

Optimizing Kidney Disease Outcomes: The Role of Rehabilitation in Patient Care

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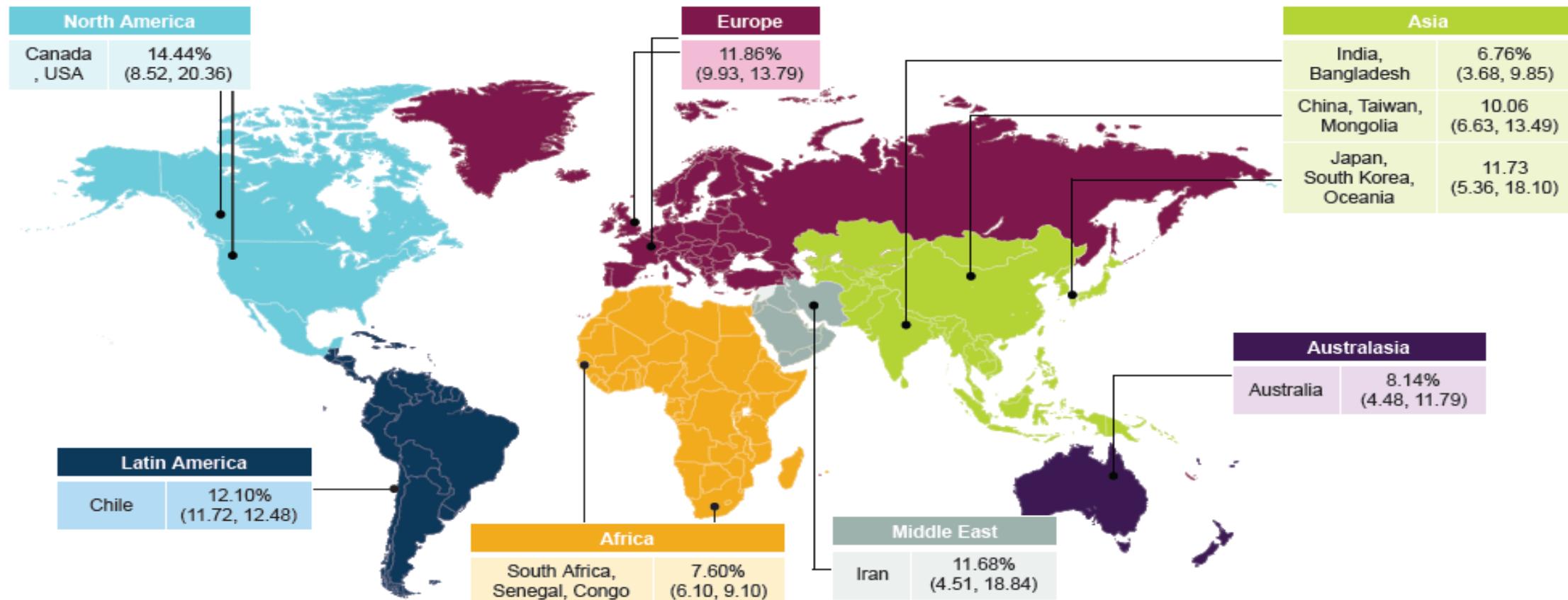
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CKD is a highly prevalent, global disease

The global prevalence of CKD is over 843 million¹

Meta-analysis estimating the global prevalence of CKD (stages 3–5)²



CKD = chronic kidney disease.

3 1. Jager KJ et al. *Nephrol Dial Transplant*. 2019;34:1803–1805; 2. Hill NR et al. *PLoS One*. 2016;11:e0158765.

