CHAPTER 2

NEW PATIENTS COMMENCING TREATMENT IN 2003

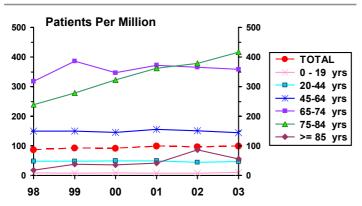
Leonie Excell and Stephen McDonald



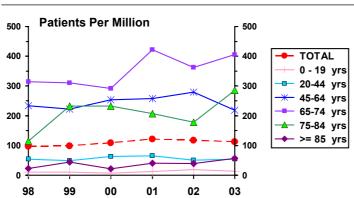
Figure 2.1 **Annual Intake of New Patients** 1999 - 2003 (Number Per Million Population) 1999 2000 2002 2003 Queensland 306 (87) 342 (96) 338 (93) 375 (101) 408 (107) New South Wales 547 (88) 601 (94) 583 (91) 624 (96) 539 (86) Aust. Capital Territory 38 (77) 39 (78) 33 (65) 48 (93) 40 (77) Victoria 438 (93) 436 (92) 495 (103) 472 (97) 438 (89) Tasmania 26 (55) 32 (68) 37 (78) 36 (76) 36 (75) South Australia 145 (97) 117 (78) 153 (101) 121 (80) 152 (100) Northern Territory 52 (270) 53 (271) 65 (329) 58 (293) 52 (262) Western Australia 198 (107) 197 (105) 189 (99) 205 (107) 203 (104) **Australia** 1750 (92) 1755 (92) 1911 (98) 1898 (97) 1953 (98) **New Zealand** 375 (98) 421 (109) 469 (121) 463 (118) 449 (112)

Figure 2.2

Acceptance of New Patients 1998 - 2003 Age Specific Rates - Australia



Acceptance of New Patients 1998 - 2003 Age Specific Rates - New Zealand



INTAKE OF NEW PATIENTS

For Australia, 1,953 new patients commenced treatment in 2003, a rate of 98 per million population per year. This was an increase of 3% from 2002. Overall, however, the rate has stabilised over the period 2001-2003.

In New Zealand, the number of new patients entering renal failure programs was 449, a rate of 112 per million of population. This was a decrease of 5% from 2002.

AGE OF NEW PATIENTS

In Australia in 2003, three age groups showed an increase in acceptance of new patients. The 0-19 year age group rose slightly from 8 to 10 per million (41 to 51 patients), the 20-44 year age group from 44 to 47 per million (316 to 341 patients) and the 75-84 year age group rose from 379 to 416 per million (332 to 377 patients).

There were decreases in the other remaining groups in 2003, the largest fall in the 85-94 year age group (24 to 16 patients), from 87 to 55 per million (fig 2.2).

The mean age of patients entering programs in Australia in 2003 was 59.3 years and the median 62.4 years (fig 2.4).

In New Zealand, the mean age of patients entering was 56.7 years and the median 59.2 years (fig 2.4).

The age specific rates of acceptance increased in 2003 in four of the age groups. The increases were in the 20-44 year age group from 51 to 55 per million, the 65-74 year age group from 363 to 405 per million, the 75-84 year age group from 178 to 285 per million and the 85-94 year group from 39 to 57 per million (fig 2.3).

There were decreases in 2003 in the 0-19 year age group from 19 to 14 per million and in the 45-64 year age group from 279 to 218 per million (fig 2.2).



Within the older age groups, a difference remains between Australia and New Zealand with rates of people 60-74 years greater in New Zealand whereas the rates of people 75-84 years were greater in Australia.

Rates of new patients aged >=85 years remains low in both countries.

