



ISN
INTERNATIONAL SOCIETY
OF NEPHROLOGY

Advancing Kidney Health Worldwide. Together.

Rethinking CKD Screening: Global Perspectives on Early Detection and Timely Intervention

- Who, When, and How to Screen for CKD?

The Hong Kong Experience

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Disclosure

- Nothing to disclose
- Opinions are of my own

Chronic kidney disease.. why is it important?



Around **850** million people currently affected by different types of kidney disorders and up to **1 in 10** adults worldwide has CKD

- projected to become the **fifth** most common cause of years of life lost globally by 2040

Important in early recognition and effective control

- progression to kidney failure can be prevented/delayed with appropriate access to basic diagnostics and early treatment
- Kidney health has been prioritized within the WHO NCD agenda, paving the way for earlier detection, better prevention, improved access to treatment!

The resolution urges:

- **Increase public awareness** of kidney health and related risk factors
- **Promote early detection and screening**, particularly in primary care settings

Nephrologists play a **crucial role** in educating professionals from other specialties to increase their awareness of the importance of detecting and managing CKD



**Historic win for kidney health
as WHO adopts global
resolution**

Geneva — May 23, 2025

The International Society of Nephrology (ISN) welcomes the adoption of the **World Health Organization (WHO) kidney health resolution** at the 78th World Health Assembly, a landmark achievement in the global fight against kidney disease.

This historic step marks the first time kidney health has been formally prioritized within the WHO noncommunicable diseases (NCD) agenda, paving the way for earlier detection, better prevention, improved access to treatment, and stronger health systems in alignment with the United Nation's Sustainable Development Goal (SDG) 3.4. and 3.8.

Treatment of kidney failure is expensive and causes a significant **burden** to healthcare



W Wing-Shing Fung et al.: ISN-GKHA—North and East Asia

ISN public affairs

Table 3 | Annual cost of kidney replacement therapy per person in the ISN North and East Asia region^{15–20}

Country	HD ^a	PD ^a	Kidney transplant (first year) ^a	Kidney transplant (later years) ^a	HD/PD cost ratio
China	1,5980	13,619	22,302	15,709	1.17
Hong Kong SAR, China	16,379	11,295	—	—	1.45
Japan ^b	40,067	58,914	69,900	25,458	0.68
South Korea	21,896	16,942	70,228	36,508	1.29
Macao SAR, China	—	—	—	—	—
Mongolia	—	—	—	—	—
Taiwan	20,173	18,780	—	—	1.07

