END - STAGE RENAL DISEASE AND KIDNEY REPLACEMENT THERAPY IN BACHMAI HOSPITAL HANOI - VIETNAM

> Do Gia Tuyen MD, Ph .D Hanoi Medical University Bachmai Hospital Hanoi Vietnam

> > YOKOHAMA SEP/2011

# **Overview of Vietnam**

#### Location: South East Asia

Population: 84 millions 332 000 km2 60 provinces and 5 cities

Urban areas: 25%

Rural areas: 75%

Population growth rate: 2.1% per year

People of working age: 52 millions

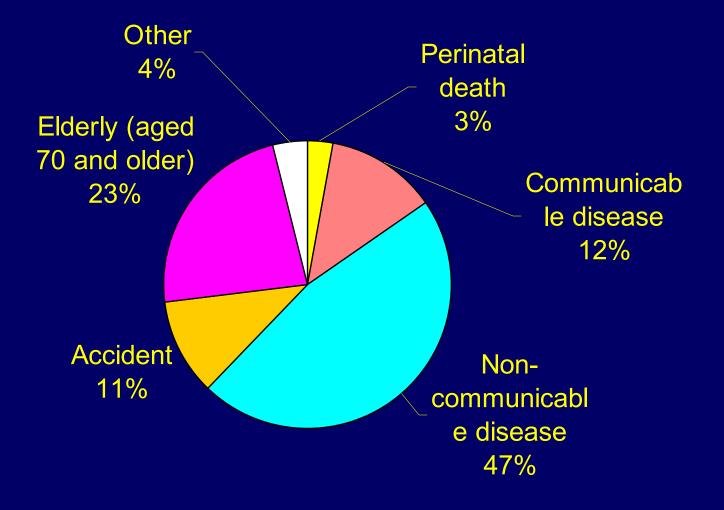
In 2005:

6 doctors and 6.3 nurses

per 10,000 inhabitants



## HEALTH CARE IN VIETNAM Structure of cause of death



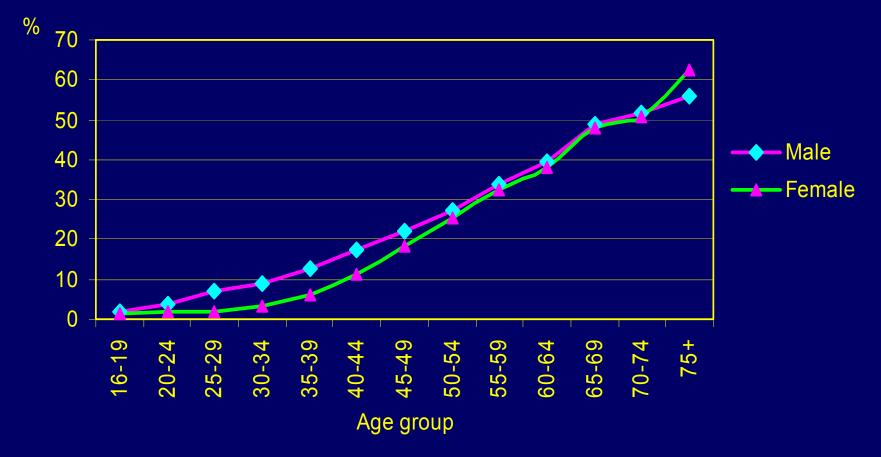
# Important non-communicable diseases

Economic growth, aging population, lifestyle changes are causes leading to an increasing burden of noncommunicable diseases.

Cancer: Vietnam reports about 75 000 new cases of cancer/year. The case fatality rate is high, and cancer accounts for around 12% of total deaths annually in Vietnam.

Vavular heart diseases decrease, MI is now one of leading causes of mortality.

#### Prevalence of hypertension by age group and sex



-Hypertension: prevalence of hypertension in those  $\geq$  16 years is 15.1% in males and 13.5% in females. An estimated 50% of men and women > 65 years have hypertension.