Figure 2.3	3											
Acceptance of Elderly New Patients 1999 - 2003 (Number Per Million Population) Age Specific												
Country	Age Groups	19	999	2	000 2001		001	200		2003		
	60-64 years	174	(226)	190	(238)	207	(252)	192	(227)	187	(215)	
	65-69 years		(369)	212	(313)	240	(352)		(306)	228	. ,	
	70-74 years	255	(406)	242	(382)	252	(395)	275	(432)	256	(406)	
Australia	75-79 years	167	(339)	197	(388)	220	(424)	235	(445)	264	(491)	
	80-84 years	53	(179)	67	(217)	88	(267)	97	(278)	113	(307)	
	>=85 years	9	(38)	9	(36)	11	(41)	24	(87)	16	(55)	
	Total	909	(293)	917	(289)	1018	(313)	1037	(311)	1064	(312)	
	60-64 years	46	(315)	71	(465)	67	(416)	79	(469)	60	(350)	
	65-69 years	47	(355)	44	(335)	56	(428)	50	(377)	50	(368)	
	70-74 years	31	(260)	29	(243)	50	(414)	42	(347)	54	(447)	
New	75-79 years	29	(311)	26	(274)	24	(249)	21	(215)	38	(380)	
Zealand	80-84 years	6	(104)	10	(167)	9	(137)	8	(123)	10	(146)	
	>=85 years	2	(44)	1	(21)	2	(40)	2	(39)	3	(57)	
	Total	161	(271)	181	(299)	208	(333)	202	(317)	215	(331)	

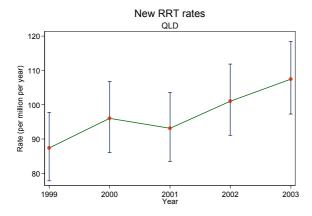
STATE OF ORIGIN OF NEW PATIENTS

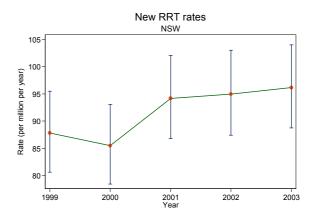
There was an increase in numbers in renal replacement therapy rates in only three states in 2003 (fig 1.5): South Australia (26%), New South Wales (15%) and Queensland (9%). The new patient entry rate decreased in the ACT by 17%, The Northern Territory (10%), Victoria (7%), Western Australia (<1%) and Tasmania remained the same (5%). The graphs (fig 2.5) indicate recent trends, and also indicate 95% confidence intervals around these rates. It can therefore be seen that it is difficult to draw inferences about trends in the smaller states.

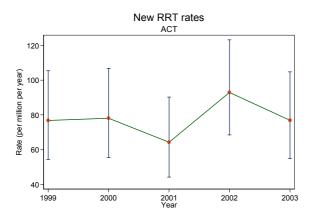
The highest acceptance rates were in the Northern Territory (262 per million) and in Queensland (107 per million) and the lowest in the ACT and in Tasmania (77 and 75 per million respectively).

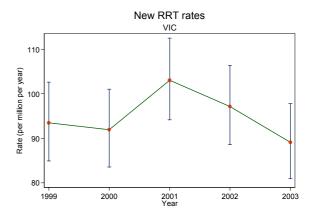
Figure 2		Ą	ge aı	nd G	endo	er of	Nev				1 f Pati			3 1	:o 3	1-De	ec-200	3		
				NSW (n=624)		ACT (n=40)		Vic (n=438)		Tas (n=36)		SA (n=152)		NT (n=52)		/A 203)		ist .953)	NZ (n=449)	
Groups	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М
00-04 yrs	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	1	1	4	0	1
05-14 yrs	2	3	3	4	0	0	4	1	0	0	0	0	0	0	1	2	10	10	5	1
15-24 yrs	4	5	8	16	0	1	8	7	0	1	1	2	1	0	1	1	23	33	12	11
25-34 yrs	13	11	12	22	1	0	12	18	0	0	4	6	0	1	6	6	48	64	8	11
35-44 yrs	16	20	25	41	1	3	13	35	0	4	5	8	6	2	9	11	75	124	20	26
45-54 yrs	21	36	33	66	3	4	23	38	2	1	12	17	16	4	15	18	125	184	36	50
55-64 yrs	36	48	43	56	4	5	40	45	5	4	8	29	6	6	18	22	160	215	42	71
65-74 yrs	43	55	72	91	8	4	40	71	7	7	16	20	5	3	17	25	208	276	47	57
75-84 yrs	36	54	53	70	2	4	26	52	1	4	10	13	1	1	17	33	146	231	25	23
>=85 yrs	3	2	3	6	0	0	0	1	0	0	1	0	0	0	0	0	7	9	2	1
Total	174	234	252	372	19	21	167	271	15	21	57	95	35	17	84	119	803	1150	197	252
Mean (yrs)	60.1	61.0	60.6	58.4	61.9	59.8	56.6	59.1	64.4	60.2	59.5	59.0	52.5	56.1	58.8	60.9	59.1	59.4	56.6	56.7
All	60	0.6	59	9.3	60	8.0	58	3.1	61	.9	59	.2	53	.7	60	0.0	59	0.3	50	6.7
Median (yrs)	64	1.1	63	3.3	63	3.1	61	.2	65	.3	61	.3	52	2.1	62	2.6	62	2.4	59	9.2
Range	6.0 -	88.9	5.3 -	88.7	21.0	- 77.2	<1m	- 85.4	24.8	79.9	16.0	- 88.9	19.3	78.4	3.8 -	84.7	<1m	- 88.9	1.3 -	90.4

