

Abstract Form

Topic	Current Status of Nephrology in Thailand
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Nephrology health service in Thailand had been developed in the aim of quality and equality distribution of care to all Thai population in rural and urban areas. From Thai SEEK study, the overall chronic kidney disease (CKD) prevalence was 17.5%. The prevalence of end stage renal disease (ESRD) is also increasing, from the Thai Renal Replacement Therapy report 2015, the prevalence increased from 78.9 patient per million population (pmp) in the year 1997 to 1306.6 pmp in the year 2015. The most common cause of ESRD in Thailand is diabetic nephropathy, prevalence 38.57%, with hypertensive nephropathy and obstructive nephropathy being the second and third most common cause with prevalence of 30.71% and 3.74%, respectively. The treatment in these ESRD patients were hemodialysis 63%, peritoneal dialysis 28% and kidney transplantation 9%. In Thailand there are 3 health scheme, which are civil servant medical benefit scheme (CSMDS), social security organization (SSO) and universal coverage (UC). All of the 3 health schemes covers all the costs for kidney transplantation but in terms of dialysis, there is the “peritoneal dialysis (PD) first policy” in the UC scheme. With the UC scheme covering most of the Thai population, about 45 million people, and the “peritoneal dialysis first policy” peritoneal dialysis in Thailand had been increasing in number and percentage in renal replacement therapy. In the year 2015, 33.9% of hemodialysis patients were under CSMDS, 19% was under SSO and 25.1% was under UC, while 7.6% of PD patients were under CSMDS, 2% were under SSO and 88.8% were under UC. Prevalence of PD patients grew from 3,785 cases in the year 2009 to 23,533 cases in the year 2015, in the meantime, hemodialysis patients only increased from 20,223 to 51,181 cases in the same period of time. As Thailand is becoming an ageing society, increasing of ESRD population in inevitable. Primary prevention and slow CKD progression is our priority plan in the aspect of limiting the number ESRD patients. We also aim to increase the number and quality of kidney transplantation to decrease the dialysis burden. Balancing the cost effectiveness, equality and efficiency is still a challenge to our goal of decreasing morbidity, mortality and improving the quality of live in our Thai CKD patients.



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