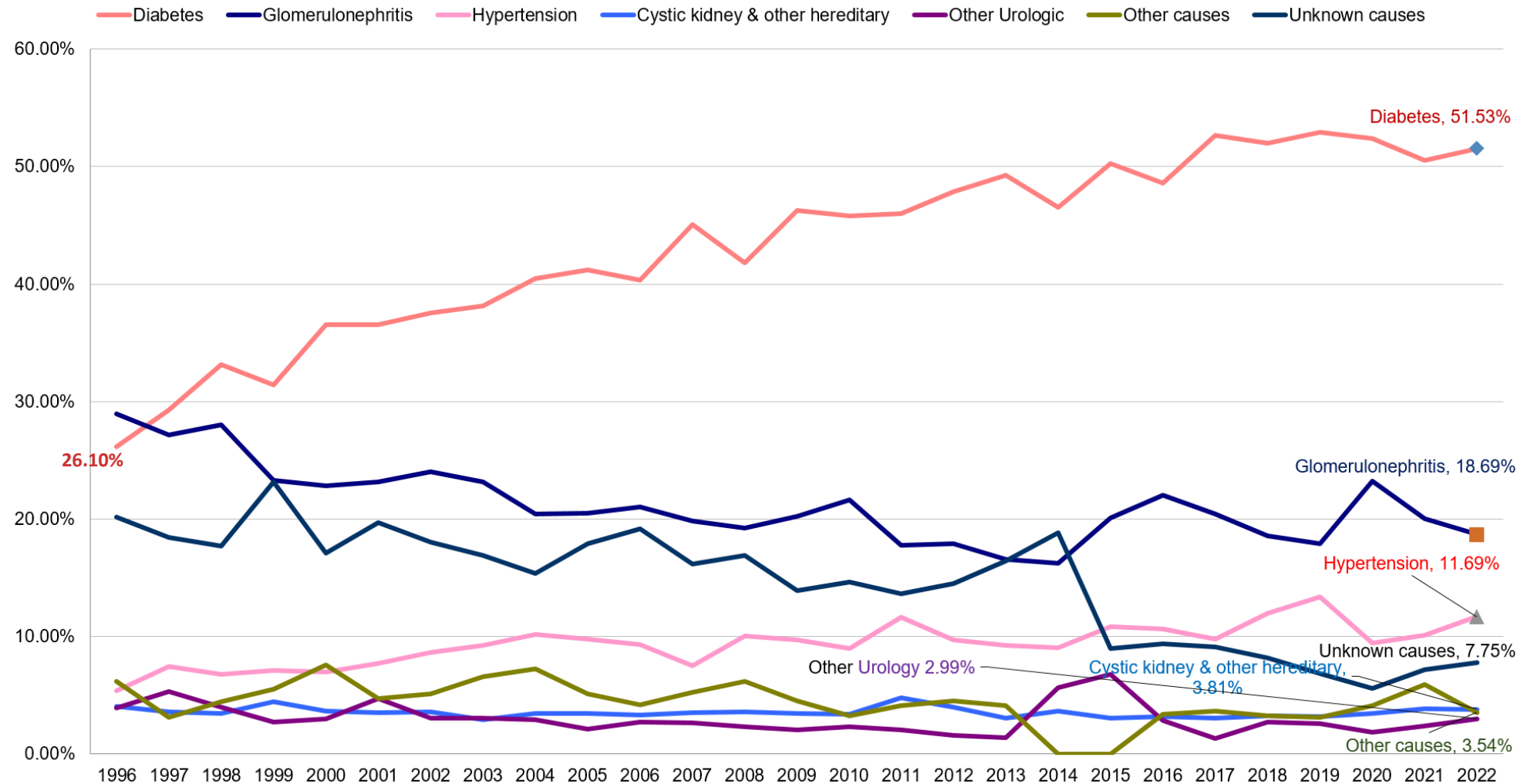
—, data not reported or unavailable; HD, hemodialysis; ISN, International Society of Nephrology; PD, peritoneal dialysis; SAR, Special Administrative Region.

^aCost is in \$US 2021.