## Accidents and injuries

- \* Accidents and injury: accidents are the 4<sup>th</sup> leading cause of death in Vietnam (11%) as well as disability.
- \* Traffic accidents is alarming cause. On average, > 40 people died each day
- \*  $\Rightarrow$  Strong intervention from government: helmet wearing is obligated since 15<sup>th</sup>, Sept 2007.







#### Health care in commune



TRAM Y TÉ XĂ CẨM NHƯỢNG, HUTÊN CẨM XUYÊN (HÀ TÎNH)





#### Health care center In districts





#### Health care in Hospita



BỆNH VIỆN TRUNG ƯƠNG HUẾ

# **Bach Mai Hospital Hanoi Vietnam**

#### Establishment: more than 100 years hystory. The biggest general

hospital in Vietnam

Total staff: >2170

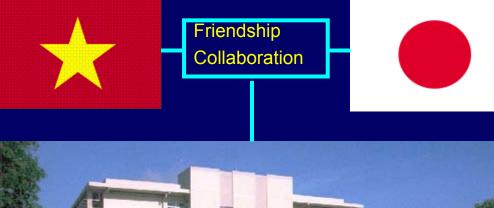
Medical doctor: > 350

Nurse: > 900

Professor and Associate Prof: >30

Ph.D degree: >50

Master degree: >70





Building which was funded by Japanese government and people (JICA project)

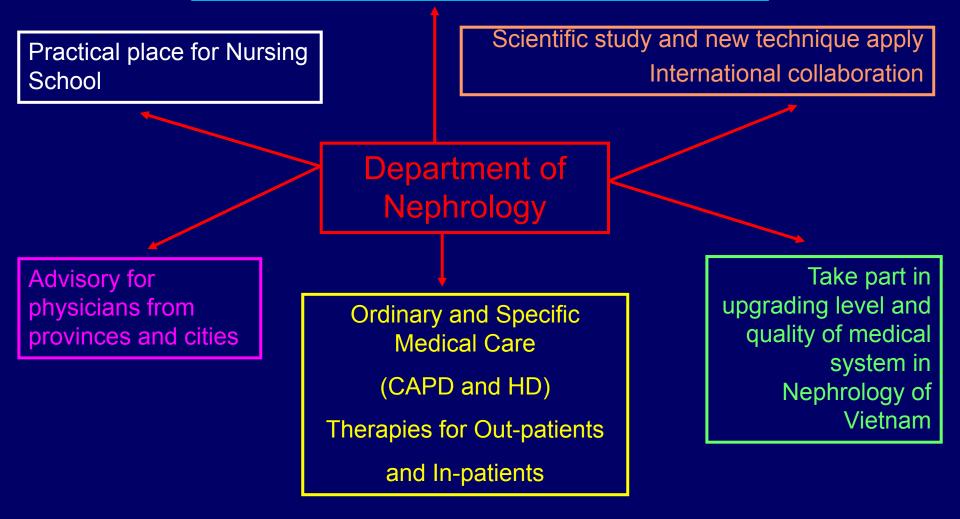
Number of bed in Nephrology for in-patients: 80

