



Caring together

# EDTNA/ERCA News

European Dialysis and Transplant Nurses Association/  
European Renal Care Association

Issue 3 • 2007

## President's Message

Dear Members,



It has been a particularly busy spring/summer period for the Executive Committee (EC), which has been working on several projects including the upcoming conference in Florence, the 2008 conference, new KM training as well as various contacts with industry. The unexpected departure of one EC member at the end of the last year resulted in an increased workload for all of us therefore we decided to co-opt another skilled and enthusiastic person onto the EC – Maria Cruz Casal Garcia from Spain who is already making a considerable contribution to the EDTNA/ERCA publications and strategy. Furthermore, facing a problematic evolution of the Association's financial management over the last few years we also had to take appropriate steps to rectify the situation. I am very glad to inform you therefore that the EC has engaged our former Treasurer Alois Gorke who we expect with all his experience and knowledge will soon be able to get the finances in good working order. The EC met in June for a strategy meeting where we agreed the future Association's strategy and defined measurable targets, management style and responsibilities. Further details will be published in the next EDTNA/ERCA Newsletter.

In this issue, you will find a detailed description of the Florence conference

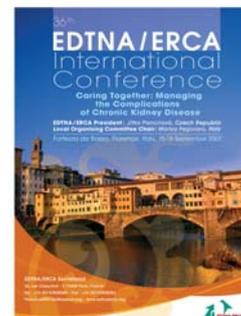
## Caring Together: Managing the Complications of CKD

**The EDTNA/ERCA 36<sup>th</sup> annual international conference (Florence, Italy, 15-18 September 2007) is approaching fast!**

The aim of the EDTNA/ERCA is to be the recognised multi-disciplinary renal care association in Europe, striving to achieve a high level of quality care and support for patients and their families, and to promote the advancement of renal care through continuing education and professional development. We hope to achieve this through this year's conference theme: 'Caring Together: Managing the Complications of CKD'.

One of the strengths of EDTNA/ERCA is the diversity of its members, from throughout Europe and the

multi-professional healthcare teams. The conference is the ideal opportunity to meet and share ideas with renal professionals from the multidisciplinary team, including dietitians, nurses, transplant coordinators, renal social workers, technicians and nephrologists from all over Europe and around the world.



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programme. This year's event promises to be an unforgettable experience and I really do hope to meet you all there.

During the spring, the new Key Members met in Paris (28-29 April) to receive a full update on the Association future developments, as well as best practice presentations and workshops.

Advertisements about EDTNA/ERCA have been placed in the new Global Dialysis Directory, in Touch Briefing magazine and MN&I (Medical News & Issues). We are also present on the Nephrology Now website ([www.nephrologynow.com](http://www.nephrologynow.com)), the new portal to access the most important articles published in the field of nephrology.

Furthermore, EDTNA/ERCA continues to explore closer co-operation with national and international associations. I am pleased to announce that EDTNA/ERCA has signed a collaboration agreement with ANNA (American Nephrology Nurses Association).

Together with Jean Pierre van Waelegheem, I attended the 3<sup>rd</sup> QUEST meeting in Vienna. The ERA-EDTA established the QUEST (Quality European Studies) initiative, which is a platform for research projects and clinical trials. The study will compare standard care versus care per protocol aiming to decrease mortality and hospitalization rates in renal patients. Negotiations between the two organizations for possible collaboration are ongoing and you will be informed shortly about new developments. Be sure not to miss the Closing Ceremony at the Florence Conference. Dr. Kitty Jager, Managing Director

of the ERA-EDTA Registry will have a lecture on the European Collaborative Studies within the ERA-EDTA Registry's QUEST initiative.

Finally, EDTNA/ERCA is succeeding to revive contacts with industry, resulting in highly interesting corporate symposia at the upcoming conference and several new Corporate members. We have recently met with Shire, Amgen and RedSense Medical, all of which have expressed interest in supporting different projects. RedSense Medical, Astellas and Shire are our new Corporate Members. RedSense Medical will also work with our Education Board on guidelines for prevention of venous needle dislodgement in haemodialysis patients. Amgen, Astellas and Nipro are busy with their Corporate Education Session preparations to be held at the Florence Conference. There is on-going negotiation with Gambro on a continuous endorsement programme. Meetings with Fresenius and Roche are also planned.

All key renal industry partners are commenting on the EDTNA/ERCA Industry Advisory Board guidelines. Our aim is to officially set up an Industry Advisory Board at the industry meeting in Copenhagen (December 2007)

Please do not hesitate to contact me personally if you would need further information.