Prevalence of CKD



Thailand: 17.5%



India: 17.2%



Singapore: 15.6%



China: 10.8%

RESEARCH ARTICLE

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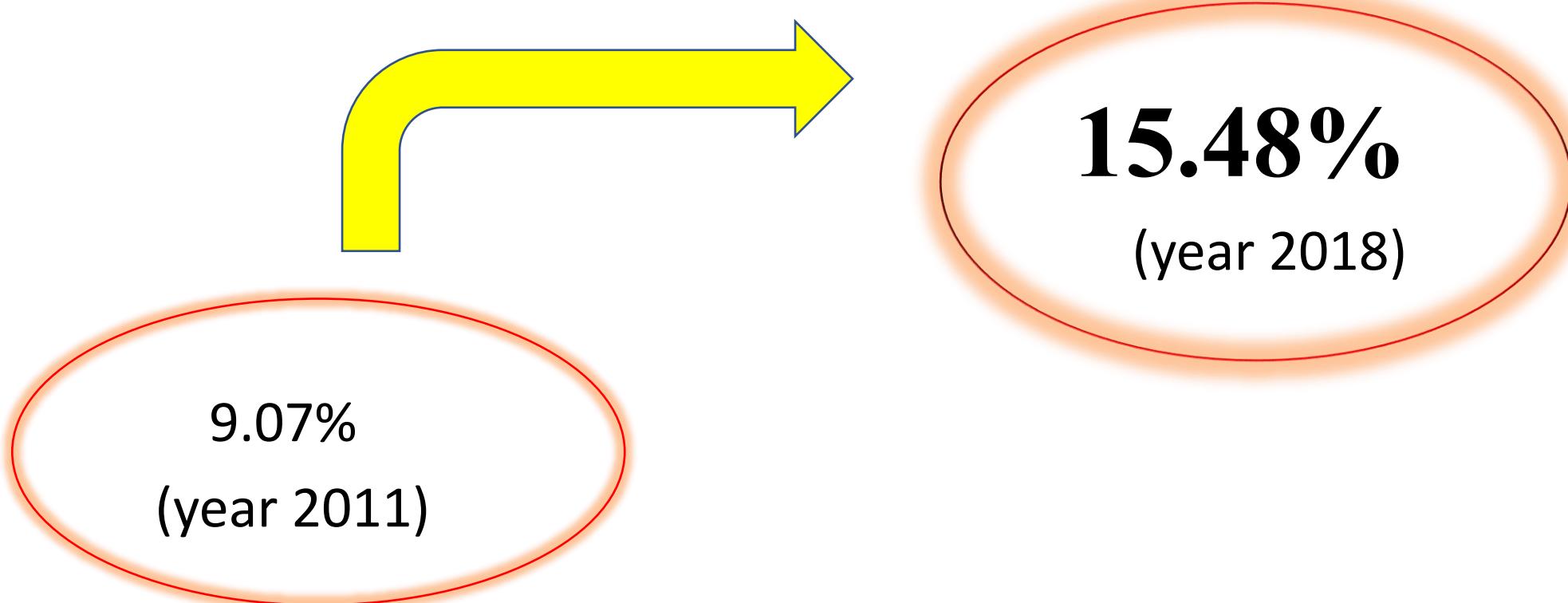
Prevalence of chronic kidney disease and its associated factors in Malaysia; findings from a nationwide population-based cross-sectional study