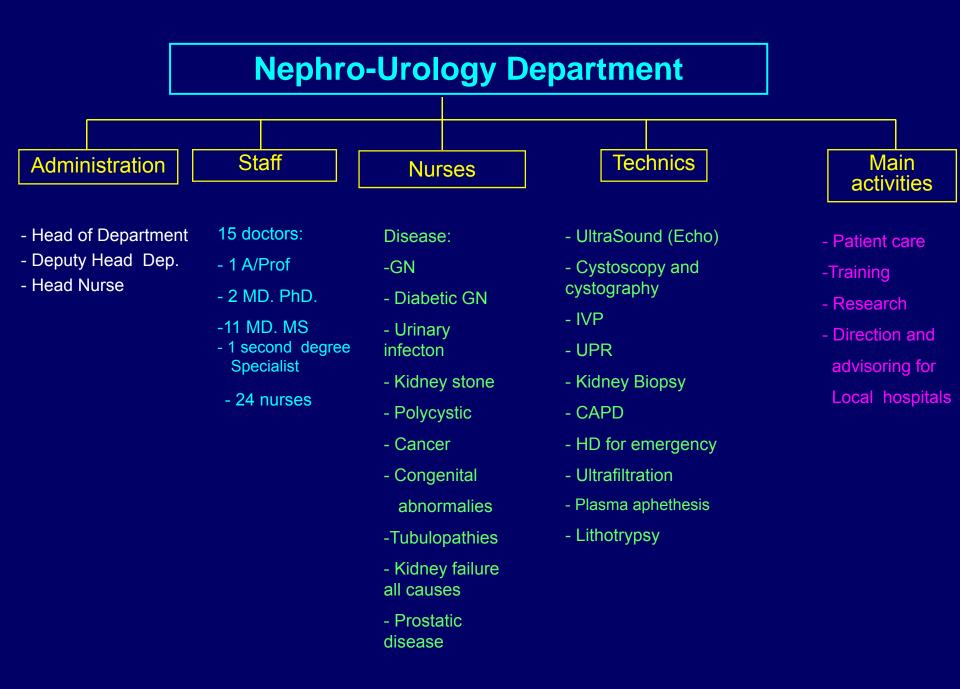
## **Functional Characteristics of Nephro-urology**

Major center for training of Hanoi Medical University

Under-graduate, Graduate level

Training for clinical specialist and CME





#### **CLINICAL ACTIVITIES**

# Department has experienced in treatment and education for 30 years with:

- 1. The nephrology out-patient service : Approx: 18000 patients visit/year.
- 1. Inpatient activity: 80 inpatient beds, over 3563 patients/year
- 2. Before 9/2007: we had 12-25 cases acute HD daily
- 3. From 9/2007 : Received dialysis machines from NPO Japan many of life are timely saved.

# In-patients

....

# **Out-patients**

NOI NHÂN MÀ XẾT NGHIỆN SINH HƠA - HUYỆT HỌC MHẾN NOI NHÂN SINH HOA - HUYET HỌC - VI SINH

# **CLINICAL ACTIVITIES**

- 1. Patients admissions :
- □ Acute renal failure,
- Chronic renal failure with or without complications
- Nephrotic syndromewith or without complications
- Obstructive uropathy or urinary tract infection.

#### **CLINICAL ACTIVITIES**

1. The follow up :

- Consultation units for chronic renal failure patients
- New patient who are referred to the nephrology department for (CAPD) or kidney transplantation.
- Urologic problems



# CKD IN VIETNAM

- 2002 in central vietnam: 3,38 % CKD at various stage:
- Stage I : 0,28%,
- Stage II : 0,39%
- Stage III : 0,16% ,
- Stage IV , V: 0,09%
- Age : 51,7 ± 16,5 years

2005 : Hanoi screening: Identified 3.1% of subjects as CKD (stages 3-5) with positive findings in urine test

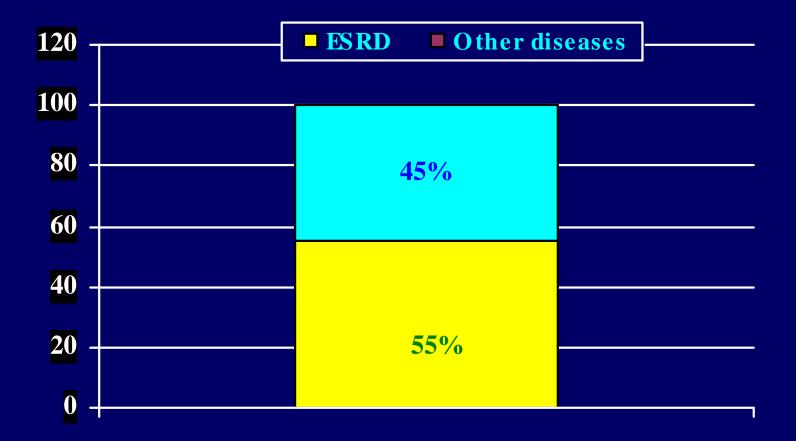
#### 2008:

• Estimated 100-150 new patients/ million/ year

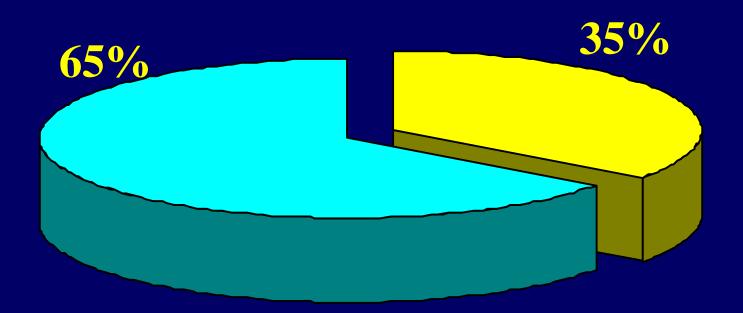
•Total new patients/ years : 1000

•ESRD patients on hemodialysis : 10000

#### PERCENTAGE OF ESRD PATIENTS IN DEPARTMENT OF NEPHROLOGY

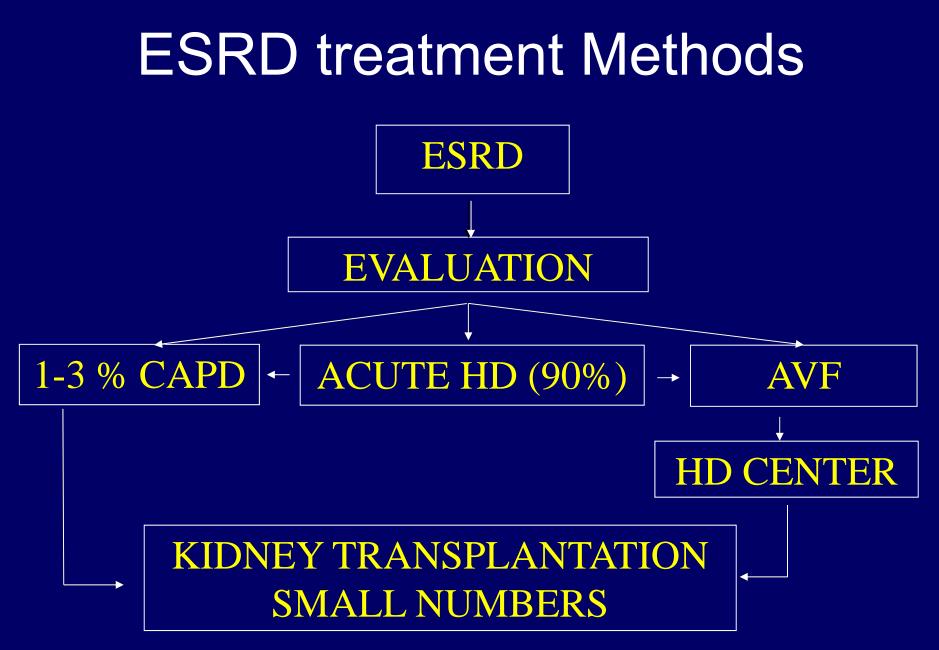


# Sex distribution of ESRD patients



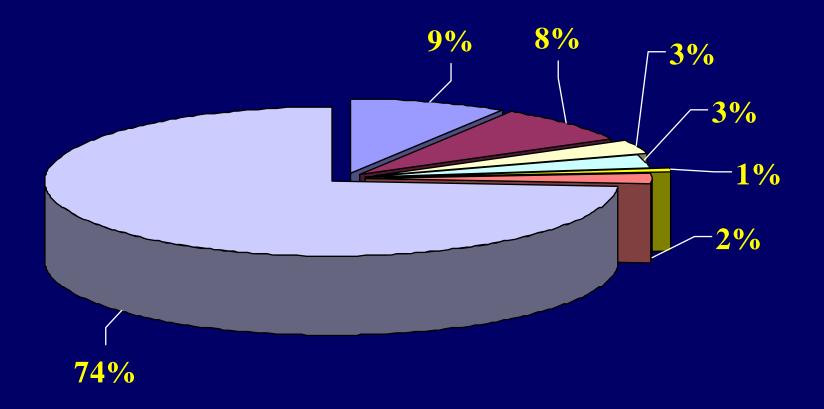






90% ESRD patients come at very late with complications

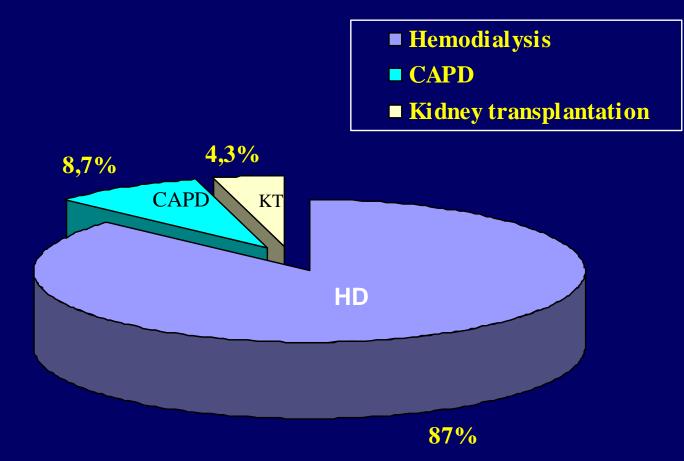
## CAUSES OF RENAL DISEASES ON HD



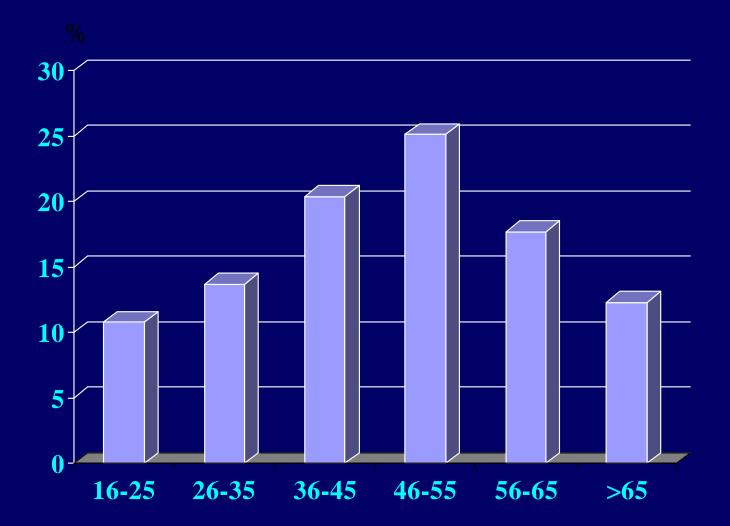
Diabetic Nephropathy
 Polycystic kidney disease
 SLE
 Chronic GN

Kidney Stone
Hypertension
other

# ESRD AND TREATMENT METHODS



# HD AND PATIENT AGE



# Internal jugular central line or femoral line for acute hemodialysis





# Internal jugular central line for acute dialysis



# **HD THERAPY**

- Total number in Vietnam: Approx: 10000
- Not all provinces have dialysis center
- Mostly located in cities and big hospital:
- Hanoi : 300, Hochiminh City: 600 patients
- Payment: Insurance cover for insurance card holders
- Dialyzer : Reused and most low flux
- Cost : 20 USD/ 4 hours

# **HD THERAPY in hospital**

- **1.** Acute dialysis unit
- 25-30 patients /day
- Internal jugular central I or femoral line
- waiting for AVF maturation
- 2. Chronic dialysis unit
- Patients : 600
- Total HD machines: 80
- 4 shifts per day
- Patients with longest duration on HD : 20 years