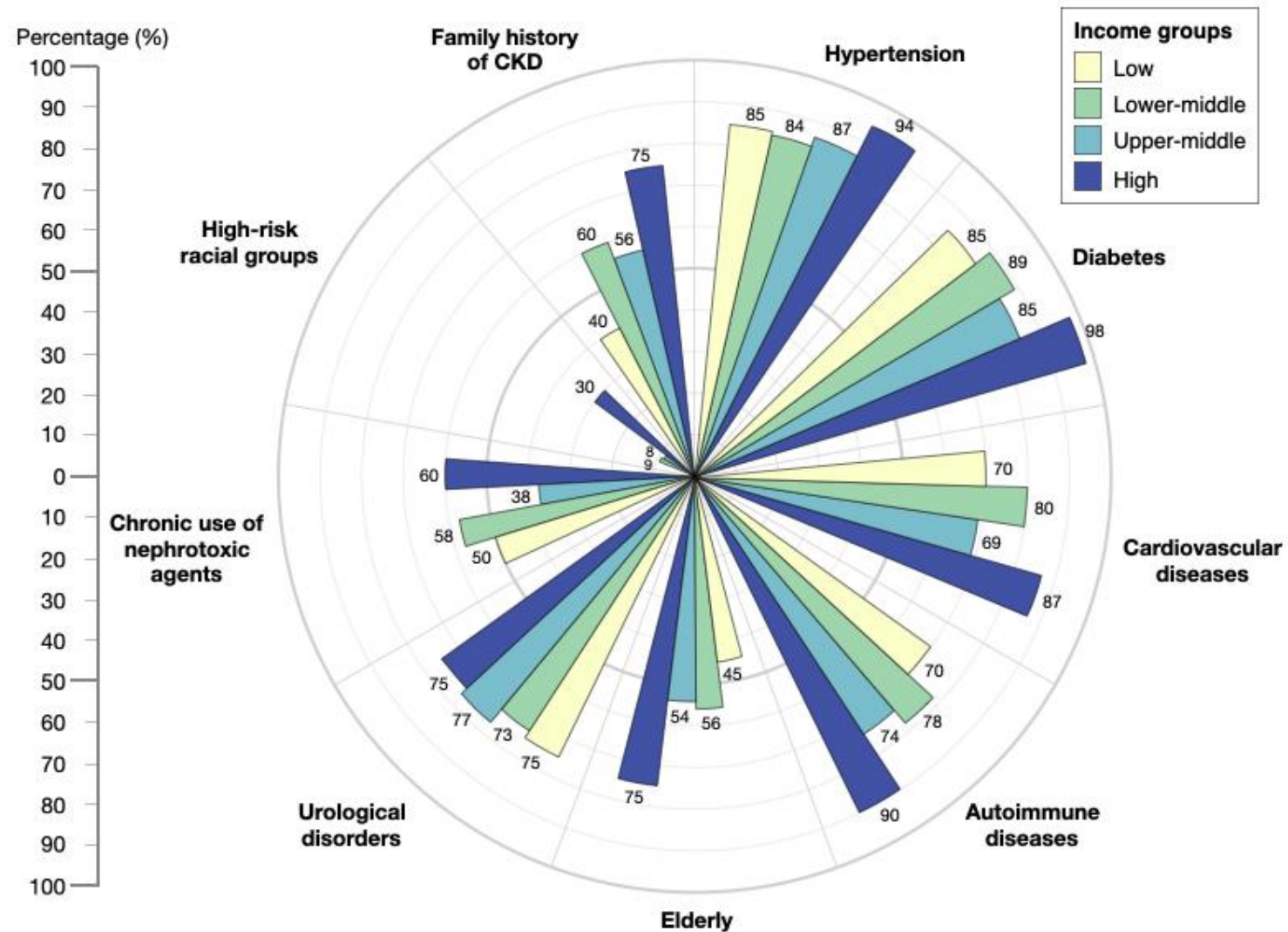
^bRecent reports show no significant difference between HD and PD costs in Japan.⁵⁰

Fung WWS, Park HC et al; Capacity for the management of kidney failure in the International Society of Nephrology North and East Asia region: report from the 2023 ISN Global Kidney Health Atlas (ISN-GKHA). Kidney Int Suppl. 2024 Apr;13(1):97-109

