CHAPTER 10

PAEDIATRIC

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Introduction

This year the Paediatric Report provides brief summary data, but a more comprehensive scientific paper on the outcomes for children with end-stage renal disease over the past 30 years is planned and will be a special chapter in next year's report.

Age of Patients at First Treatment By Treatment on That Day First Treatment 1995 to 2000							
Country	Treatment	Age Groups					
		00-<05	05-<10	10-<15	15-<20	Total	
	Haemodialysis	3	9	14	74	100	
	Peritoneal Dialysis	41	31	24	23	119	
Australia	Transplant	10	8	17	14	49	
	Total	54	48	55	111	268	
	Haemodialysis	0	0	1	14	15	
New	Peritoneal Dialysis	8	10	10	15	43	
Zealand	Transplant	0	4	4	1	9	
	Total	8	14	15	30	67	

INCIDENCE OF END STAGE RENAL DISEASE BY MODE OF TREATMENT (1995-2000)

Figure 10.1 shows the number of children and adolescents (up to 20 years of age) who have commenced treatment for ESRD from 1995 to 2000 (incident cases).

Overall the numbers of children treated for ESRD was very similar across the 0-4, 5-9 and 10-14 age groups, with double the number in the adolescent and young adult age group (15-19 years).

As expected, excluding transplantation (which is dependent upon donor availability), there was a linear trend in the mode of ESRD treatment with the age of the child so that younger children were primarily treated with peritoneal dialysis and older children and, in particular adolescents and young adults, were treated with haemodialysis (χ^2 trend 1df = 77.09, p < 0.001, for both countries combined).

Concerning pre-emptive renal transplantation, this occurred in 17% of children. There was significant

Figure 10.2 Age of Patients on 31 December 2000 By Treatment on That Day							
00-<05	05-<10	10-<15	15-<20	Total			
	Haemodialysis	0	2	5	29	36	
Australia	Peritoneal Dialysis	9	10	6	19	44	
	Transplant	11	39	56	87	193	
	Total	20	51	67	135	273	
	Haemodialysis	1	0	1	9	11	
New	Peritoneal Dialysis	0	3	3	7	13	
Zealand	Transplant	3	6	14	14	37	
	Total	4	9	18	30	61	

variation in the proportion of children pre-emptively transplanted by age group (χ^2 3df = 12.39, p = 0.006), which varied from 10% (15-19 years) to 30% (10-14 years) but there was no evidence that there was a linear relationship between the age of the child and the likelihood for pre-emptive transplantation (χ^2 trend 1df = 1.32, p = 0.25).

Figure 10.3

Primary Renal Disease and Age of Patients At First Treatment, By Treatment on That Day First Treatment 1995 to 2000

Country	Primary Renal Disease	Age Groups					
		00-<05	05-<10	10-<15	15-<20	Total	
Australia	Glomerulonephritis Reflux Hypoplasia and Dysplasia	5 3 15	10 7 6	11 12 6	58 24 3	84 46 30	
	Medullary Cystic Haemolytic Uraemic Posterior Urethral Valves	1 9 7	4 2 2	9 1 6	3 3 0	17 15 15	
	Other Unknown Total	13 1 54	16 1 48	10 0 55	18 2 111	57 4 268	
	Class and as as hothis		4	7	10	26	
New Zealand	Glomerulonephritis Reflux	0 0	1 3	7 2	18 4	26 9	
	Hypoplasia and Dysplasia Medullary Cystic Haemolytic Uraemic	0 0 0	0 1 0	0 1 1	1 0 0	1 2 1	
	Posterior Urethral Valves Other	3 5	1 7	1 3	0 4	5 19	
	Unknown Total	0 8	1 14	0 15	3 30	4 67	
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PREVALENT END STAGE RENAL DISEASE AT THE END OF 2000

Figure 10.2 shows the number of children and adolescents who received treatment for ESRD at the end of 2000 (prevalent cases).

Overall, in Australia there were 80 children and adolescents receiving dialysis and 193 who had received a renal transplant. In New Zealand there were 24 children and adolescents receiving dialysis and 37 who had received a renal transplant.

As expected, given the chronic nature of ESRD, the number of children increased with each age category increment. As for the choice of initial therapy, there was strong evidence that age was a strong predictor of mode of ongoing dialysis with increasing age associated with increased likelihood for haemodialysis use (χ^2 trend 1df = 15.74, p < 0.001). For every age group 58% or more of children (range 58% to 82%) had received a renal transplant as treatment for their ESRD.

Cause of end stage renal disease (1995-2000)

Figure 10.3 shows the causes of primary renal disease causing ESRD amongst Australian and New Zealand children by age group for 1995-2000.

Glomerulonephritis remains the leading cause of end-stage renal failure overall amongst children and adolescents as a whole, but the congenital renal diseases are the major causes amongst young children.