With best regards,

Jitka Pancirová  
President EDTNA/ERCA 2006-2008

## Member Spotlight

**Marisa Pegoraro**

Chair

Local Organising Committee (LOC), Florence 2007



Could you summarise in a few words your experience as Chair of the LOC?

The purpose of the LOC is to strengthen links between the Executive Committee (EC) and the national/regional organisation of the conference. The LOC Chair connects the various activities and people, and follows up on EC decisions. Organising a conference is a major task and the help of a professional congress organiser is definitively needed. However volunteers involvement is often high and hugely rewarding.

What did you like the most in that role?

What I enjoy the most is the contact with other colleagues, confronting different ways of working with volunteers. I enjoy the osmosis that mix our lives.

What was the most challenging situation you had to face?

The aspect which is becoming more and more crucial in my life is TIME management. I have a full time job, a family - with all associated logistics and emotional problems it involves, I am involved in professional projects, want to keep fit & healthy and... ohhh yes: and then I oversee the organisation of a major conference! My challenge is to find a life balance!

Would you recommend to another member to take on the role?

I think when you are involved in an association like EDTNA/ERCA, for a long time, with personal & professional involvement, like me, you can not only act for yourself, but also for the organisation and the friends. When you are asked to be involved on major projects, you know you will need plenty of energy to survive the busy period, whilst keeping your work and family happy!

What will you take out personally from this experience?

In my country nurses are very rarely thanked in a formal way. So forget recognition. If we were in Hollywood I would be bestowed with gushing, and meaningful gratitude. I'm lucky, I experience this kind of joy by being involved in EDTNA/ERCA, and this is really what fuels my spirit as a volunteer!

Each session has contributions from various professionals, and there are presentations, workshops and seminars on the key aspects of renal care within the conference theme. This is the ideal opportunity for delegates not only to find out more about their own area of practice, but to attend sessions on areas they are less familiar with, or to join with other professional groups to learn more about their focus on renal care.

### Conference Programme

It is estimated that chronic kidney disease (CKD) is increasing, and may affect one in ten of the European population. Methods and techniques to identify and treat the condition are improving but the co-morbidity and mortality rates remain high, especially in patients with cardiovascular disease and diabetes. The conference will offer delegates the highest quality guest speakers, specialists in their field, in sessions that are relevant for today's challenges. Prof. Francesco Locatelli will open the scientific programme with a plenary lecture outlining the main advances in nephrology over the past 40 years. We are honoured to have many other distinguished international guest speakers including Prof. Luisa Berardinelli & Prof. Franco Tesio on developments in vascular access; Dr Giovanni Cappelli & Ingrid Ledebø on haemodialysis water treatment; Dr Gianfranco Guarnieri on malnutrition and nutritional support in renal disease; Dr Philip Kalra on the management of renovascular disease; Prof. Ze'ev Korzets on peritoneal dialysis; Dr Elizabeth Lindley, Prof. František Lopot & Dr James Tattersall on fluid management in haemodialysis and continuous blood volume monitoring; Prof. Francesco Pizzarelli on the European Best Practice Guidelines on intradialytic cardiovascular instability; Prof. Maurizio Salvadori on complications in renal transplant; Dr Clare Soulsby on how to attain and maintain optimum nutritional status in complex patients; Prof. Sylvie Sulikova-Dusilova on bone and renal anaemia management in CKD; Prof. Christine Van Acker presenting on the complications of diabetes; and Dr Yvonne Wengström on nephrology nurses and palliative care. Many of these guest speakers will be presenting in additional sessions, and will be joined by EDTNA/ERCA present and past volunteers who are experts in their field of renal care.

The Research Board will present the outcomes of the comparison of practice across Europe, and will also focus on avoiding complications through medication adherence. The Education Board will present updates of projects including safety in vascular access, with the assessment and management of patients who present a risk of venous needle dislodgement; and, in collaboration with the Social Workers

interest group, identify factors that predict occurrence of disruptive patient behaviours in haemodialysis. Guest speakers including clinical psychologists Prof. Manu Keirse and Dr Jean Hooper along with Dr Julia Jones, who is conducting research in this field, will explore the experiences of patients who receive dialysis care and identify effective interventions to reduce levels of disruptive behaviours within the haemodialysis setting.

EDTNA/ERCA is proud to have received a record number of 294 abstracts (33% more than last year) submitted from 33 different countries, of which 166 are selected for presentation, orally or as posters. We continue to see a growth in the number of abstracts from the Eastern part of Europe. This is an exciting opportunity for delegates to provide information about their work, and a great occasion for everyone to learn and share experiences. Scholarships for both written manuscripts and best posters will be awarded during the conference.

