CKD Initiative and Diabetic Nephropathy in Japan

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An overview of regular dialysis treatment in Japan as of Dec. 31, 2006 reported that 36,373 patients were newly introduced into dialysis therapy in 2006 and that total dialysis patients reached to 264,473. Incidence of ESRD per million populations is fourth and the prevalence is ranked top in the world according to the statistics of USRDS. So Japan is socially and economically suffering from increasing number of CKD patients.

Japanese society of Nephrology has set up 4 project groups fighting the CKD; Epidemiology study, Setting equations to estimate GFR from serum creatinine for Japanese population, Formulation of Japanese CKD guideline, and Approach to the society and International collaborations.

As it is impossible to combatCKD only by Japanese Society of Nephrology, we established J-CKDI (Japan Association of Chronic Kidney Disease Initiative) in accordance with Japanese Society for Dialysis Therapy and Japanese Society of Pediatric Nephrology on July 25th in 2006. J-CKDI is getting support from various academic societies such as Japanese Diabetes Association, Japanese Society of Cardiology, and Japanese Society of Hypertension and so on. J-CKDI is getting support from Japanese government, peoples and patients group to appeal the importance of CKD to the public and to fight against CKD. I will introduce the activities of J-CKDI.

Diabetic nephropathy is the top cause of CKD in Japan. Prevalence of diabetic nephropathy is high among Asians. We have elucidated the role of macrophage in the progression of diabetic nephropathy. Additionally we proved that nephropathy progression can be prevented by reducing inflammation. RAS inhibition by angiotensin II blocker (ARB) also ameliorates diabetic nephropathy by anti-inflammatory mechanism. I will introduce recent study such as INNOVATION, which has shown effectiveness of ARB to Japanese patients with early stage of diabetic nephropathy.