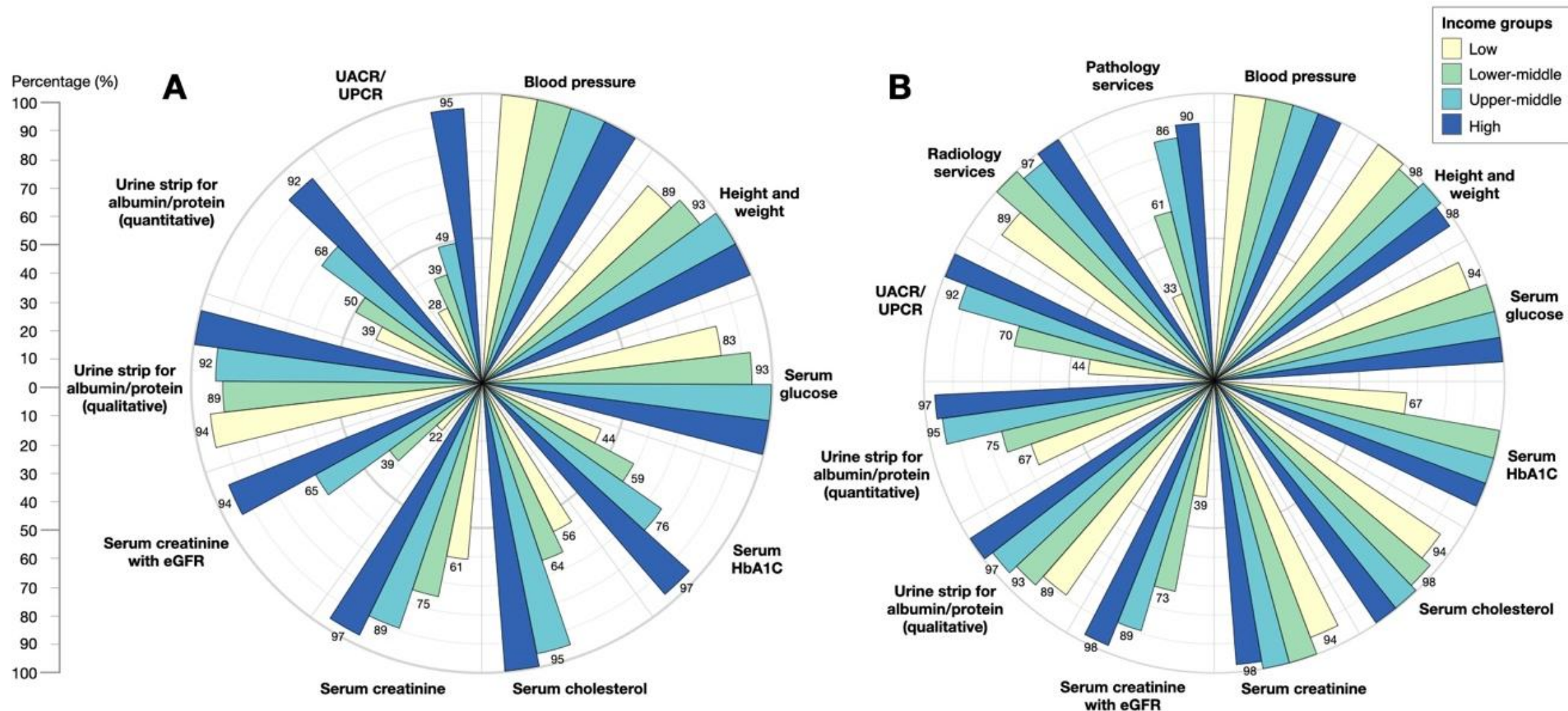
Trends in ESKD incident: By diagnosis (%) during 1996-2022



The percentages of countries with routine CKD testing in each specific at-risk population group, categorized by income groups