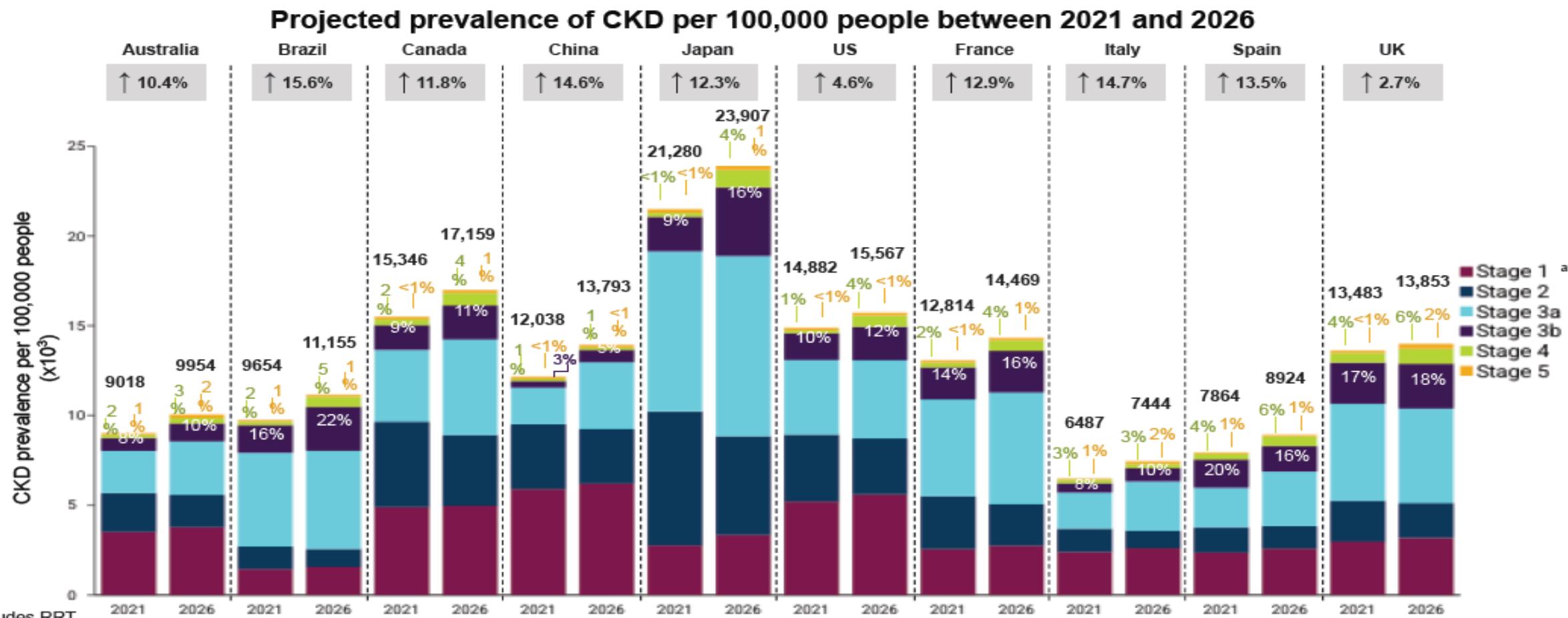
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Table 5 Prevalence of CKD by stages (N = 890)

CKD Stages	n	Estimated population	Prevalence (%)	95% CI
Total CKD	158	2,607,448	15.48	12.30, 19.31
Stage 1	42	649,069	3.85	2.51, 5.87
Stage 2	51	811,853	4.82	3.14, 7.32
Stage 3	59	1,091,582	6.48	4.41, 9.43
Stage 4-5	6	54,944	0.33	0.14, 0.78



The prevalence of CKD is projected to increase through 2026, driven by more advanced stages of disease



CKD = chronic kidney disease; RRT = renal replacement therapy; UK = United Kingdom; US = United States.

