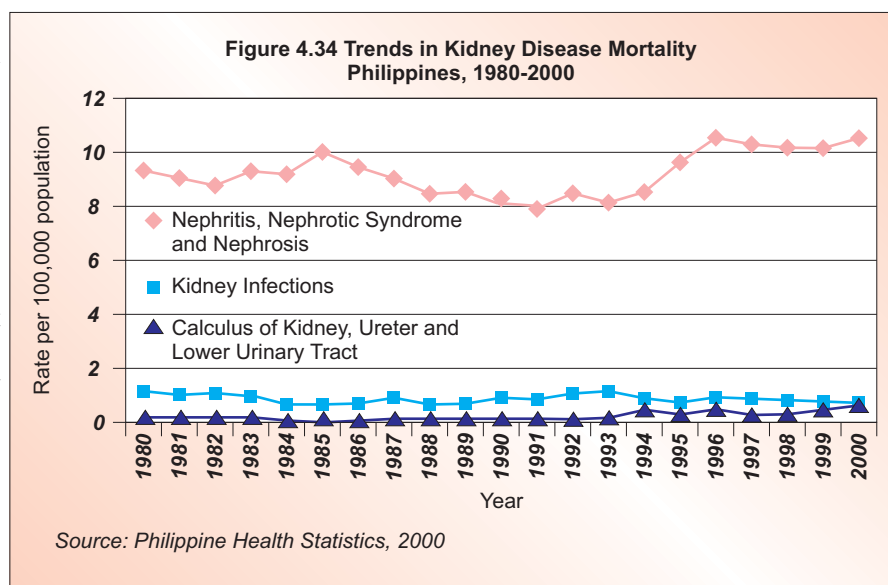


Diseases of the Kidney and the Urinary Tract

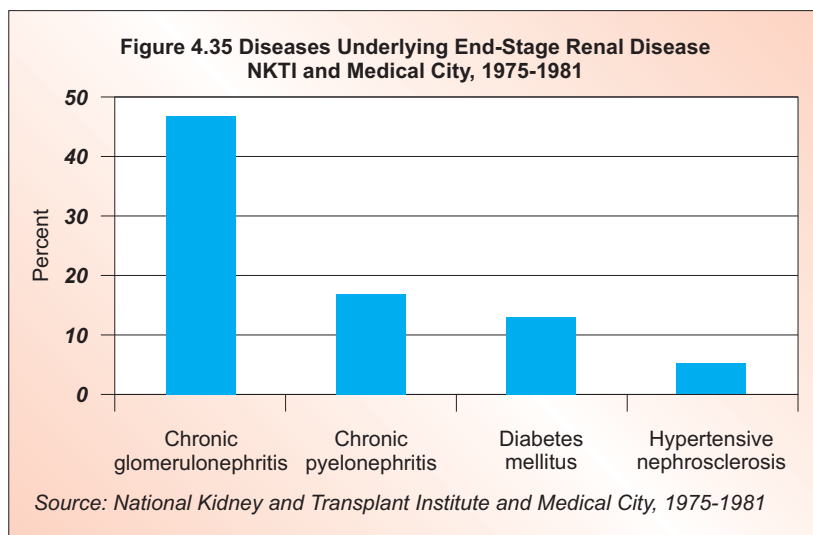
Nephritis, nephrotic syndrome and nephrosis can be signs of infections, systemic conditions, autoimmune and chronic or degenerative diseases affecting the kidney. They can also be secondary to prolonged medication, exposure to poisons or traumatic injury. The causes are varied. They can be hereditary or acquired and may be secondary to other leading causes of death manifesting as end-stage renal disease (ESRD).

There are problems in obtaining routine countrywide data reflecting the prevalence of kidney diseases. However, the mortality trends for diseases of the kidney and urinary tract are generally increasing at a slow phase. Studies indicate that around 9,500 Filipinos develop fatal diseases of the kidneys annually. Nephritis,



nephrotic syndrome and nephrosis accounted for 7,963 deaths registered in 2000. This translates to a death rate of 10.4 per 100,000 population, the tenth highest among the causes of death in the country. In addition, kidney infections and calculi at any portion of the urinary tract had mortality rates of 0.8 and 0.5 per 100,000 population, respectively, during that year (PHS 2000).

A significant proportion of ESRD is secondary to the top causes of chronic illness in the country. Studies by two leading hospitals in Metro Manila indicate that the most common underlying diseases for ESRD are chronic glomerulonephritis, chronic pyelonephritis, diabetes mellitus and hypertensive nephrosclerosis. In short, deaths from renal causes are the



consequences of prolonged or uncontrolled assault of infectious or metabolic agents on the kidneys and are regarded as degenerative. ESRD is expected to increase proportionately with the incidence of degenerative or lifestyle-related diseases. Unless these underlying diseases are controlled, prevalence of ESRD will remain high. Since the cost of treatment is prohibitive, deaths from ESRD will also be staggering.

In 2000 the estimated cases of ESRD in the Philippines was 122 cases per million population, of which only 46 percent received dialysis treatment while 17 percent availed of kidney transplantation.

Hemodialysis is the treatment to stave off permanent renal impairment in some patients. It is a palliative procedure for patients waiting for renal transplantation secondary to permanent renal damage. Most cities in the Philippines have nephrology departments and hemodialysis units. There are 180 hemodialysis centers and 41 peritoneal dialysis centers nationwide. Administrative Order No. 124 s. 2004 “National Policy on Kidney Transplantation from Non-related Donors” provided the technical and ethical guidelines for patient care. These guidelines include setting up of the Renal Disease Registry and the regulation of kidney transplantation from living, non-related donors.

On the preventive side, healthy lifestyle promotion to control degenerative diseases has been set into motion. Heightened awareness on the ill effects of tobacco smoking, environmental pollutants and the abuse of drugs and medicines favor the control of renal diseases. Success in this effort is expected to eventually lead to reduction of ESRD.

The rate by which modern technology for renal disease management has advanced commercially should pave the way for reducing the cost of care for patients afflicted with ESRD. Only then could hemodialysis be effective in improving the quality of life of renal disease patients. On the other hand, ethical and legal issues can beset organ donation in a poor country like the Philippines. The challenge is to improve the quality of life of transplant recipients while upholding the right of organ donors to the highest attainable health status.

Goal: Morbidity and mortality from kidney diseases are reduced and the quality of life of persons suffering from such diseases is improved.

National Objectives for 2005 - 2010

Objective	Indicator	Target	Baseline Data and Source
Deaths from kidney diseases secondary to nephritis, nephrotic syndrome and nephrosis are reduced.	Mortality rate from nephritis, nephrotic syndrome and nephrosis per 100,000 population	Less than 10 deaths per 100,000 population	10.4 deaths per 100,000 population <i>Philippine Health Statistics, 2000</i>

Strategic Thrusts for 2005-2010

- **Promote healthy lifestyle** (promote physical activity and maintenance of normal body weight, prevent excesses in food, drinks and alcohol intake, and avoid smoking and substance abuse).
- **Strengthen research and development and renal disease information system** towards identifying high-risk groups, preventable risk factors, effective preventive measures and behavioral influences for early detection and successful case management.
- **Institute and campaign for better insurance benefit packages** that are responsive to the needs of ESRD patients.
- **Ensure collaboration and partnership among stakeholders** in the prevention and control of kidney and urinary tract diseases and the promotion of quality of life and financial protection of persons with ESRD.