### Interest Groups

The Association's interest groups (Anemia, CKD, Nutrition, Social Workers, Technicians & Transplantation) will run their own workshops providing forums for delegates to discuss practice issues. These multilingual groups are successful in fostering the supportive atmosphere of the conference. People needing assistance with language find it from friends, colleagues and the Key Members, who are from 25 different countries.

### Exhibition

EDTNA/ERCA is proud of the collaboration with industry partners to help achieve the aims of the association. The conference gives the opportunity for delegates from around the world to see and hear about the latest innovations in renal care. There will be an exhibition where corporate members and industry colleagues have opportunity to demonstrate their latest developments, and collaborating associations will be able to meet delegates. Several companies are organising education sessions (Amgen, Astellas, & Nipro) providing us with the latest information and leading speakers. Additional sessions have also been organised in collaboration with Arbor Research (DOPPS), CEAPIR (European Kidney Patients' Federation) and ANTE (Association of Italian Technicians).

### CKD Seminar

New for 2007, is the chance for delegates to attend a seminar on 'Preventing and Managing the Progression of Chronic Kidney Disease (CKD): stages 1 to 3', with the content divided over 3 consecutive sessions, in the historic Teatrino Lorense conference hall. Althea Mahon, EDTNA/ERCA Immediate Past

President, will discuss the epidemiology and significance of the problem & definition and classification of stages of CKD. Dr. Jose Antonio Garcia Donaire & Dr. Julian Segura, Dr. Georges S. Stergiou & Mr Antonio Ochando, along with members of the newly formed CKD Interest Group will present interactive workshops focussing on: Renal investigations & assessment of CKD and diagnosis; the association of CKD with cardiovascular disease; Treatment and management of blood pressure; Different methodologies to measure blood pressure; Strategies to inform the patient about their CKD; The effects of being labelled with CKD; The treatment and management of anaemia and renal bone disease; Nutritional aspects; and Diabetes: the effect on CKD progression and treatment. The conference will see the launch of the EDTNA/ERCA CKD handbook: 'Chronic Kidney Disease - A Guide to Clinical Practice'. The CKD Seminar is kindly supported by Shire, Vifor/Syner Med and Microlife.

EDTNA/ERCA looks forward to welcoming you to the beautiful and historic city of Florence!

If you have not registered yet, visit [www.edtna-erca-florence2007.com](http://www.edtna-erca-florence2007.com) now!

Mr Martin Gerrish, MSc, RN.  
Chair of the 2007 EDTNA/ERCA Scientific Programme Committee

## DOPPS to Present New Work on Vascular Access at ERA-EDTA Congress



During the ERA-EDTA Congress, in June (Barcelona, Spain), Dr. Ronald Pisoni presented a session on "In search of practices to reverse the multinational trend toward greater catheter use in haemodialysis patients". During the session Dr. Pisoni presented the new findings from the DOPPS linking certain dialysis facility practices to better odds of giving patients a permanent vascular access instead of a catheter.

The practices associated with better odds of patients receiving a permanent access include:

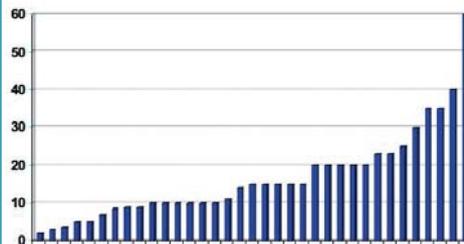
- shorter time (less than 4 weeks) to first fistula cannulation
- success in placing fistulae in older diabetic women
- prompt performance of vascular access surgery

To learn more about future developments, contact Miles Finley ([miles.finley@arborresearch.org](mailto:miles.finley@arborresearch.org)), Managing Director at Arbor Research. A detailed article will also be published in the next issue of EDTNA/ERCA News.

## Anaemia in Kidney Transplant Recipients

This chart illustrates the wide variation of post-transplant anaemia reported in different transplant centres.

% transplant patients with Hb < 11g/dl by centre



Anaemia is relatively common in recipients following kidney transplantation. Therefore, regular screening for anaemia and careful evaluation of the multiple factors that may contribute to it are recommended following transplantation.

In order to assess the frequency of post-transplantation anaemia and the working guidelines for its diagnosis and treatment, a questionnaire was sent to 123 transplantation centers in 13 European countries, including Israel. Preliminary results from the 39 centers (32%) that responded indicate wide variance: 1,726 of 13,347 recipients were diagnosed as being anaemic according to the European Best Practice Guidelines, i.e. with Hb < 11 g/dl (average: 13%; range: 2-60%).