Economic Burden of ESRD to the Malaysian Health Care System



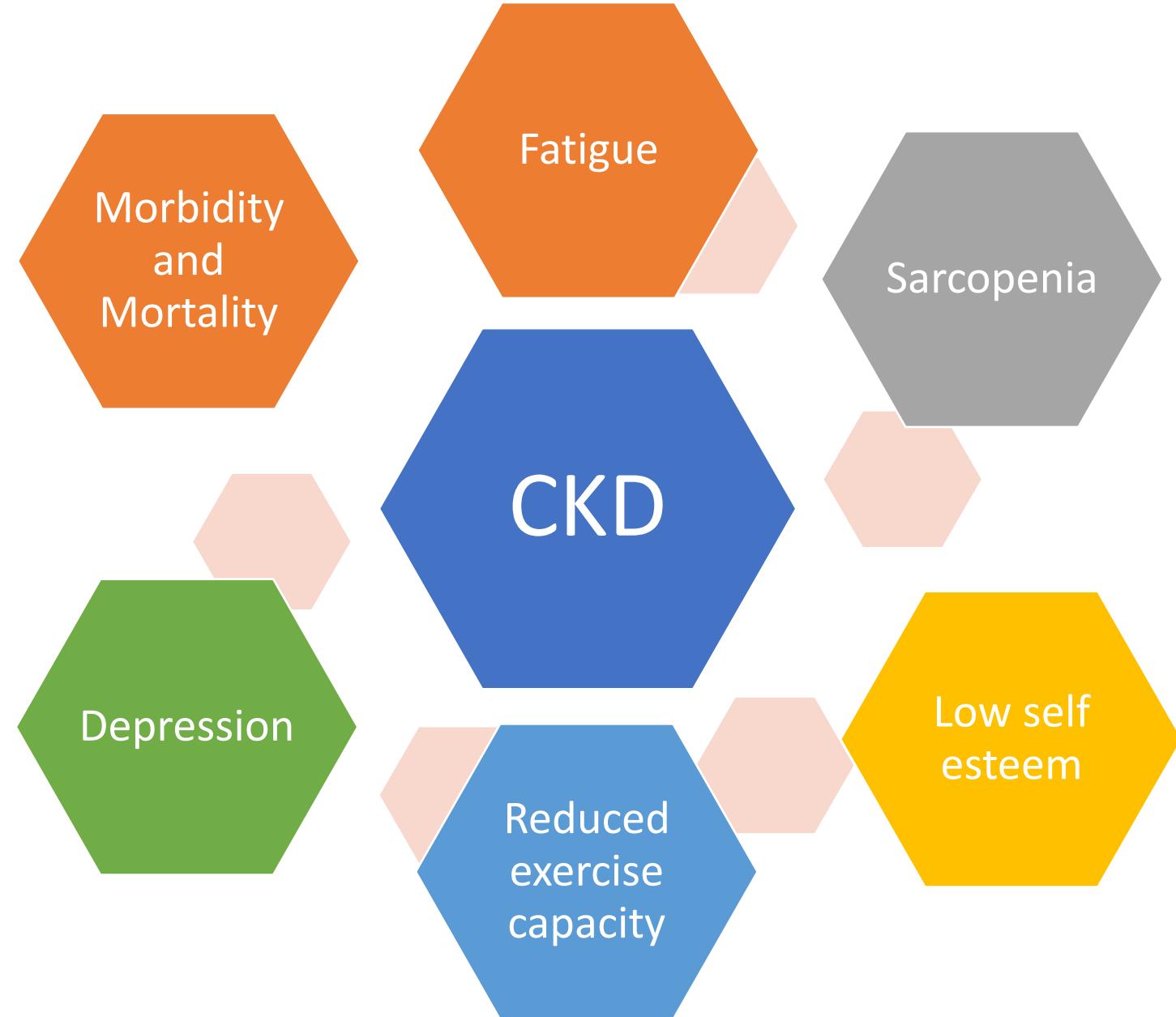
Hirman Ismail^{1,2}, Mohd Rizal Abdul Manaf², Abdul Halim Abdul Gafor³,
Zaki Morad Mohamad Zaher⁴ and Adriana Irawati Nur Ibrahim⁵

