

CKD as a global health problem: KDIGO position statement

Recommendations from the 2006 Kidney Disease Improving Global Outcomes (KDIGO) Controversies Conference on 'Definition and Classification of Chronic Kidney Disease' (CKD) were published in *Kidney International* recently. The two main topics addressed at the conference were 'Classification, surveillance and public policy for CKD', and 'Associations of CKD with chronic diseases'.

Conference participants decided that the current CKD classification system based on estimated glomerular filtration rate is clear and simple, and that further clinical information should not be added to it at present. They recommended that a targeted screening program for CKD be introduced in all countries, directed at individuals with hypertension, diabetes or cardiovascular disease. CKD screening should include both a urine test for proteinuria and a blood test to determine creatinine level for estimation of glomerular filtration rate.

Other recommendations included the following: all countries should introduce surveillance programs to monitor stages 4–5 CKD; governments in all countries should adopt a public health policy for CKD, and should support screening, surveillance and public awareness programs; patients with HIV or hepatitis C virus should be screened for CKD when diagnosed and annually thereafter; patients with cancer should be screened for CKD at diagnosis and when cancer treatment is initiated or changed; and patients with stage 5D CKD should be vaccinated against influenza, hepatitis B and pneumococcus. Recommendations for future studies in CKD were also made.

Original article Levey AS *et al.* (2007) Chronic kidney disease as a global public health problem: approaches and initiatives—a position statement from Kidney Disease Improving Global Outcomes. *Kidney Int* 72: 247–259

High risk of stroke events in patients with kidney dysfunction

Chronic kidney disease (CKD) is an independent risk factor for cardiovascular disease (CVD) in both Western and Japanese populations. The relative incidences of stroke events and

coronary heart diseases differ between these populations, however, with stroke events highly prevalent in Japan, and coronary heart disease representing the majority of CVD cases in the US. Nakayama and co-workers have conducted a longitudinal study in a rural Japanese population to investigate whether CKD is a risk factor for stroke events.

Data were available for a total of 1,977 individuals from Ohasama, Japan. The mean age of the population was 62.9 years and 37% were male. Over a mean observation period of 7.76 years, 112 first symptomatic stroke events were observed. Relative to individuals with normal renal function (creatinine clearance rate [CCR; estimated by the Cockcroft–Gault equation] >70 ml/min [>1.17 ml/s]), those with reduced renal function had significantly increased risk for first symptomatic stroke (CCR <40 ml/min [<0.67 ml/s]: hazard ratio [HR] 3.1; CCR 40–70 ml/min [0.67 – 1.17 ml/s]: HR 1.9). Presence of macroalbuminuria (urinary protein level >300 mg/l; 154 individuals) was also associated with an increased risk of first stroke (HR 1.4), but this relationship was nonsignificant. Both reduced CCR and macroalbuminuria were significantly associated with increased risk of all-cause mortality.

These results suggest that stroke and cardiac events in CKD might have a common pathologic factor, possibly unrelated to traditional risk factors for CVD.

Original article Nakayama M *et al.* (2007) Kidney dysfunction as a risk factor for first symptomatic stroke events in a general Japanese population—the Ohasama study. *Nephrol Dial Transplant* 22: 1910–1915

Children with a solitary kidney should avoid riding dirt bikes and all-terrain vehicles

The American Academy of Pediatrics recommends that children with a solitary kidney should be individually assessed by a physician before participating in contact sports. Recent reviews have indicated, however, that bicycles and all-terrain vehicles—and not contact sports—might be the major causes of significant renal injuries in these patients.

Researchers at the Children's Hospital of Pittsburgh reviewed the records of all 115 children admitted to their unit with renal trauma between 2000 and 2005. The American