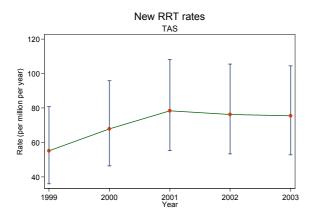
Figure 2.5

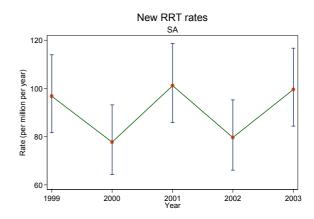


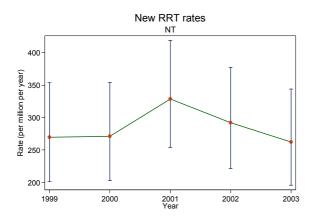


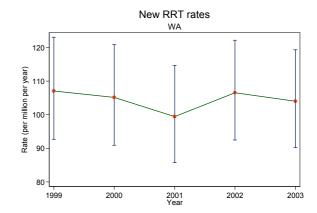












LATE REFERRAL

Twenty seven percent of all new patients in both Australia and New Zealand were referred late to nephrological care, i.e. less than three months before first treatment (fig 2.6). This rate has been steady for a number of years, however there is variation between States in this rate. Late referral is further examined in a later chapter (pages 29-31).

