

# The Brazilian nephrology census in 2019

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## INTRODUCTION

The Brazilian Society of Nephrology's dialysis census for 2019 analyses the state of chronic kidney disease in Brazil and its impact on the healthcare system. Data from the census can help us enhance the survival and quality of life of dialysis patients in Brazil. The voluntary participation of roughly 40% of dialysis clinics across the country is a significant achievement. The quality of the information acquired was aided by the use of computerized data collection. The improvement in clinic data management should help to boost dialysis clinic involvement in censuses in the next years.

Clinics can compare treatment quality targets with average metrics at a country level thanks to a high level of census participation - which is now higher than participation in the Data us system. The statistics included in the Brazilian dialysis census publication provide evidence to drive public healthcare policies, in addition to their usage in clinical practise.

In comparison to the previous year, the figures reveal a rise in the prevalence and incidence of dialysis patients. There are regional disparities, indicating a higher incidence where the healthcare system is more comprehensive. The lower proportion of patients with end-stage kidney disease in states with the lowest per capita income, such as Paraba, may be due to lower health-care coverage for patients with chronic kidney disease in these areas, resulting in less access for patients to early nephrology care treatment and, in particular, vascular access by arteriovenous fistula for maintenance hemodialysis.

## Nephrology Census Study

The increased use of long-term catheters and grafts in recent years instead of arteriovenous fistulas is a concerning discovery (AVF). There is no information on the percentage of arteriovenous fistulas. However, with the fraction of temporary catheter use remaining stable, it suggests that the use of AVF has not increased. The data highlights the need for a nationwide programmed comparable to the Fistula First initiative, which is now being advocated in the United States.

Patients with chronic kidney disease should be referred to a nephrologist sooner rather than later, and initiatives that encourage collaboration between nephrologists and vascular surgeons may help to increase the percentage of patients with AVF at the start of hemodialysis, resulting in better patient survival.

Peritoneal dialysis has a low demand in Brazil, according to the census; despite the fact that most centres provide this treatment option, only about 7% of patients choose it. We all know that the economic model proposed by our government's healthcare system - SUS - is far from what most clinics can afford. Since 2011, changes in dialysis reimbursement policies in the United States (USA) have resulted in an extraordinary increase in the use of peritoneal dialysis (PD). PD is more cost-effective and less technically demanding than intermittent hemodialysis (HD) and it is associated with improved preservation of residual renal function. It is also more practical in rural and distant places.

The SBN dialysis census has been useful to the nephrology community; however it could get better in the future. It would be interesting to collect data on iron deficiency independent of haemoglobin levels, given the evidence that this marker is linked to poor outcomes whether or not anaemia is present.

The relevance of knowing the potassium content of the dialysates used in hemodialysis clinics is revealed by data on patient levels. Obtaining data on the patient's transition from advanced stages of chronic kidney disease to the start of hemodialysis, taking into account the necessary medication adjustments and the patient's preparation in several aspects for the initiation of renal replacement therapy; will be a significant step forward. The SBN dialysis census is an important instrument for improving the quality of care for patients with renal failure who are on dialysis in Brazil. It is critical that the nephrology community uses census data to benefit patients and that the census is supported by transmitting data and sharing the results.

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