

## **The Prevalence and Difficulties Faced by Chronic Kidney Disease Patients in India.**

Smiti Kiran Victor, Research Scholar, Malwanchal University, Indore.

Prof.Dr. Anu V Kumar, Research Supervisor, Malwanchal University

### Introduction

Chronic Kidney Disease (CKD) is a global health concern that affects millions of people worldwide. In India, the burden of CKD is especially significant, posing substantial challenges to both patients and healthcare systems. This article explores the prevalence of CKD in India, the factors contributing to its rise, and the difficulties faced by CKD patients in the country.

### I. Prevalence of Chronic Kidney Disease in India

Chronic Kidney Disease, characterized by a gradual loss of kidney function over time, is a silent epidemic in India. Several factors contribute to its high prevalence in the country.

1. **Growing Diabetes and Hypertension Epidemics:** India is grappling with an alarming increase in the prevalence of diabetes and hypertension, two of the leading risk factors for CKD. Uncontrolled diabetes and high blood pressure can damage the kidneys over time, leading to CKD.
2. **Lack of Awareness:** A significant portion of the Indian population remains unaware of CKD and its risk factors. Early detection and intervention are critical in managing the disease, but the lack of awareness often results in delayed diagnosis and treatment.
3. **Poor Access to Healthcare:** India's healthcare infrastructure faces several challenges, including limited access to quality medical care in rural areas. This impedes timely diagnosis and management of CKD.
4. **Environmental Factors:** Pollution, contaminated water sources, and poor sanitation in some regions of India can contribute to kidney damage. Heavy metal exposure through drinking water and air pollution can increase the risk of CKD.
5. **Genetic Predisposition:** Some ethnic groups in India, particularly those with a family history of kidney disease, may be genetically predisposed to CKD.

## II. Difficulties Faced by CKD Patients in India

Living with CKD in India presents numerous difficulties for patients. These challenges affect various aspects of their lives, including physical, emotional, financial, and social well-being.

### 1. Financial Burden:

a. **High Treatment Costs:** The cost of managing CKD can be substantial, especially for patients requiring dialysis or kidney transplantation. The expenses for medications, dialysis sessions, and post-transplant care can be crippling for many Indian families.

b. **Limited Insurance Coverage:** Many health insurance policies in India do not adequately cover the expenses associated with CKD treatment, leaving patients to bear the financial burden themselves.

c. **Loss of Income:** CKD often leads to reduced work capacity or disability, causing a loss of income for patients and their families.

### 2. Lack of Access to Specialized Care:

a. **Shortage of Nephrologists:** India faces a shortage of nephrologists, making it challenging for CKD patients to access specialized care, especially in rural areas.

b. **Uneven Distribution of Healthcare Facilities:** Most specialized kidney care centers are concentrated in urban areas, leaving rural populations with limited access to nephrology services.

### 3. Psychological and Emotional Challenges:

a. **Depression and Anxiety:** The physical and financial strain of CKD can lead to depression and anxiety among patients. The uncertainty of the disease's progression and the need for lifelong treatment can be emotionally overwhelming.

b. **Stigma and Social Isolation:** Some CKD patients in India may face social stigma due to misconceptions about the disease. This can lead to social isolation and discrimination.

4. Dietary Restrictions:

a. **Strict Diet Requirements:** CKD patients must adhere to a strict dietary regimen, including limitations on sodium, potassium, and protein intake. These dietary restrictions can be challenging to maintain and may affect the patient's quality of life.

5. Limited Employment Opportunities:

a. **Job Discrimination:** Some CKD patients may encounter discrimination in the workplace due to their health condition, leading to job loss or difficulty finding employment.

b. **Reduced Work Capacity:** The fatigue and physical limitations associated with CKD may reduce a patient's ability to perform certain tasks, impacting their career prospects.

6. Transportation and Travel Issues:

a. **Regular Dialysis:** Patients undergoing dialysis require frequent visits to healthcare facilities, which can be logistically challenging, especially for those in remote areas.

b. **Travel for Transplants:** Patients traveling for kidney transplant surgeries may face difficulties in arranging transportation and accommodations, adding to the stress of the procedure.