Figure 2.6										
				eferral of umber of P			2003			
Primary Renal Disease	Qld	NSW	ACT	Vic	Tas	SA	NT	WA	Aust	NZ
YES										
Analgesic	5 (4%)	9 (5%)	1 (5.5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	15 (3%)	0 (0%)
Diabetes-I insulin	4 (3%)	2 (1%)	0 (0%)	6 (6%)	0 (0%)	0 (0%)	0 (0%)	2 (4%)	14 (3%)	0 (0%)
Diabetes-II ins. req.	13 (11%)	15 (8%)	1 (5.5%)	6 (6%)	1 (12.5%)	1 (3%)	0 (0%)	2 (4%)	39 (7%)	21 (17%)
Diabetes-II non-ins.	18 (15%)	17 (9%)	0 (0%)	18 (17%)	0 (0%)	6 (21%)	4 (50%)	8 (15%)	71 (14%)	25 (20%)
Glomerulonephritis	27 (23%)	48 (27%)	7 (39%)	27 (25%)	3 (37.5%)	5 (17%)	0 (0%)	20 (38%)	137 (26%)	29 (24%)
Hypertension	13 (11%)	30 (17%)	1 (5.5%)	16 (15%)	0 (0%)	4 (14%)	0 (0%)	10 (19%)	74 (14%)	15 (12%)
Miscellaneous	12 (10%)	35 (19%)	2 (11%)	18 (17%)	3 (37.5%)	9 (31%)	2 (25%)	6 (11%)	87 (17%	22 (18%)
Polycystic	3 (3%)	8 (4%)	1 (5.5%)	2 (2%)	0 (0%)	0 (0%)	0 (0%)	2 (4%)	16 (3%)	1 (<1%)
Reflux	5 (4%)	2 (1%)	2 (11%)	4 (4%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	14 (3%)	2 (2%)
Uncertain	19 (16%)	14 (8%)	3 (17%)	9 (8%)	1 (12.5%)	4 (14%)	2 (25%)	2 (4%)	54 (10%)	8 (7%)
Sub Total	119 (29%)	180 (29%)	18 (45%)	106 (24%)	8 (22%)	29 (19%)	8 (15%)	53 (26%)	521 (27%)	123 (27%)
NO										
Analgesic	19 (7%)	29 (7%)	0 (0%)	2 (<1%)	0 (0%)	5 (4%)	0 (0%)	0 (0%)	55 (4%)	0 (0%)
Diabetes-I insulin	6 (2%)	16 (4%)	0 (0%)	11 (3%)	0 (0%)	6 (5%)	0 (0%)	9 (6%)	48 (3%)	10 (3%)
Diabetes-II ins. req.	40 (14%)	49 (11%)	2 (9%)	47 (14%)	2 (7%)	13 (11%)	2 (4.5%)	15 (10%)	170 (12%)	71 (22%)
Diabetes-II non-ins.	37 (13%)	25 (6%)	6 (27%)	28 (8%)	1 (4%)	9 (7%)	25 (57%)	29 (19%)	160 (11%)	53 (16%)
Glomerulonephritis	59 (20%)	134 (30%)	4 (18%)	103 (31%)	8 (29%)	36 (29%)	7 (16%)	39 (26%)	390 (27%)	87 (27%)
Hypertension	49 (17%)	77 (17%)	5 (23%)	37 (11%)	6 (21%)	16 (13%)	3 (7%)	31 (21%)	224 (16%)	29 (9%)
Miscellaneous	25 (8%)	51 (11%)	1 (4.5%)	45 (14%)	4 (14%)	6 (5%)	2 (4.5%)	12 (8%)	146 (10%)	25 (8%)
Polycystic	14 (5%)	27 (6%)	0 (0%)	25 (8%)	3 (11%)	20 (16%)	0 (0%)	5 (3%)	94 (7%)	20 (6%)
Reflux	11 (4%)	17 (4%)	1 (4.5%)	118 (5%)	2 (7%)	6 (5%)	1 (2%)	3 (2%)	59 (4%)	8 (2%)
Uncertain	29 (10%)	19 (4%)	3 (14%)	16 (5%)	2 (7%)	6 (5%)	4 (9%)	7 (5%)	86 (6%)	23 (7%)
Sub Total	289 (71%)	444 (71%)	22 (55%)	332 (76%)	28 (78%)	123 (81%)	44 (85%)	150 (74%)	1432 (73%)	326 (73%)
Total	408 (100%)	624 (100%)	40 (100%)	438 (100%)	36 (100%)	152 (100%)	52 (100%)	203 (100%)	1953 (100%)	449 (100%)

Co-morbid Conditions

Co-morbid conditions at entry to RRT are shown in Figure 2.7. There are only minor differences between the two countries except in the incidence of Type II Diabetes which is more common in New Zealand (40% of new patients, compared to 26% in Australia). (See Appendix II and III for further analyses of co-morbid conditions).

Co-morbid Conditions at Entry to Program 2003 Number of Patients (% Patients)															
Country		Chronic Lung Disease		Aı	Coronary Artery Disease		Peripheral Vascular Disease		rebro- scular sease	Smoking			Diabetes (Including Diabetic Nephropathy)		
Aust. n=1953	Yes Suspected No	70	(12%) (4%) (84%)	163	(30.5%) (8.5%) (61%)	118	(19%) (6%) (75%)	57	(11%) (3%) (86%)	Current Former Never Unknown	771 971	(11%) (39%) (50%) (<1%)	I-insulin II-ins.requ. II-non-ins. No	264 357	(3%) (14% (18% (65%
N.Z. n=449	Yes Suspected No	8	(11%) (2%) (87%)	45	(22.5%) (10%) (67.5%)	18	(13%) (4%) (83%)	11	(11.5%) (2.5%) (86%)	Current Former Never	167	(14%) (37%) (49%)	I-insulin II-ins.requ. II-non-ins.	96 94	(3%) (21% (21% (55%



PRIMARY RENAL DISEASE OF NEW PATIENTS

AUSTRALIA

Glomerulonephritis and diabetic nephropathy (excluding diabetics with renal failure due to other causes) were the most common causes of ESRD (27% and 26% respectively), followed by hypertension (15%), polycystic kidney disease (5%), reflux and analgesic nephropathy (both 4%) (fig 2.8). This picture has been stable for a number of year.

