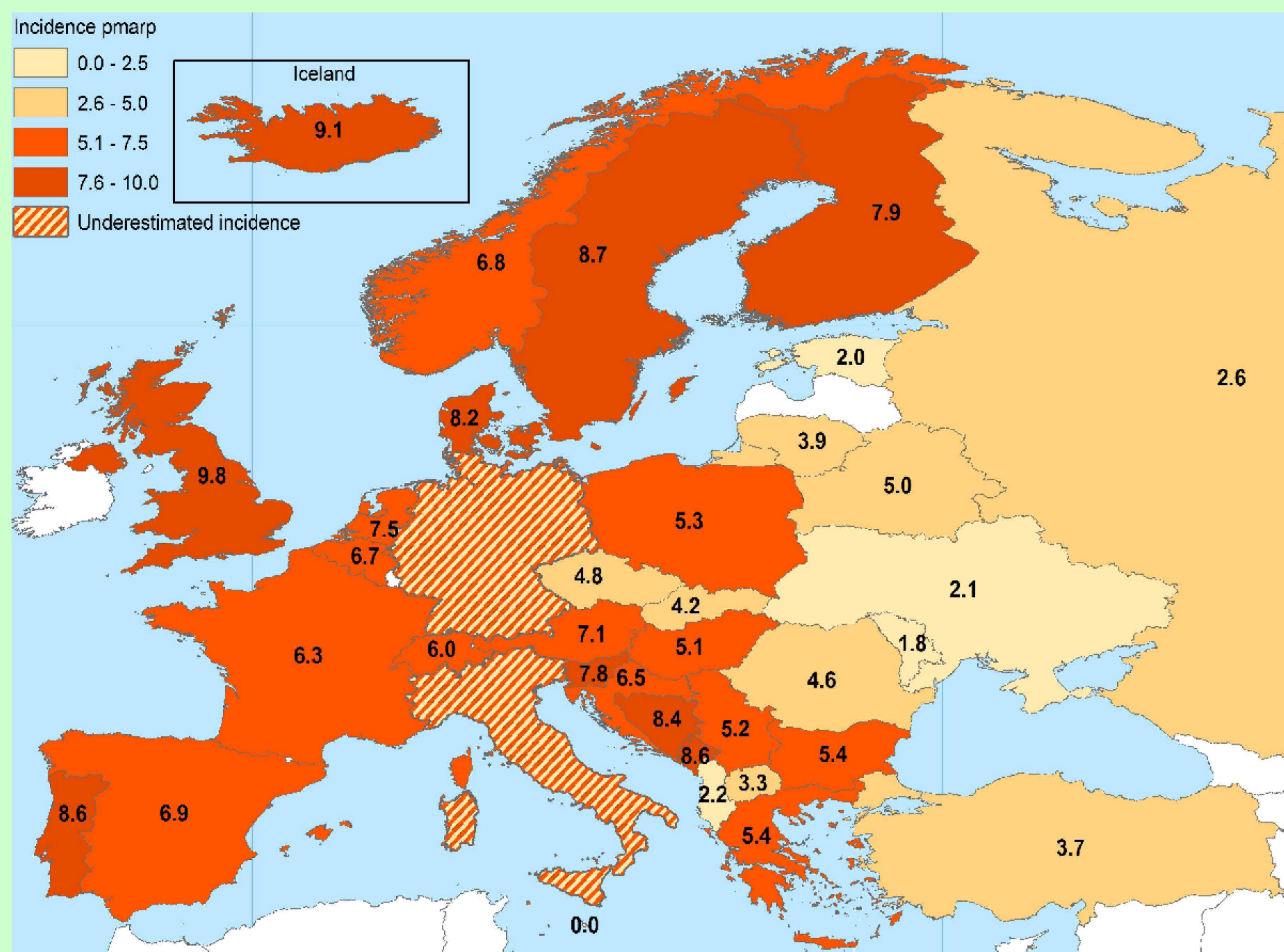


The ESPN/ERA-EDTA Registry Disparities in treatment rates of paediatric end-stage renal disease across Europe