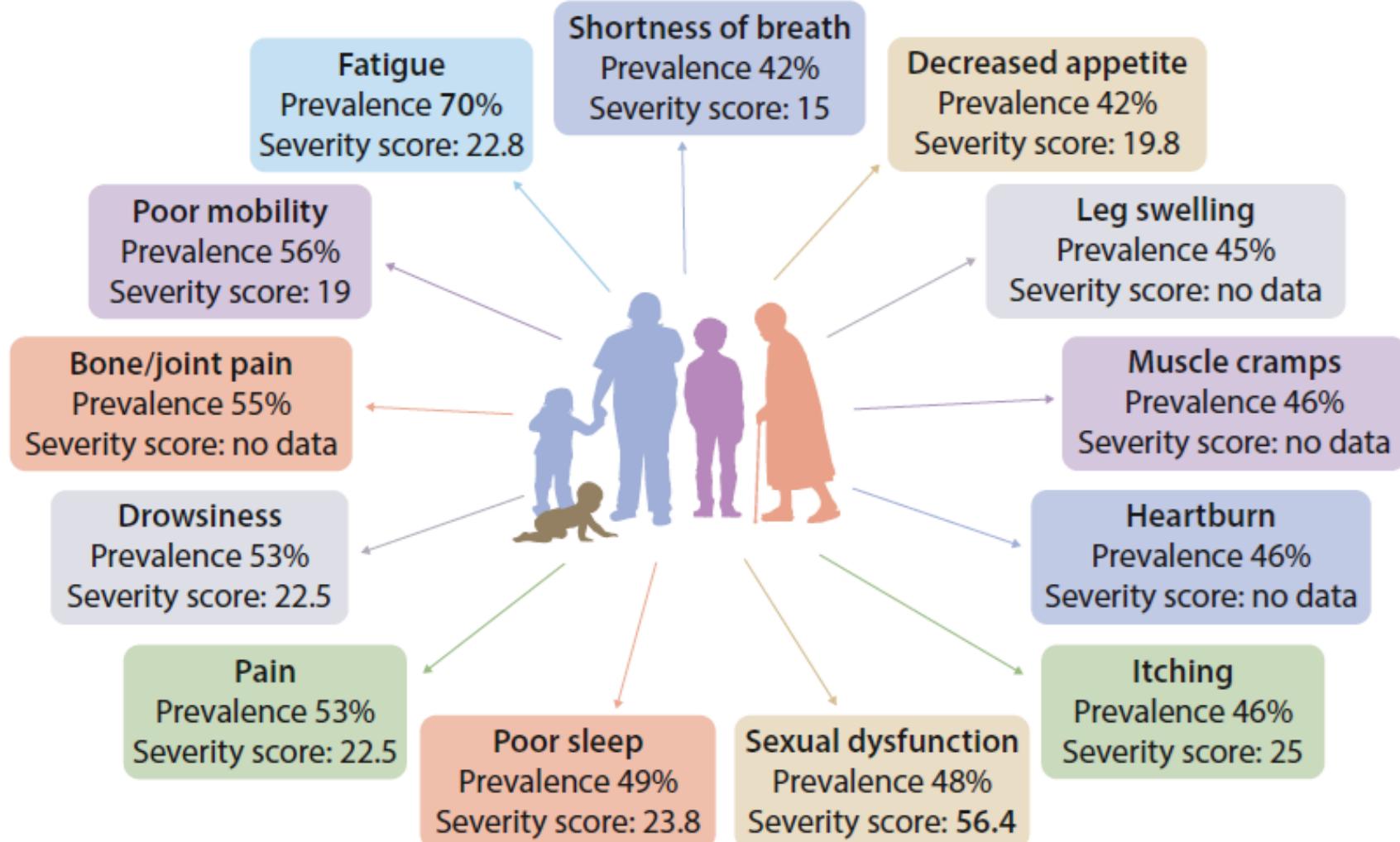
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