# **Acute HD unit**



#### **Chronic DIALYSIS unit**





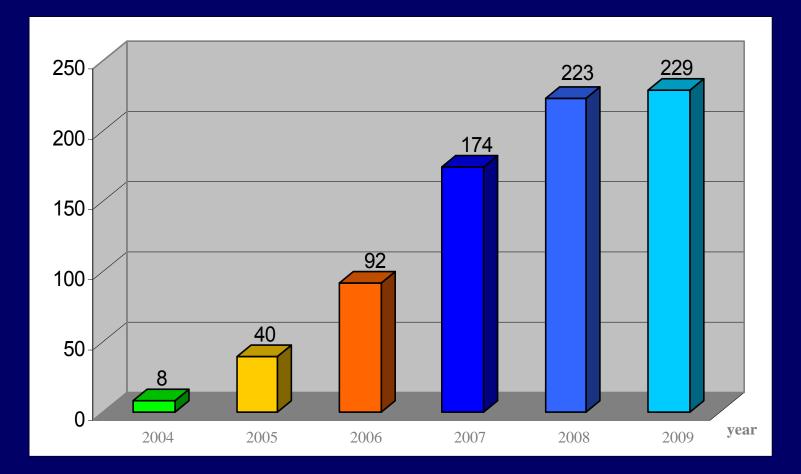




# **CAPD TREATMENT**

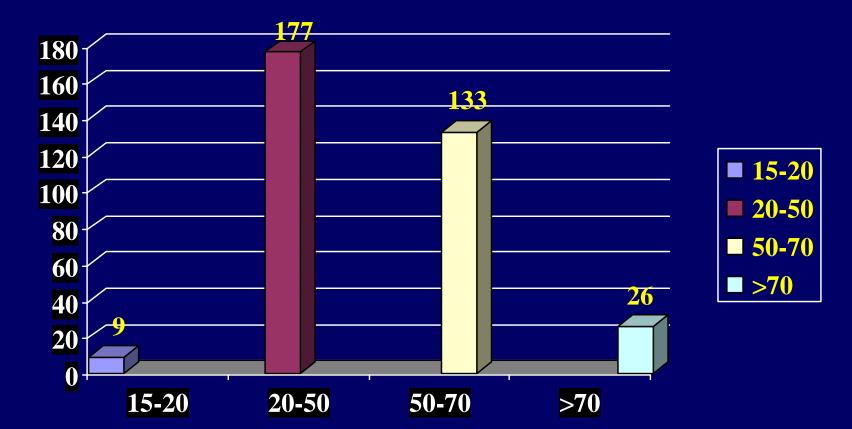
- Started in Vietnam since 2000
- Total number in Vietnam: Approx: 1100
- Not all provinces have CAPD center
- Country total : 22 center for CAPD
- Mostly located in cities and big hospital:
- Hanoi : 300, Hochiminh City: 600 patients
- Come to see doctor : Monthly
- Patients choices:
  - 1. On working
  - 2. Far from hemodialysis center.

#### **CAPD IN DEPARTMENT OF NEPHROLOGY** The number of patients on years



N= 345

# AGE OF CAPD PATIENT n = 345



Oldest: 81

youngest: 15

## CAPD TREATMENT



### CAPD TREATMENT IN OUR HOSPITAL

### CAPD started 2004

- Total numbers CAPD : 345
- Present: 230
- •Mortality after 6 years: 74 (21,4%)
- Turn to HD and Kidney Transplantation : 41 (11,9%)
- •Cost: 400 USD/ month

•Payments: Insurance company for health insurance card holders

# Conlusion

Avenues for improvements in our country include:

- Increasing awareness of renal disease amongst the population and general practitioners
- 2. Early diagnosis of CKD, making preventive strategies to delay the onset of ESRD
- 3. Greater government involvement to better fund units, enhance the quality of services and the wider availability of transplantation.



Mekong Delta

Saigon