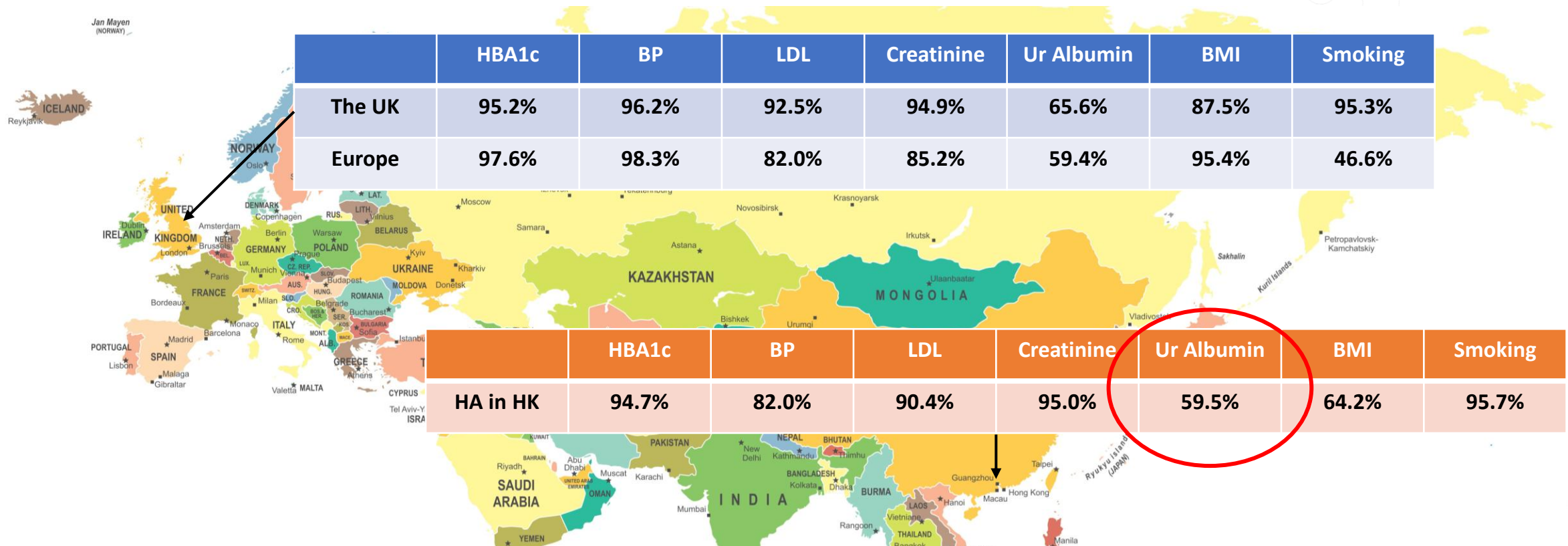


The percentages of countries with available tools for identification, monitoring, and management of CKD at primary care (A) and secondary/tertiary care levels (B), categorized by income groups



CKD is **underdiagnosed** in patients with Type 2 DM in Hong Kong

- ▶ 14.6% of diabetic patients had undetermined diabetic kidney disease, many of whom were under care in SOPC or FMSC



Even patients themselves ... they lack CKD awareness



A territory-wide telephone survey on the general public to examine their awareness & knowledge of CKD

- 516/1091 (47.3%) responded to the survey
 - Over 80% of them had received a secondary or higher level of education
- 17.8% realised the asymptomatic nature of CKD
- Less than half of the respondents identified HT (43.8%) and DM (44.0%) as risk factors of CKD
- High awareness of high dietary sodium (79.5%) as a risk factor of CKD

Health literacy is poor and there is an urgent need for better public education, especially on the risk factors of CKD, so as to improve the chance of opportunistic screening

Out of sight, out of mind!

- An internal audit showed that our urinary proteinuria screening in our general medical clinics are low ~20%
- A simple measure – by putting a tray of urinary bottles on the doctor's desk with prompt to remind the importance of urinary screening in high-risk individuals
- We also try to simplify the investigation booking processes in the computer
- Overall, the screening rate improved to about ~60%
- We are now trying to implement this across all of the other medical clinics ...





Free health screening for CKD



Health booths for CKD screening across major housing estate in Hong Kong

Volunteers by Nephrologist, Renal Nurses & medical students

In the end, we screened about 650 general publics:

40% had SBP >140; 29.5% had Hstix >9; 34% had Total chol <5.2; 59% had BMI >23

33% had possibly new HT; 17.5% had new DM



Increase awareness among publics

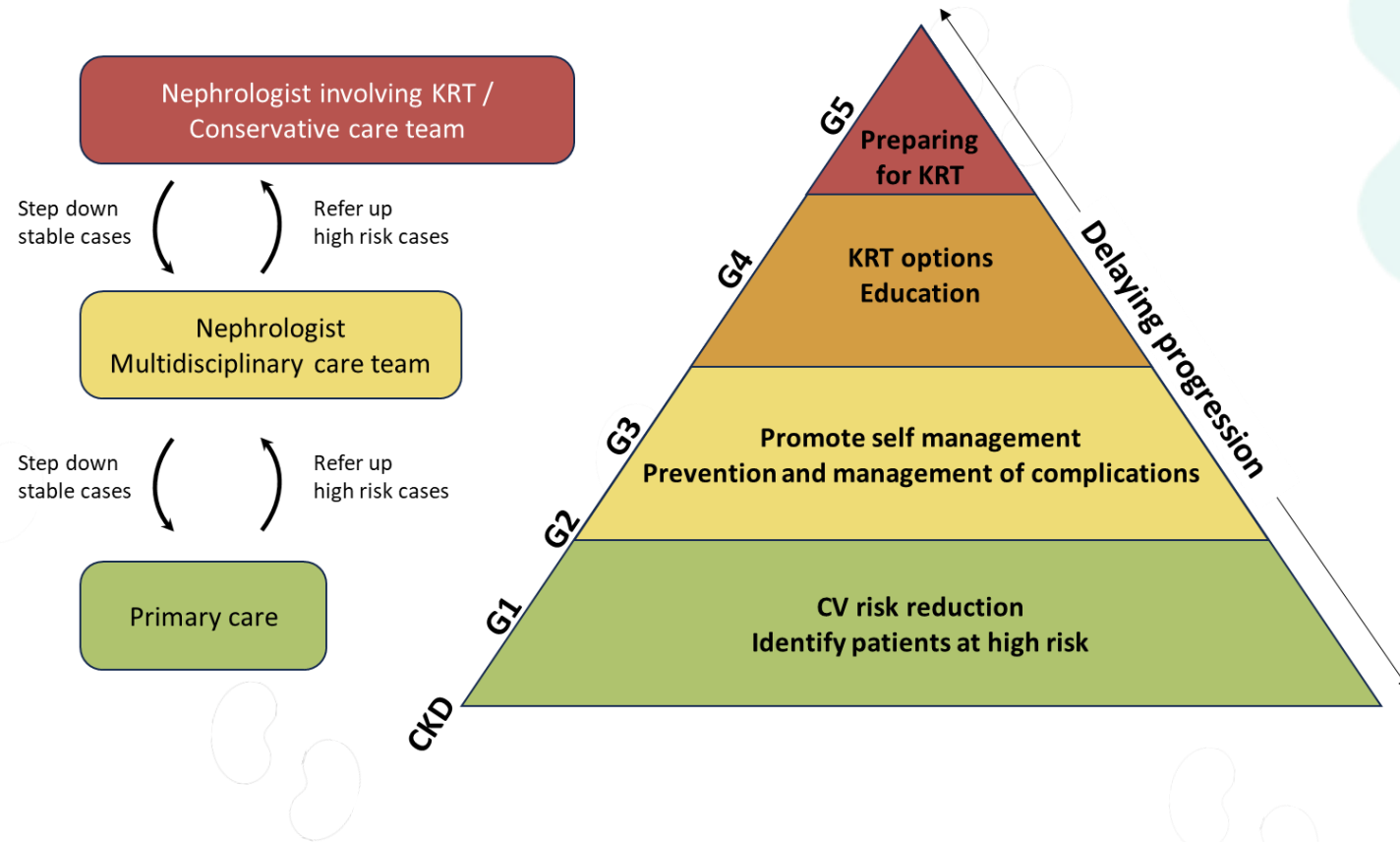


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From barriers and challenges to solutions?

Most common barriers to effective co-manage CKD - difficulty developing partnerships with nephrologists

1. lack of timely adequate information exchange (care plan not received or unclear)
2. unclear roles and responsibilities between PCPs & nephrologists
3. limited access to nephrologists (e.g. unable to obtain timely consultations or easily contact nephrologists with concerns)



Chronic Disease Co-Care Scheme (CDDC)

- a government subsidized screening programme involving both private and public primary care
- to help to screen at-risk individuals (>45yo) for presence of hypertension and/or diabetes as well as their complications including CKD
- offered education regarding a healthy lifestyle and the opportunity for repeat screening every 2-3 years
- Uniform data sharing in the Electronic Health Record System
- pairing of designated PCPs with aim of chronic disease monitoring with pay-for-performance incentives
- protocol-driven bi-directional referral with designated HA specialist clinics for expediting integrated care



*Thank you so much for listening!
and Welcome to Hong Kong – Pearls of the Orient!*