IgA mesangioproliferative glomerulonephritis (25% of all GN) was the most common histologically proven form of glomerulonephritis (33% of biopsy proven glomerulonephritis), followed by **focal sclerosing GN** and **systemic disease** (both 14%) (fig 2.9).

A renal biopsy based diagnosis was reported in 35% of cases: glomerulo-nephritis 77%, hypertension 20%, diabetes (types I and II) 15%, analgesic nephropathy 14%, reflux 12% and polycystic kidney disease 3% (fig 2.8). The biopsy rate in Australia is slowly declining (fig.2.11), although for those with a primary diagnosis of glomerulonephritis it is steady.

Amongst the **miscellaneous diseases** causing end stage renal failure, there were ten cases attributed to cyclosporin nephrotoxicity and six to lithium toxicity (fig 2.10).

The incidence of analgesic nephropathy continues to decrease and reached 3.6% (70 patients) in 2003, the lowest recorded.

New Zealand

Diabetic nephropathy (40%) was the most common cause of ESRD followed by **glomerulonephritis** (26%) and **hypertension** (10%).

Diabetes Type II (non insulin and insulin requiring) represented 94% of diabetic nephropathy.

Focal sclerosing (21%) and **IgA mesangioproliferative** (15%), represented 44% of biopsy proven glomerulonephritis.

Biopsy rates were all lower than those in Australia but are steady.

Figure 2.8

Causes of ESRD 2000 - 2003 Number of Patients (% Patients)

Disease	20	000	2	001	20	002	20	003
Australia								
Glomerulonephritis	532	(30%)	514	(27%)	507	(27%)	527	(27%)
Analgesic Nephropathy	85	(5%)	100	(5%)	77	(4%)	70	(4%)
Polycystic Kidney	110	(6%)	108	(6%)	107	(6%)	110	(5%)
Reflux Nephropathy	88	(5%)	77	(4%)	73	(4%)	73	(4%)
Hypertension	236	(14%)	277	(14%)	303	(16%)	298	(15%)
Diabetic Nephropathy	391	(22%)	482	(25%)	508	(27%)	502	(26%)
Miscellaneous	198	(11%)	211	(11%)	210	(11%)	233	(12%)
Uncertain Diagnosis	115	(7%)	142	(8%)	113	(5%)	140	(7%)
Total	1755	(100%)	1911	(100%)	1898	(100%)	1953	(100%)
New Zealand								
Glomerulonephritis	112	(27%)	132	(28%)	108	(23%)	116	(26%)
Analgesic Nephropathy	-	(-)	-	(-)	2	(<1%)	-	(-)
Polycystic Kidney	12	(3%)	29	(6%)	19	(4%)	21	(5%)
Reflux Nephropathy	22	(5%)	12	(3%)	17	(4%)	10	(2%)
Hypertension	59	(14%)	56	(12%)	40	(9%)	44	(10%)
Diabetic Nephropathy	151	(36%)	177	(38%)	207	(45%)	180	(40%)
Miscellaneous	42	(10%)	39	(8%)	52	(11%)	47	(10%)
Uncertain Diagnosis	23	(5%)	24	(5%)	18	(4%)	31	(7%)
Total	421	(100%)	469	(100%)	463	(100%)	449	(100%)

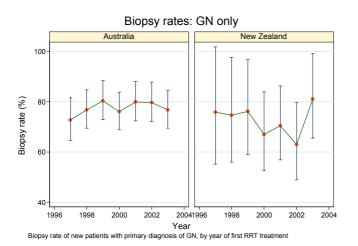
Figure 2.9

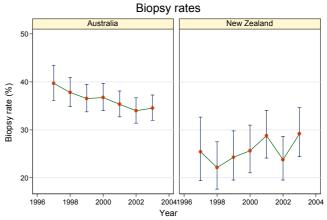
Types of Glomerulonephritis 1-Jan-2003 to 31-Dec-2003

Number (% of all GN)

