

Study reveals new ground made in fight against kidney disease

Wednesday, 4 March 2015

A new study by the Menzies School of Health Research (Menzies) has revealed an improvement in life expectancy for those suffering from end-stage kidney disease (ESKD); one of the most disproportionate diseases affecting Indigenous Australians.

Published in the latest edition of the Medical Journal of Australia, the paper, *Survival of Indigenous Australians receiving renal replacement therapy: closing the gap?*, reveals that despite the grim comparative that Aboriginal and Torres Strait Islander people are up to 17 times more likely than non-Indigenous Australians to need renal replacement therapy (RRT) for end-stage kidney disease, new data has highlighted an improvement in associated life expectancy over recent years.

Lead researcher and Menzies PhD student, Dr Paul Lawton, said that despite this alarming disparity there were significant improvements which need to be recognised.

“Over the past 20 years we have seen five-year survival rates improved significantly for both non-Indigenous and Indigenous Australians requiring RRT however the gap in survival rates between Indigenous and non-Indigenous patients has not narrowed,” Dr Lawton said.

“Illnesses such as diabetes and other health risks that often accompany kidney disease remain significant among Indigenous patients.

“We found that Indigenous patients are commencing RRT 10 -12 years younger, and are more likely to have associated illness such as diabetes than non-Indigenous patients. They are also less likely to see a kidney specialist before starting.”

Dr Lawton explains that fewer Indigenous patients are also receiving kidney transplants in the first five years of treatment.

“Many factors act as barriers to transplantation for Indigenous patients. Many kidney specialists are concerned that transplant outcomes are poor for Indigenous patients, living in regional and remote Australia limits access to services, and some patients are nervous about travelling vast distances away from family for an operation.

“The lower transplant rate for Indigenous patients may be contributing to their higher risk of death after starting RRT,” Dr Lawton said

Dr Lawton points out the five-year survival rate for people requiring RRT for end-stage kidney disease, whether Indigenous or non-Indigenous, is still worse than that for many other diseases, including many cancers.

“As a result, the highest priority must be to prevent as many people as possible from developing end-stage kidney disease in the first place.

“While we have a long way to go and much to achieve in this space, it is encouraging to see how far we have come,” Dr Lawton concludes.

ENDS

View the MJA article visit: https://www.mja.com.au/journal/2015/202/4/survival-indigenous-australians-receiving-renal-replacement-therapy-closing-gap?0=ip_login_no_cache%3D074507a1642bc2a07cd7b637e038a989

Media note:

Dr Paul Lawton is a kidney specialist with over 15 years' experience working as a clinician across the Northern Territory, including four years as director of Northern Territory Renal Services.

His main clinical interests are chronic kidney disease (particularly in Indigenous Australians) and the management of complex conditions in remote and disadvantaged environments.

View his profile at: http://www.menzies.edu.au/page/Our_People/Researchers/Paul_Lawton/

Media contact:

Claire Addinsall, communications, marketing and media manager, 08 8946 8680, 0448 512 576, communications@menzies.edu.au

Menzies Background

Menzies School of Health Research is Australia's leading Medical Research Institute dedicated to improving Indigenous, global and tropical health. We have a 30 year history of scientific discovery and public health achievement. Menzies works at the frontline, joining with partners across the Asia-Pacific as well as Indigenous communities across Northern and Central Australia. We collaborate to create new knowledge, grow local skills and find enduring solutions to problems that matter.