

## SYMPOSIUM : PREVENTION OF CHRONIC KIDNEY DISEASES IN INDIA

### OUR GUEST EDITOR



*Dr. Sanjay K. Agarwal*

**Dr. Sanjay K. Agarwal** is currently working as additional professor in the department of nephrology at All India Institute of Medical Sciences, New Delhi. He did his graduation and post graduation in medicine from K.G's Medical College Lucknow. After doing his nephrology training from AIIMS, he is presently working as faculty member since 1989. He obtained many scholarships during his undergraduate and postgraduate training. He has many awards to his credit like National Merit Scholarship during schooling, Commonwealth Medical fellowship, SENIOR HOECHST LECTURESHIP ON DIABETES" by API, BC Bansal Oration and Khullar Oration by Indian Society of Nephrology, Membership of National Academy of Medical sciences, Fellowship of Indian College of Physician and International Medical science Academy. He is member of Project Review Committee of ICMR, CKD Collaborative Group" for making management guidelines for chronic kidney disease in India, Member of "CKD Registry group" in India, Ethics committee for Central Council for Research in Homeopathy.

He is regular reviewer for many national and international journals and is in editorial committee of many national journals. He has served as executive committee of many national nephrology societies. He has pursued 16 funded projects as principal investigator and has 134 publications to his credit, along with 14 chapters in books and guided 36 postgraduate theses. He is regular speaker in national and international conferences.

Other than interest in hepatitis and renal medicine, renal transplantation, his main area of interest is chronic kidney disease and its related issues. He has been invited to deliver "Key Note Address" on Diabetic Nephropathy in Type 2 : Current Status" at ICMR-WHO workshop on Guidelines for Management of Type 2 Diabetes held at Chennai. He has also been invited to represent India and deliver two guest lectures in the conference on " PREVENTION OF RENAL DISEASES IN THE EMERGING WORLD: TOWARDS GLOBAL HEALTH EQUITY" jointly organised by Rockefeller Foundation and International Society of Nephrology, to be held at Italy in 2004. He was recently invited to represent India for KDIGO (Kidney Disease Improving Global Outcome) controversy conference held at Amsterdam in 2006.

### EDITORIAL

India, like many other developing countries has seen a rapid increase in the risk of chronic diseases and death during the past few decades. This increasing burden of chronic diseases along with existing burden of communicable diseases is straining already stretched health services of the country. This is leading to increase in economic burden; the increase that is best documented in relation to diabetes, stroke, cardiovascular disease and chronic kidney disease. In this regard, though diabetes, cardiovascular diseases and strokes are well recognized by the public, physicians and the government, *chronic kidney disease (CKD)* is still unrecognized as a major chronic disease responsible for economic load to the government. In 1998, World Health Organization mentioned the ten common causes of death in India and CKD never figured in that document. However, when one looks into the absolute number of death due to CKD, it is likely to be one of the common 5 causes of death in India. Similarly, if one look the medical curriculum of the undergraduates prescribed by the Medical Council of India, there is no mention of CKD as one of the topics to be covered.

Of the approximately 1 million people in the world with severe CKD who are being treated with some form of renal replacement therapy, 90% live in developed countries. As against this, only 5-10% of patients of end stage renal disease (ESRD) of the world getting some form of renal replacement therapy (RRT) live in developing countries. In India, of the approximately 1.5 Lakh new ESRD patients every year, only 5-10% get some form of RRT. Outcome of the rest of the patients of ESRD can easily be interpreted. Thus, it is obvious that country like India cannot afford to manage all patients of ESRD. Thus, prevention of CKD is a crucial issue not only for the medical fraternity but the government also. Of all the causes of CKD, diabetes and hypertension constitute approximately 60% cases of CKD. Both the diseases are also easy to diagnose, follow and treat, provided there is commitment to do so at every step i.e. at the level of physicians, policy makers, government and patients. It is necessary to disseminate this information at every forum we have at our hand.

Keeping this in mind, the symposium on "**Prevention of Chronic Kidney Disease in India**" is being brought out in this issue of the journal. This is another attempt to briefly highlight the problem of CKD, its magnitude, causes and prevention. It is important to know that all the authors are experts in the field of kidney diseases and the chapters written have nicely brought out all the issues related to the topic, more so in the context of our own country. At last, I personally feel that the symposium will be very useful for all the stakeholders in relation to CKD to have a concise review on all the issues related to the problem and will ultimately help in patient care.

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