Miscellaneous Causes of ESRD 1-Jan-2003 to 31-Dec-2003 (Number of Patients)												
Renal Disease	Aust (233)	NZ (47)	Renal Disease	Aust (233)	NZ (47)							
Interstitial Nephritis	22	1	Calculi	16	4							
Cyclosporin Nephrotoxicity	10	3	Medullary Cystic Disease	7	2							
Lithium Toxicity	6	-	Gout	3	1							
Laurence-Moon-Beidl Syndrome	2	-	Cystinosis	2	-							
Bence-Jones Protein Tubular Toxicity	1	-	Medullary Sponge Kidney	1	-							
Bilateral Renal Vein Thrombosis	1	-	Multicystic-Pyelonephritis	1	-							
Calcinurin Inhibitor Nephrotoxicity	1	-	Oxalosis	-	1							
Chinese Herbal Nephropathy	1	-										
Churg-Strauss Syndrome	1	-	Amyloid	33	4							
Fabry's Disease	1	-	Congenital Renal Hypoplasia & Dysplasia	7	-							
Gentamycin Toxicity	1	-	Congenital Nephrotic Syndrome	-	1							
Glomerulocystic Disease	1	-	Congentical Disorder Gycosylation Type 2	1	-							
Hepato-renal Syndrome	1	-	Juvenile Nephronophythisis	1	-							
Hypokalaemic Nephropathy-Anorexia	1	-	Oto-Branchio Renal Syndrome	1	-							
Loss Single Kidney	1	1	(R) Agenesis - (L) Hydronephrosis	-	1							
Methylmalonic Acidaemia	1	-										
Renal Tuberculosis	1	-	Multiple Myeloma	30	9							
Pyelonephritis	-	1	Renal Cell Carcinoma	11	1							
Obesity Related Glomerulopathy	-	1	Transitional Cell Carcinoma	11	1							
			Light Chain Nephropathy (Benign)	3	-							
Obstructive Uropathy	11	5	Secondary to Chemotherapy	2	-							
Posterior Urethral Valves	6	2										
Bladder Neck Obstruction	5	-	Cortical Necrosis	13	2							
Neuropathic Bladder	3	-	Haemolytic Uraemic Syndrome	4	1							
Spina Bifida or Myelomeningocoele	3	2										
Ureteric Obstructive Nephropathy	3	1										
Lower Urinary Tract Abnormalities Triad Syndrome [1] Sacral Teratoma-Ureteric Reimplant [1]	1	1										
Pelvic Ureteric Junction Obstruction	1	1										

Figure 2.11





Biopsy of New Patients 2003												
iopsy	Primary Renal Disease	Qld	NSW	ACT	Vic	Tas	SA	NT	WA	Aust	N	
	Analgesic	1	8	-	1	-	-	_	-	10		
	Diabetes I - Insulin	-	4	-	3	-	1	-	-	8	:	
	Diabetes II - Insulin Req.	2	11	1	7	-	3	-	2	26	3	
	Diabetes II - Non Insulin	7	13	4	6	-	4	4	2	40	9	
	Glomerulonephritis	65	144	10	105	8	33	3	37	405	9	
Yes	Hypertension	14	25	1	17	-	2	1	1	61	!	
	Miscellaneous	14	34	3	29	2	9	-	7	98	1	
	Polycystic	-	1	-	2	-	-	-	-	3	:	
	Reflux	1	1	-	6	-	-	-	1	9		
	Uncertain	2	4	2	6	-	2	-	-	16	3	
	Sub Total	106	245	21	182	10	54	8	50	676	13	
	Analgesic	23	30	1	1	-	5	-	-	60		
	Diabetes I - Insulin	10	14	-	14	-	5	-	11	54	9	
	Diabetes II - Insulin Req.	51	53	2	46	3	11	2	15	183	8	
	Diabetes II - Non Insulin	48	29	2	40	1	11	25	35	191	6	
	Glomerulonephritis	21	38	1	25	3	8	4	22	122	2	
No	Hypertension	48	82	5	36	6	18	2	40	237	3	
	Miscellaneous	23	52	-	34	5	6	4	11	135	3	
	Polycystic	17	34	1	25	3	20	-	7	107	1	
	Reflux	15	18	3	16	2	6	1	3	64	9	
	Uncertain	46	29	4	19	3	8	6	9	124	2	
	Sub Total	302	379	19	256	26	98	44	153	1277	3:	
	Total	408	624	40	438	36	152	52	203	1953	4	

Reported serum creatinine at first dialysis is outlined for Australia and New Zealand in Figure 2.13. In both countries, patients commence PD with a lower creatinine than HD.

The boxes in the graph illustrate median, 25th and 75th centiles. The error bars illustrate 95th centriles.

Figure 2.13

