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Prevention of renal pathology

Inronic kidney disease is defined as a reduced glomerular filtration rate, increased urinary albumin excretion, or both, and is an increasing public health issue. It is a common disorder that is associated with raised risk of cardiovascular disease, kidney failure, and other complications. In developed countries, age, hypertension, diabetes, increased body-mass index and smoking are associated consistently with chronic kidney disease. In the developing world, infectious diseases are factors, such as bacterial and viral, particularly HIV. Prevalence is estimated at 8-16% worldwide. Complications include increased cardiovascular mortality, kidney-disease progression, acute kidney injury, cognitive decline, anemia, mineral and bone disorders and fractures. Worldwide, diabetes mellitus is the most common cause of chronic kidney disease together with other causes, such as herbal and environmental toxins. Awareness of the disorder remains low in developing countries therefore strategies to reduce burden and costs related to chronic kidney disease need to be included in national programmes for non-communicable diseases. Awareness of chronic kidney disease is low among patients and health-care providers. The number of patients with chronic kidney disease is expected to grow at the fastest rate in the poorest parts of the world, but a strong association is seen between low levels of economic development and reduced availability of renal replacement therapy, thus care for advanced chronic kidney disease is associated with catastrophic health expenditure in developing countries. Early detection of chronic kidney disease requires development of cost-effective approaches relevant to the local level of economic development and resources. Integration of screening and management strategies for chronic kidney disease into national programmes for non-communicable diseases can reduce the burden and cost of care of chronic kidney disease, particularly in developing countries. Methods should suit local needs, and factors such as health awareness and avail- ability of human and material resources should be considered.

Biography

Margaret Williams is a Public Health/Primary Healthcare Specialist who coordinates, teaches and mentors post graduate students and supervises research students focusing on public health issues and participates in interfaculty and interprofessional research projects. Her passion is to improve healthcare for all communities, starting at primary healthcare level.

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