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A health priority

I WELCOME the NT News call to tackle kidney disease affecting indigenous Australians (editorial, 08/08/16).

Gurrumul's profile standing in the community is unique, however, his kidney disease is all too common.

Indigenous Australians in remote NT communities experience a burden of kidney disease up to 30 times higher than the national population - however, much of this is preventable.

Alcohol use does not cause kidney disease. Poor nutrition and the early onset of obesity, high blood pressure and diabetes does.

Early kidney disease can be easily identified, through simple blood and urine tests, and the need for dialysis can be prevented with readily available ongoing treatment from a general practitioner, remote clinic or Aboriginal Medical Service.

Organisations in the Territory have implemented successful models of clinical care to prevent kidney disease progressing to dialysis.

Making these initiatives widespread across the NT and sustaining them over time is a challenge.

Partnership with indigenous health services and communities to provide care that meets the needs of indigenous patients is key to fixing this "blight on the NT".

Kidney disease is a strategic priority for the Central Australian and Top End Health Services as well as organisations, government including the Menzies School of Health Research.

Kidney disease does not recognise NT boundaries and a national effort will be required to address it across remote Australia.

In the NT, where the burden is heaviest, kidney disease is a fundamental health priority.

Professor Alan Cass, Director, Menzies School of Health Research