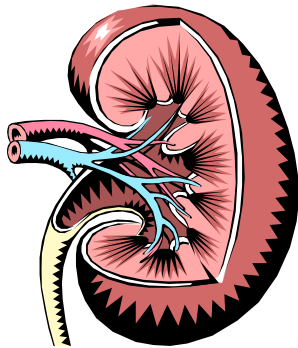
Care

Chronic renal disease and PMBs

In this issue of CMScript, our e-newsletter dedicated to prescribed minimum benefits (PMBs), we discuss chronic renal disease (also known as chronic kidney disease) and renal dialysis, an intervention covered for this illness in the PMB regulations.

What is chronic renal disease?

Chronic renal disease occurs when your kidneys gradually stop functioning, usually until permanent damage has been done.



The disease is categorised based on the presence of kidney damage and the glomerular filtration rate (GFR)¹.

What is dialysis?

Dialysis is a method of removing waste products from the body. It is the first method of intervention in kidney failure. Kidney function is only partly replaced by dialysis. Dialysis is an expensive intervention so the Department of Health has developed specific criteria for the acceptance of patients on long-term dialysis. The initial criteria developed by the Department in 2004 have subsequently been replaced with the *Guidelines for Chronic Renal Dialysis* signed by the Minister of Health in March 2009.

Stage	Description	GFR (ml/min)
1	Slight kidney damage with normal or increased filtration	Normal or ↑GFR (GFR >90)
2	Mild decrease in kidney function	Slight or ↓GFR (GFR 60-90)
3	Moderate decrease in kidney function	Moderate ↓GFR (GFR 30-59)
4	Severe decrease in kidney function	Severe ↓in GFR (GFR 15-29)
5	Established renal / kidney failure	GFR<15

STAGING SYSTEM FOR CHRONIC KIDNEY DISEASE: *Staging of chronic kidney disease allows the doctor to have a clear action plan in managing chronic kidney disease and improves a patient's understanding of the disease.*

¹ Glomerular filtration rate (GFR) is the volume of fluid filtered by glomeruli (the tufts of capillary blood vessels in the kidney actively involved in the filtration of blood to form urine). Normal GFR is above 90 ml/min.

What do PMBs say about renal dialysis?

Provisions made in the PMB regulations are based on clinical evidence and cost-effectiveness. Renal transplantation should be considered for all suitable patients but should not be the major criterion for acceptance onto chronic dialysis. PMB regulations prescribe intervention for end-stage renal disease, regardless of its cause. The regulations also specify that the treatment for the condition is limited to dialysis and kidney transplant, as per 2009 criteria published by the Department of Health.

The decision on whether dialysis is the correct option for a patient is based on a full assessment of the patient including psychological preparation and whether the patient has easy access to the dialysis unit. This is because long-term dialysis has a significant impact on patients and their family members.



Exclusion rather than inclusion criteria are applied. The criteria that exclude a patient from obtaining dialysis treatment include medical factors, psychological factors, and compliance.

Medical exclusion factors:

- active, uncontrollable cancer or cancer with a short life expectancy
- advanced disease of vital organs that cannot be reversed, like:
 - heart, cerebrovascular and vascular disease

- advanced liver disease and cirrhosis (chronic degenerative liver disease)
- medically or surgically irreversible coronary artery disease
- lung disease
- unresponsive infections, e.g. hepatitis (inflammation of the liver)

Psychological exclusion factors:

- any form of mental illness that has caused a reduced ability to take responsibility for actions
- active substance abuse or dependency, including tobacco use
- obesity

Compliance factors take into account patients who regularly do not follow the requirements for dialysis treatment and do not implement lifestyle changes. They are excluded or removed from long-term dialysis.

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HIV and AIDS are not exclusion criteria, provided that the patient has access to a comprehensive treatment plan that includes antiretroviral treatment and that the patient has been in a stable condition for at least six months. Age is not a contraindication for dialysis, if none of the exclusion factors are present.

Even though research indicates that patients with diabetes do not respond well over the long term, they may still be considered for dialysis. Patients who are accepted for long-term dialysis by the private sector must, however, remain in the private sector unless an agreement between the public sector and the medical scheme exists.

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