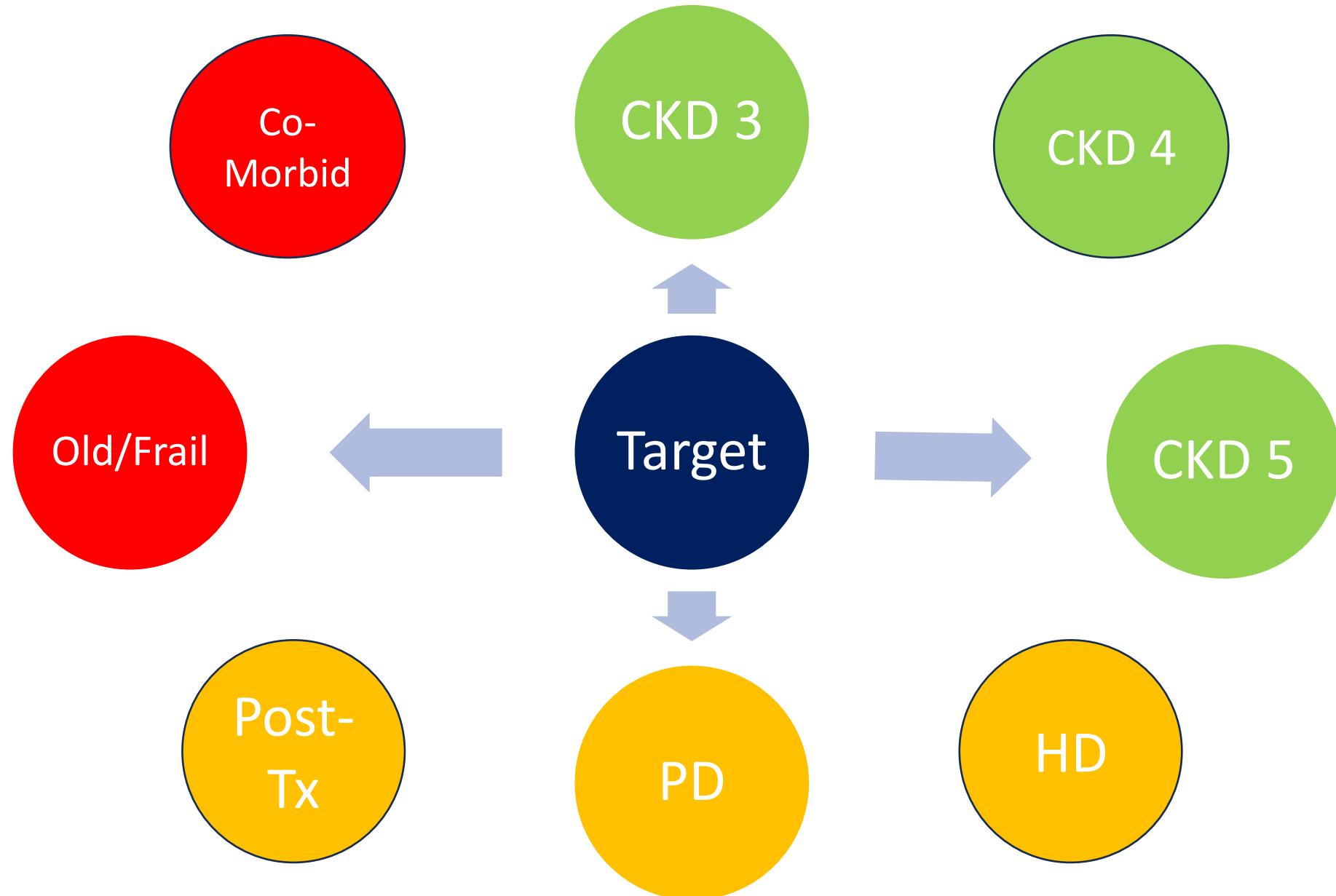
RM572million
(year 2010)