Working protocols varied with respect to the laboratory tests upon which anaemia was diagnosed, who monitored and/or treated anaemia, Hb threshold for treatment, and treatment.

We believe that standard guidelines for the monitoring and treatment of anaemia following kidney transplantation should be agreed upon.

A. Siboni, Anaemia Interest Group  
M. Calic\*, M. Sternberg\*, Transplant Interest Group

## Competency Project

The competency project is now available in lighter version in Spanish, Greek and Turkish.

The document can be reviewed on [www.edtnaerca.org](http://www.edtnaerca.org).

# 36<sup>th</sup> EDTNA/ERCA International Conference

15-18 September 2007  
Florence, Italy

## Caring Together: Managing the Complications of CKD

A few weeks remain before the start of the conference.

To benefit from the early bird rate, you need to register before 1<sup>st</sup> of July, you will pay **280 € instead of 405 €**

You will be rewarded with an excellent programme including:

- inspiring keynote speeches
- highly educational sessions
- interactive workshop and seminars
- unique networking opportunities
- exclusive social programme

See you in Florence for an unforgettable experience!

To register go to [www.edtna-erca-florence2007.com](http://www.edtna-erca-florence2007.com)

## Assisted Peritoneal Dialysis: An Evolving Dialysis Modality

**Many patients with end-stage renal disease are unable to undertake peritoneal dialysis (PD) on their own, yet would prefer treatment in their own homes.**

In particular, the majority of elderly patients are on haemodialysis (HD) despite the problems and costs of transport, achieving vascular access and, often, poor tolerance of the HD process. The more frail elderly will generally feel better on PD as they will not have the swings of HD and they will avoid the need for travel to the HD unit. Very few, however, will be able to carry out their own PD. In some instances, family members will help, but usually, when this is not possible, patients are placed on HD with all its difficulties, and a few will opt for conservative care, i.e., no dialysis. The use of community nurses to assist with PD enables such individuals to have their treatment at home. In France, where assisted PD (aPD) has

been available for many years, PD is predominantly a treatment of the elderly with around 55% of PD patients being over 70 years of age; about half of these patients are assisted by a community nurse.

The first international meeting on aPD was held in Copenhagen at the end of September 2006 with the aim of sharing experiences of local aPD programmes. The table below summarises the models being developed in the various countries represented at the meeting.

Median survival of patients over 75 years starting on dialysis is short – around 20–24 months according to UK and French registries. Aiming for optimal quality of life for such patients should therefore be the key factor when considering choice of dialysis modality. We are facing an ever increasing number of frail elderly people starting on dialysis; there is enough evidence about the success of assisted PD for it to be recognised and its use encouraged as a dialysis modality.

**Table 1: Delivery of assisted PD in different European countries**

Country	Delivery of assisted PD	Numbers of patients
Belgium	CAPD and APD	Not available
Denmark	APD with community nurses to patient's home	84 patients over 4 years (1 centre); 15 transferred from HD, others incident patients. 40% in residential homes in 2002, 10 % in 2006
France	27% CAPD double bag, 60.7% CAPD with ultraviolet-flash, 12.3% APD. Community nurses to patient's home	5000 + with nurse assistance
Netherlands	CAPD using nursing-home staff	Not available
Norway	57% APD; 43% CAPD	42 (10 in nursing-home); 23% total PD population;
Sweden	APD with community nurses to patient's home	62 patients; 8% total PD population; 2 - 40% PD patients in centres offering aAPD
United Kingdom	APD with one visit from Health Care Assistant to patient's home; patient and/or family responsible for connection in evening and disconnection in morning	9 patients in 1 centre (all existing PD patients)

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## Calendar of Events

- ▶ **EDTNA/ERCA 36<sup>th</sup> International Conference**  
*15 - 18 September 2007*  
*Florence, Italy*
- ▶ **SEDEN National Conference**  
*4 - 7 October 2007*  
*Cadiz, Spain*
- ▶ **FS Nefro Annual Meeting**  
*9 - 11 October 2007*  
*Denmark*
- ▶ **Vascular Access Conference**  
*12 October 2007*  
*Reggio Calabria, Italy*
- ▶ **XV Seminar of Spain**  
*15-17 November 2007*  
*Valencia, Spain*
- ▶ **VII Conference EHRICA (Asociación Española de Enfermería de Hipertensión y Riesgo Cardiovascular)**  
*3 - 4 April 2008*  
*Valencia, Spain*
- ▶ **5<sup>th</sup> World Congress on Prevention of Diabetes and its Complications**  
*1 - 4 June 2008*  
*Helsinki, Finland*



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