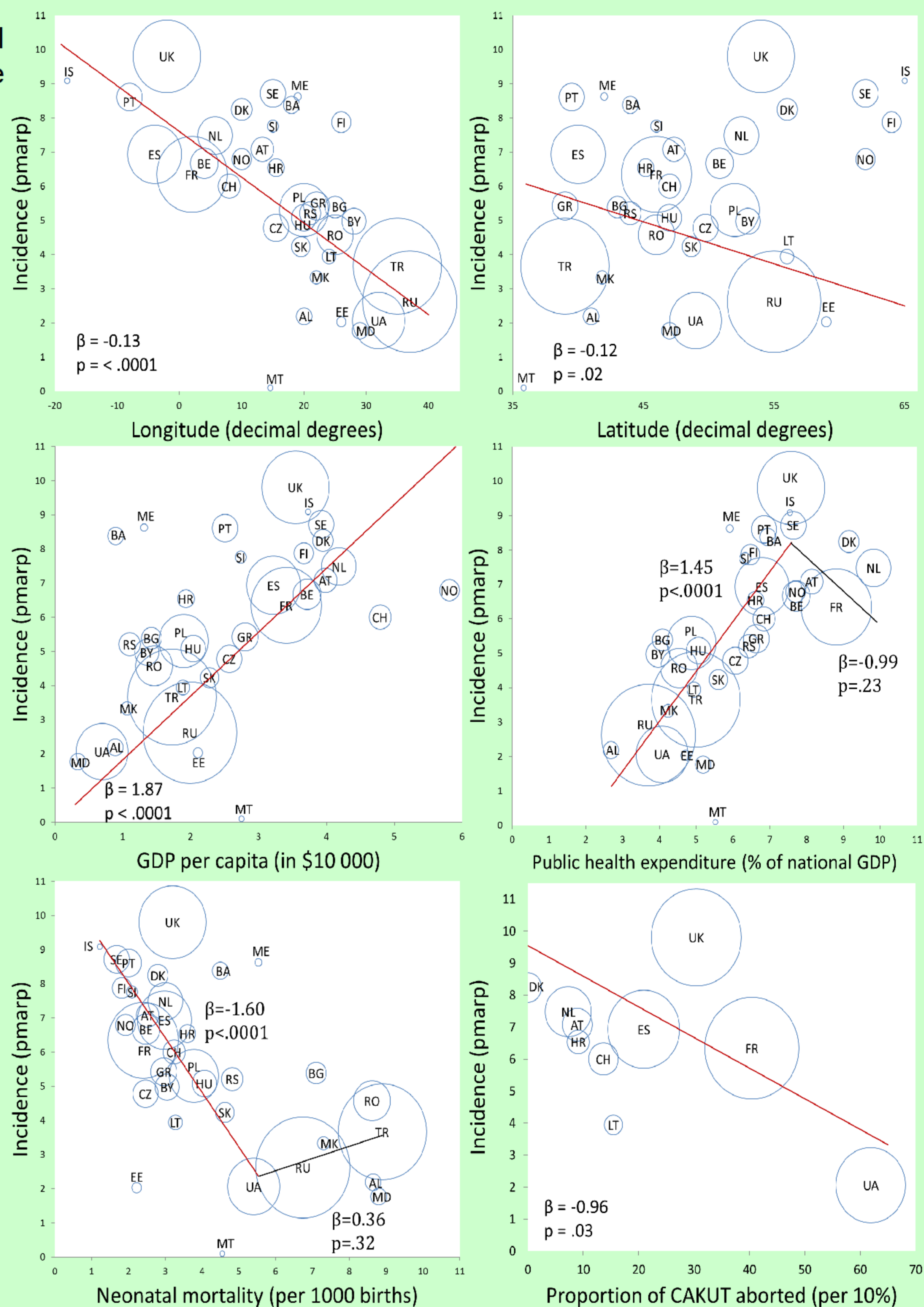
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Aim

We aim to determine whether variation in the incidence of renal replacement therapy (RRT) arises from country differences in the cause of renal disease, or non medical factors.

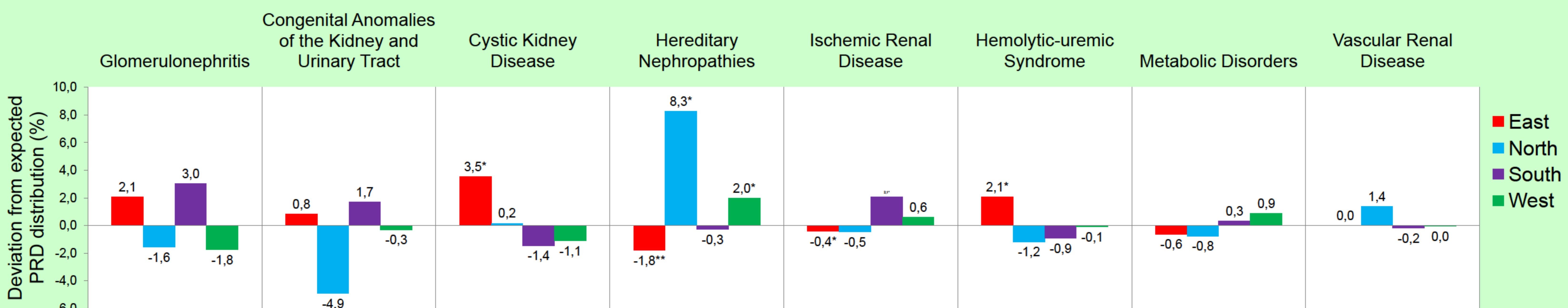


Results



Methods

- Incidence: new paediatric (0-14 years) patients starting RRT between 2007-2011 / per million children in 35 European countries.
- Geographical differences in the distribution of cause of renal disease were explored by comparing observed and expected frequencies.
- Country level indicators on macroeconomics and perinatal care were collected from the World Bank database.
- Weighted linear regression models were used to analyse associations between country-level indicators and RRT incidence.



Discussion

- We found a decreasing RRT incidence from West to East and from North to South.
- The incidence of hereditary nephropathies varied most between European regions. Regional variation in other disease groups was less pronounced.
- Higher treatment rates were found in wealthier countries, which tend to spend more on health care, suggesting that the need for paediatric RRT is not being met by governments burdened with financial constraints.
- The effect of country macroeconomics and neonatal mortality was strongest in the youngest patients, which are the most challenging and resource intensive to treat.
- Countries with a high proportion of CAKUT cases terminated during pregnancy tended to have lower RRT incidence rates, indicating the degree to which terminations of pregnancy affect live-birth disease occurrence.

Conclusion

In Europe, there are considerable disparities in paediatric RRT treatment rates between countries, with a decreasing gradient in RRT incidence from West to East and from North to South. These disparities were largely explained by country differences in macroeconomics and perinatal care, mainly affecting access to care in the youngest patients, and to a lesser extent by geographical differences in the occurrence of specific renal diseases.

WE WOULD LIKE TO THANK ALL FOR CONTRIBUTING TO THE ESPN/ERA-EDTA REGISTRY

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