

# Renal tract

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**IT IS TIMELY THAT** *Australian Journal of General Practice (AJGP)* has delivered two recent issues that focus on kidney disease care. The interface of general practice and kidney healthcare has never been more important than it is in our current pandemic world. Chronic kidney disease (CKD) affects 850 million people worldwide<sup>1</sup> and an estimated one in 10 adult Australians (2.4 million people).<sup>2</sup> At the bottom of the 'CKD iceberg', one in three adult Australians is at risk of CKD.<sup>2</sup> At the tip of the iceberg, over 26,000 Australians are currently receiving kidney replacement therapy with dialysis or transplantation.<sup>3</sup> The burden of kidney disease is particularly high in Aboriginal and Torres Strait Islander peoples, with critical gaps in access to kidney care, particularly transplantation.<sup>4</sup> There is much more to be done to address the burden of CKD in our community, as outlined in a recently published national strategy.<sup>5</sup> Thankfully, Australians have been mostly spared the large additional burden of significant kidney failure due to COVID-19 that will have long-term implications for kidney disease care in other countries.<sup>6</sup>

In April 2021, *AJGP* focused on chronic kidney disease management. In this complementary issue of *AJGP*, five additional articles explore kidney conditions with important implications for future renal health that are most likely to be first met in the primary care setting.

Pianta et al highlight the care patients should receive following an episode of acute kidney injury (AKI),<sup>7</sup> and Titus and Rahman describe the impact of COVID-19 on the kidneys, predominantly via AKI.<sup>8</sup> The incidence of AKI was rising in Australia and globally prior to COVID-19. This may be due to several factors including clearer definitions and diagnostic criteria leading to greater awareness and reporting,

and the rise in multimorbidity within the population. While severe AKI usually occurs in the hospital setting, milder AKI may be entirely managed in community-based care. As AKI is a well-established risk factor for CKD, every episode of AKI may affect long-term renal outcomes. Hence all episodes of AKI, even if renal function is fully recovered, should spark medication review, the development of management plans for future episodes of intercurrent illness and ongoing monitoring for CKD.

Three extremely common presentations of kidney and urological disease in primary care are also highlighted in this issue. Petcu et al discuss the management of recurrent urinary tract infections (UTIs) in children.<sup>9</sup> UTIs disproportionately affect girls, are likely to be recurrent and may signal underlying conditions such as vesicoureteric reflux that may cause chronic damage. Thia and Saluja provide a framework for evaluating pain arising from the renal tract and managing kidney stones, which are the most likely culprit.<sup>10</sup> Finally, O'Connor et al clarify current approaches to haematuria in general practice, with a focus on identifying those at most risk of malignancy or underlying kidney disease.<sup>11</sup>

A key practice point is that all these clinical presentations provide an excellent opportunity for the general practitioner to engage with the patient about their kidney health and identify those at risk of CKD. As CKD is usually asymptomatic 90% of the time and can lead to a 90% loss of kidney function before any symptoms develop, vigilance among clinicians must be high. Conducting a CKD risk assessment and kidney health check in those at risk is a relatively simple, inexpensive and effective strategy. Improving the early detection of CKD at a stage where lifestyle and therapeutic interventions may arrest the loss of renal function is the greatest tool available to reduce the future burden of CKD and kidney failure in our community.

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