

Kidney disease devastating for SC

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I bet that no one was surprised to read the results of a recent study by the Trust for America's Health that pinned South Carolina as the eighth most obese state in the nation. We all know the culprits: poor diet, lack of exercise, poverty. Greater public awareness has resulted in increased emphasis on fighting childhood obesity by community groups, schools, and governments on all levels.

Unfortunately, obesity is not the only health issue that we must address. Chronic diseases are wreaking havoc on the well-being of South Carolinians. This month I have partnered with the National Kidney Foundation of South Carolina in its "Kidneys for Life" program in an effort to bring more public awareness to the problem of Chronic Kidney Disease in South Carolina. Throughout September and into October, Nephrologists (kidney disease specialists) will be holding physician education workshops at local physician offices in Kershaw County and surrounding areas. Not only is this an opportunity for doctors' offices to reinforce the importance of early detection of this disease, but it is also an opportunity for the public to get the information necessary to make good health decisions.

The National Kidney Foundation of South Carolina estimates that there are 460,000 people in South Carolina with Chronic Kidney Disease, or approximately 1 in 8 South Carolinians. This figure contributes to the fact that South Carolina is third, per capita, in the nation in the number of patients on dialysis. Data from the Southeastern Kidney Council shows that in the last six years, the number of South Carolinians currently on dialysis and new cases have increased by over thirty percent. Additionally, the number of deaths of people who were on dialysis has increased by forty-four percent since 1999.

Regrettably, many people who have Chronic Kidney Disease do not find out until it is too late and the only option is to go on dialysis and wait for a transplant. Too often, many people die of Chronic Kidney Disease before even knowing they have the disease.

I was shocked to find myself with Stage Three Kidney Disease several years ago at the age of twenty-six. I am not the typical example of a kidney patient. Most instances of kidney disease occur in conjunction with diabetes or hypertension. My kidney problem developed from Lupus, which had not been diagnosed until the inflammation appeared in my kidneys. Fortunately, after months of aggressive treatment and continued monitoring and maintenance, my kidneys healed. I was just lucky enough to avoid kidney failure.

I want everyone to be as lucky as I was, or better yet, spot problems even earlier so that the disease can be controlled more easily and predictably. With early detection and treatment, kidney failure can be delayed or avoided, adding immeasurably to the individual's quality of life and that of his or her family.

While the physical and emotional costs to a kidney patient are devastating, it is also important to realize the cost of this disease to society. The Southeastern Kidney Council

estimates that if an average dialysis patient receives thirteen treatments per month, the cost adds up to approximately \$66,300 per year, per patient. This amount does not include medications and other treatments.

The SC Department of Health and Human Services (SCDHHS) estimates that in fiscal year 2006 South Carolina paid out close to \$40 million in Medicaid costs for approximately 7820 patients with Chronic Kidney Disease. Additionally, according to SC Department of Health and Environmental Control (SCDHEC), the number of hospitalizations for kidney disease patients has been steadily climbing over the last several years. SCDHEC estimates that more than \$122 million was charged in 2004 for hospital visits in South Carolina for patients with a primary diagnosis of kidney disease.

Chronic Kidney Disease affects a large portion of the African American population. In South Carolina, 75 percent of kidney patients are African American, and diabetes and high blood pressure account for more than 70 percent of kidney failure in this population.

Many South Carolinians who live in rural areas do not have easy access to healthcare facilities, and many South Carolinians do not have adequate healthcare coverage. Individuals with chronic disease need access to regular primary care in order to keep the disease under control so the patient will not get so ill that his or her only choice is to visit the emergency room. Additionally, regular primary care will help kidney disease patients avoid the dismal effects of kidney failure.

To combat spiraling health care costs our government must support programs that educate and encourage the public to adopt healthier lifestyles and also must support greater access to health care. Preventative care and early detection will get us closer to having better control of our lives and our healthcare costs.