

STUDY REVEALS POWERFUL PREDICTOR FOR THE PROGRESSION OF KIDNEY DISEASE IN ABORIGINAL AND TORRES STRAIT ISLANDER POPULATIONS

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Australian research, published today in the Clinical Journal of the American Society of Nephrology, has revealed that an increased level of a marker in urine (albumin/creatinine ratio, ACR) among Aboriginal and Torres Strait Islander peoples is a strong indication of the onset of kidney damage.

This is a groundbreaking discovery that will enable earlier intervention and treatment to reduce the rate of progression of Chronic Kidney Disease (CKD) in Aboriginal and Torres Strait Islander communities, which is three times higher than in other populations.

Associate Professor Louise Maple-Brown and Dr Jaqui Hughes, from the Menzies School of Health Research (Menzies), led the team behind this study, which tracked 550 Aboriginal and Torres Strait Islander participants in 20 sites across Australia for three years.

Kidney function progressively declines in people after sufficient damage has occurred to lower the glomerular filtration rate (GFR). The study aimed to assess the rates of GFR in Aboriginal and Torres Strait Islander participants without any existing risk factors and to identify factors associated with a decline in GFR.

“Despite the significant burden of the disease, there is a critical lack of longitudinal data on CKD, and therefore a significant evidence gap exists regarding rates of CKD progression among the high-risk Aboriginal and Torres Strait Islander population,” Ass/Prof Louise Maple-Brown said.

“The findings from this study are remarkable with key determinants of the combined renal outcome including higher urine ACR, diabetes and lower GFR,” Ass/Prof Maple-Brown said.

The most pertinent discovery was the confirmation of the powerful predictive value of ACR in GFR decline across diverse regions of Australia.

“Because ACR is a key modifiable risk factor associated with GFR decline, CKD management programs in Aboriginal and Torres Strait Islander communities should include regular ACR screening and targeted management approaches,” Dr Jaqui Hughes said.

“A key strength of this study was our high follow-up rate and our team includes Aboriginal and Torres Strait Islander researchers and research assistants who formed strong relationships with communities and health services working closely to maximize participant follow up,” Dr Hughes concluded.

The study was performed in partnership with researchers, health service providers and communities across more than 20 sites in the Northern Territory, Western Australia and far north Queensland.

Management of diabetes and hypertension remain a critical part of CKD management programs and the incorporation of the rate of GFR decline into the CKD definition will help to further identify high-risk patients.

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