

Collaborative project between the Scottish Renal Registry and the Scottish Diabetes Registry

Background and Aims

There are over 205,000 people with diabetes in Scotland registered with the SCI-DC clinical system (4% of the population). Approximately 30% of patients with type 1 diabetes and 20% of people with type 2 diabetes develop diabetic nephropathy. Diabetes is now the single largest cause of patients starting renal replacement therapy (RRT). This is highlighted by the Scottish Renal Registry which has shown a continuous increase in number of patients with diabetes starting RRT. Between 1977 and 1981 6% of all patients starting RRT in Scotland had diabetic nephropathy (n=32), between 1987-1991 this increased to 13% (n=187) while the most recent figure between 1997-2001 this increased further to 18% (n=470). This remains low in comparison to figures reported for other parts of Europe and USA. In the USA patients with diabetes now account for 45.3% of incident end stage renal disease population. In Austria 33.5% of patients starting RRT have diabetes. The median survival of patients with diabetes on RRT in Scotland is 2.6 years, this compares to 4.5 years for all patients on RRT.

Although the National Service Framework for Renal Services parts I and II relate to practice in England, the principles can be applied to Scotland. Included in the framework are standards on the prevention and early detection of chronic kidney disease (CKD) in high-risk groups, minimising progression and consequences of CKD and timely referral to nephrology. This was also highlighted in the Scottish Cross Party Expert Group Report but it is not government policy.

Identification of chronic kidney disease in a patient with diabetes should result in treatment aimed at slowing progression of renal disease, cardiovascular risk factor management and the identification and treatment of renal specific complications. Factors known to result in faster progression of renal disease include hypertension, degree of albuminuria, smoking, hypercholesterolaemia and possibly poor glycaemic control. Early identification of renal anaemia and abnormalities in calcium and phosphate metabolism may improve cardiovascular morbidity and mortality.

The aims of the project linking the Scottish Renal Registry and the National Diabetes Register are to determine:

1. the prevalence and incidence of chronic kidney disease in people with diabetes in Scotland.
2. survival and causes of death in people with diabetes on renal replacement therapy
3. factors which are associated with decline in renal function in patients with diabetes and kidney disease
4. if chronic kidney disease guidelines are being followed

File	Collab_srr_sdr_back_aims		
ver	date	author	comment
02	05 July 2008	Nicola Joss	