

## Chapter 1: Summary

- The 1999 UK Renal Registry report refers to activity in 1998. The proportion of the UK adult population covered has risen from 16% to 43%, and all of Scotland is included. Data is presented from 15,000 patients on renal replacement therapy.
- During 1998 the 31 units contributing to the Registry started 2,304 patients on renal replacement therapy, with a median age of 63, giving an estimated take-on rate of 92.2 patients per million population per year. Diabetic nephropathy is the most common single cause of end stage renal failure (16% of the total).
- There were 1,229 deaths on renal replacement therapy in Registry units in England and Wales in 1998 compared with 1,788 new patients. This leaves 549 additional patients being treated, a 5.3% increase. One year survival is well within the national recommended standard.
- There is a continuing rise in the proportion of dialysis patients receiving haemodialysis. Haemodialysis is now the modality of 64% of all prevalent dialysis patients, is the first elective modality in 60% of new patients, and is used even more frequently in elderly patients. Although popular in some centres, automated peritoneal dialysis was only used in 2% of Registry dialysis patients.
- Several centres reported that funding restrictions limited haemodialysis to twice weekly or inappropriately short hours. Overall 8% of patients receive haemodialysis only twice a week. The percentage of hospital haemodialysis patients with a urea reduction ratio of greater than 65%, (the minimum recommended Standard) was 70% in Scotland. In England and Wales it averaged 57%, but varied between renal centres from 97% to 28%.
- The data show a progressive improvement in the haemoglobin of dialysis patients for England & Wales through 1997 to 1999, but there was wide variation between the centres. The achievement of the Renal Association Standard was 69% for haemodialysis patients and 78% for peritoneal dialysis patients. Many units reported funding restrictions limiting use of erythropoietin.
- Haemodialysis patients in the first few months of renal replacement therapy have a higher rate of anaemia. The adequacy of haemodialysis appeared to be related to haemoglobin, but variations in iron stores did not seem to be a determining factor influencing variations in haemoglobin.
- The haemoglobin of individuals showed marked volatility through the year. Better understanding of these changes and the factors influencing them would enable better protocols for intervention and prevention of anaemia to be developed.

- Measurement of serum albumin remains a complex methodological issue in renal failure and also creates interpretative difficulties with calcium measurement. As a result of Registry activity the Association of Clinical Biochemists has instigated a national audit of laboratory reference ranges to address these problems.
- There has been no change over 2 years in the percentage of haemodialysis patients with high serum phosphate. Only 30% of haemodialysis patients and 40% of peritoneal dialysis patients complied with the recommended Standard for serum phosphate. All Centres had difficulty reducing high serum phosphates.
- Many centres may feel that the Renal Association Standard for serum phosphate is unachievable and has little evidence based justification. The Registry data is indicating a higher risk of death for patients with a serum phosphate above 2.1 mmol/L, but no indication that reducing serum phosphate below 1.70 mmol/L, as suggested by the Renal Association Standards document, is beneficial.
- The one year survival of patients with renal transplants established for at least 6 months is not less than 97%. Despite the high incidence of cardiovascular disease in transplanted patients, good control of blood pressure and serum cholesterol is frequently not achieved.
- The most pressing need for the Registry is to improve the returns of co-morbidity data from patients starting renal replacement therapy. Without this the value of the Registry database will be greatly reduced.
- A database for collection of data on children on renal replacement therapy has been successfully established.
- It is hoped the publication of this report will be of use to patients, physicians, surgeons, commissioners of care, and the Department of Health, and will further the aim of the Registry to help improve the quality and efficiency of renal care in the UK.