94%

RM1.12billion
(year 2016)







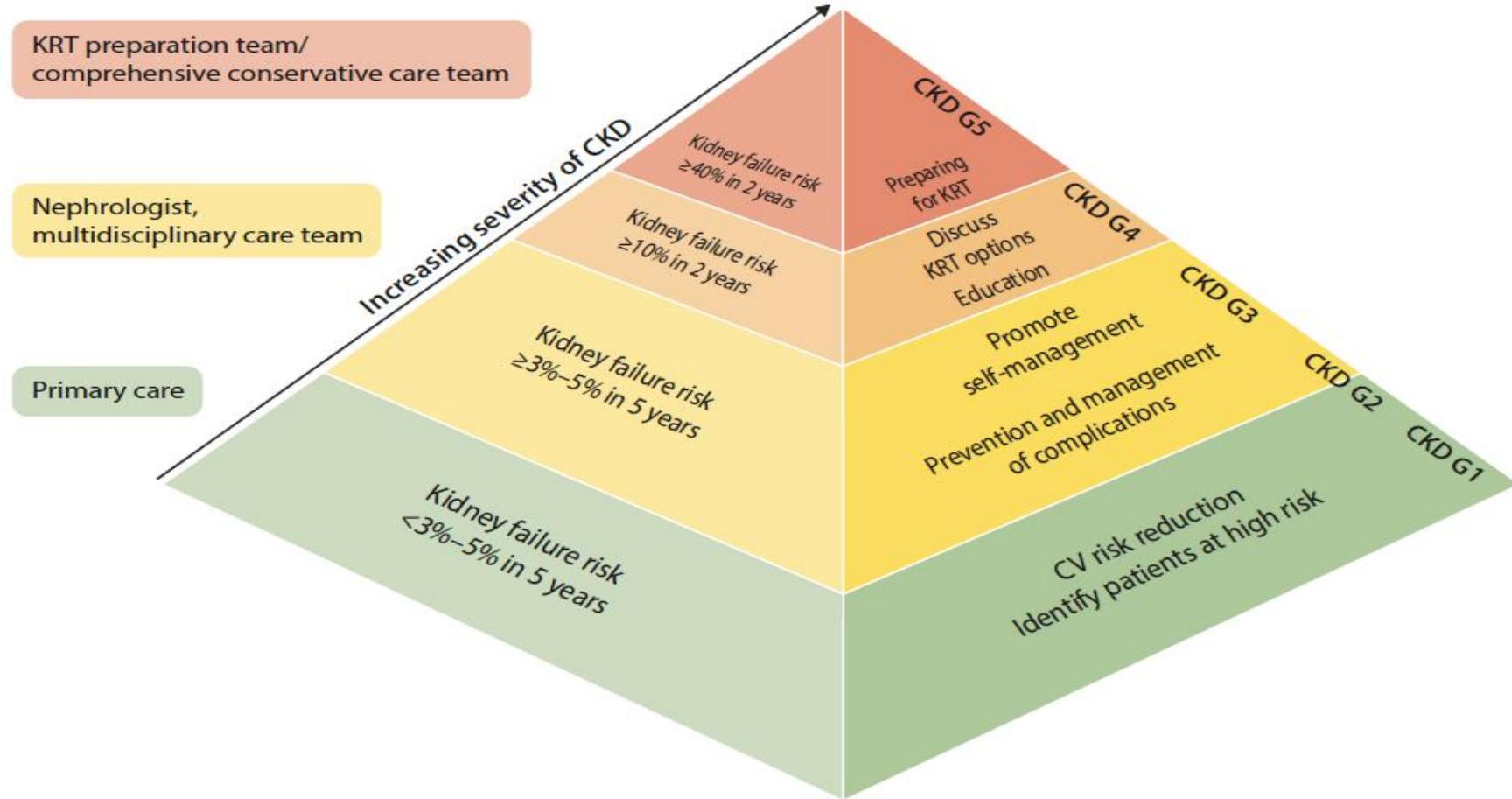


Figure 50 | Optimal care model by increasing severity of chronic kidney disease (CKD). CV, cardiovascular; KRT, kidney replacement therapy.

Renal Rehabilitation

Multi-Disciplinary Approach

- Doctor
- Nurse
- Pharmacist
- Dietitian
- Physiotherapist
- Occupational therapist
- Psychologist/ psychiatrist
- Social welfare officer
- Peers support group

Aspects of Rehabilitation

- Physical wellbeing
- Laboratory parameters
- Nutritional status
- Physical fitness
- Self-care
- Mental health
- Self-esteem
- Vocational
- Social life

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QOL

Factors	n	Hazard ratio	95% CI	P-value
Modality				
HD (ref*)	117,324	1.00		
PD	19,304	0.79	(0.764, 0.818)	<0.001
BMI				
BMI <18.5	5,148	1.34	(1.278, 1.41)	<0.001
BMI 18.5-25 (ref*)	55,620	1.00		
BMI 25-30	56,544	1.07	(1.053, 1.097)	<0.001
BMI >=30	19,316	0.94	(0.917, 0.971)	<0.001
Albumin (g/L)				
<25	4,010	7.04	(6.639, 7.463)	<0.001
25-<30	8,960	4.12	(3.943, 4.301)	<0.001
30-<35	25,580	2.42	(2.353, 2.499)	<0.001
35-<40	62,590	1.55	(1.514, 1.59)	<0.001
>=40 (ref*)	35,488	1.00		

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Practice Point 5.2.3.3:
Enable availability of appropriate medical nutrition therapy for people with signs of malnutrition, ideally under the supervision of renal dietitians or accredited nutrition providers if not available.

KDIGO 2024 Clinical Practice Guideline for the
Evaluation and Management of Chronic Kidney Disease





Recommendation 3.2.2.1: We recommend that people with CKD be advised to undertake moderate-intensity physical activity for a cumulative duration of at least 150 minutes per week, or to a level compatible with their cardiovascular and physical tolerance (1D).





