7. Limited Organ Donation:

a. **Shortage of Organs:** The availability of organs for transplantation in India is limited, leading to long waiting lists for patients in need of kidney transplants.

b. **Legal and Ethical Issues:** Organ transplantation in India also faces legal and ethical challenges, making it harder for patients to access life-saving transplants.

## Conclusion

Chronic Kidney Disease is a prevalent and significant health concern in India, with numerous factors contributing to its rise. Patients living with CKD in India face a multitude of difficulties, including financial burdens, limited access to specialized care, psychological challenges,

dietary restrictions, and employment issues. Addressing these challenges requires a multi-pronged approach involving increased awareness, improved healthcare infrastructure, enhanced insurance coverage, and initiatives to promote organ donation. By addressing these issues, India can better support CKD patients and reduce the burden of this debilitating disease on individuals and the healthcare system.

## Reference

1. Abraham G, Varughese S, Thandavan T, Iyengar A, Fernando E, Naqvi SA, Sheriff R, Ur-Rashid H, Gopalakrishnan N, Kafle RK: Chronic kidney disease hotspots in developing countries in South Asia. *Clin Kidney J* 9: 135–141, 2016
2. Rajagopalan P, Abraham G, Reddy YN, Lakshmanasami R, Prakash ML, Reddy YN: Population-based estimation of renal function in healthy young Indian adults based on body mass index and sex correlating renal volume, serum creatinine, and cystatin C. *Int J Nephrol Renovasc Dis* 9: 243–247, 2016 .
3. Varughese S, John GT, Alexander S, Deborah MN, Nithya N, Ahamed I, Tamilarasi V, Jacob CK: Pre-tertiary hospital care of patients with chronic kidney disease in India. *Indian J Med Res* 126: 28–33, 2007 .
4. Ene-Iordache B, Perico N, Bikbov B, Carminati S, Remuzzi A, Perna A, Islam N, Bravo RF, Aleckovic-Halilovic M, Zou H, Zhang L, Gouda Z, Tchokhanelidze I, Abraham G, Mahdavi-Mazdeh M, Gallieni M, Codreanu I, Togtokh A, Sharma SK, Koirala P, Uprety S, Ulas I, Remuzzi G: Chronic kidney disease and cardiovascular risk in six regions of the world (ISN-KDDC): A cross-sectional study. *Lancet Glob Health* 4: e307–e319, 2016 .
5. Jayasekara KB, Dissanayake DM, Sivakanesan R, Ranasinghe A, Karunarathna RH, Priyantha Kumara GW: Epidemiology of chronic kidney disease, with special emphasis on chronic kidney disease of uncertain etiology, in the north central region of Sri Lanka. *J Epidemiol* 25: 275–280, 2015 .
6. George J, John GT, Jacob CK, Shastry JC: Active immunization against hepatitis B infection of a haemodialysis population. *Natl Med J India* 7: 115–116, 1994 .
7. Vijayan M, Abraham G, Alex ME, Vijayshree N, Reddy Y, Fernando E, Mathew M, Nair S, Yuvaraj A: Nutritional status in stage V dialyzed patient versus CKD patient on conservative therapy across different economic status. *Ren Fail* 36: 384–389, 2014 .

8. Abraham G, Varughese S, Mathew M, Vijayan M: A review of acute and chronic peritoneal dialysis in developing countries. *Clin Kidney J* 8: 310–317, 2015 .
9. Kumar V, Yadav AK, Gang S, John O, Modi GK, Ojha JP, Pandey R, Parameswaran S, Prasad N, Sahay M, Varughese S, Baid-Agarwal S, Jha V: Indian chronic kidney disease study: Design and methods. *Nephrology (Carlton)* 22: 273–278, 2017 [PubMed] [Google Scholar]
10. Abraham G, Reddy YN, Amalorpavanathan J, Daniel D, Roy-Chaudhury P, Shroff S, Reddy Y: How deceased donor transplantation is impacting a decline in commercial transplantation- the Tamil Nadu experience. *Transplantation* 93: 757–760, 2012 [PubMed] [Google Scholar]