



Caring together

# EDTNA | ERCA News

European Dialysis and Transplant Nurses Association/  
European Renal Care Association

Issue 4 • 2007

## President's Message

Dear Colleagues and Friends,



It is a pleasure to write to you again after some very busy few months. Here is a snapshot of some of the Association's key activities.

### EDTNA/ERCA Conference in Florence

I would like to thank all of you who attended this year's Annual International Conference in Florence in September. We had some 2,200 delegates and the event was appreciated by members, delegates and industry alike. I would like to thank especially Martin Gerrish, Scientific Programme Committee Chair, Marisa Pegoraro and her Local Organising Committee, our excellent panel of speakers, the Conference organisers as well as all the other active volunteers who helped with the content, with chairing sessions, the general organisation and promotion of the event. For the first year, we organised a CKD seminar which was very successful. Thanks to Maria Cruz Casal and the other members of the CKD interest group for all their hard work on this excellent initiative.

### Relationship with the Industry

We receive excellent feedback from the companies that participated and supported this year's Conference. There were 3 excellent Corporate Education Sessions

sponsored by: Astellas, Nipro and Amgen. We would like to keep up the momentum with the positive contact that has been recently established with the industry. We are planning two follow-up meetings over the coming months.

In November, we will organise a second Industry Advisory Board meeting in Copenhagen, Denmark and in January we will organise a site selection meeting in Prague, Czech Republic.

### EDTNA/ERCA Conference in Prague

Next year we are planning the International Conference in Prague, Czech Republic. We are pleased to announce that we already have substantial industry interest in the event. More detailed information will be available on the website shortly.

### New Secretariat

The Executive Committee has taken the decision to end contract with MCI, the organisation that was managing EDTNA/ERCA for the last 3 years. Since 1 October, we have a new Secretariat with new staff on board. We are also involving active volunteers in the new structure. The Secretariat new contact details are:

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The website ([www.edtnaerca.org](http://www.edtnaerca.org)) remains the same.

### Publishing Partnership with Wiley-Blackwell

I am pleased to inform you that we have signed a publishing partnership agreement with Wiley-Blackwell to manage the publication, sales and marketing of the Journal of Renal Care®. Wiley-Blackwell is one of the leading publishers of choice for nursing and health care societies and publishes over 50 journals which span the spectrum of nursing and health care, from clinical practice to research. They will provide unparalleled market exposure for our Journal and attend over 200 nursing and health care conferences around the world per year. In addition, they take displays at small specialist conferences and host workshops and receptions.

Cordelia Ashwanden, Journal Editor, will be the main contact person between Wiley-Blackwell and EDTNA/ERCA. The Journal will continue to be printed and circulated in English with translated copies (in PDF format) available on [www.edtnaerca.org](http://www.edtnaerca.org).

It has been a pleasure working with all of you over the last few months. I would like to personally thank the volunteers for giving up their free time for EDTNA/ERCA. Please do not hesitate to contact me if you need any clarification on any points.

Jitka Pancirová  
President EDTNA/ERCA 2006-2008  
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CKD Handbook –  
Now Available in  
Several Languages



The "Chronic Kidney Disease (stages 1-3) A guide to Clinical Practice" handbook is now available in English, Spanish, Greek, Turkish, Hebrew, Czech, and Portuguese.

If you would like to receive a copy, please contact the EDTNA/ERCA Secretariat.

## Member Spotlight

### Waltraud Küntzle

Member of  
Advisory board,  
EDTNA/ERCA Life  
Time Member



#### When did you join the EDTNA/ERCA?

I joined in 1980, shortly after I started my career in Dialysis.

#### Why did you decide to become a member?

Having worked in France for 5 years before entering the field of Nephrology/Dialysis, it was obvious to me that I had to increase my knowledge on professional issues from other countries. The lack of nationwide recognised specialist education in dialysis and nephrology in Germany at that time was a driving force for me to learn from other countries.

#### Has EDTNA/ERCA helped you in your professional career?

Absolutely. During my position as Chair of the Core Curriculum Group and later member and President of the Executive Committee, I gained competencies in many different aspects. Also the Journal and Research findings were important source of information for me.

#### You have just been awarded Life Time Member at the Florence conference. How do you feel about it?

I feel honoured. Each year LTM-Award is a surprise moment. This year, when my curriculum was displayed at the Annual General Meeting, I could not believe it. It is definitely a great award to receive. This would not have been possible without the support of my volunteer colleagues, thank you all again.

#### How would you recommend EDTNA/ERCA to non members?

Whenever you wish to learn in a wider sense and to have access to a broader professional community and with a multidisciplinary group in Europe, you should join EDTNA/ERCA. If you are interested in personal professional growth and the advancement of renal care, EDTNA/ERCA is definitely the right address.



## A Successful Conference in Florence

**The EDTNA/ERCA 36<sup>th</sup> annual Conference held in Florence, Italy, received a record number of 294 abstracts from 33 different countries. This year's theme was: 'Caring together: managing the complications of chronic kidney disease'.**

The Chronic Kidney Disease (CKD) seminar was a new venture for 2007. The overall title was "Preventing and Managing the Progression of Chronic Kidney Diseases: stages 1 to 3". Various sessions with numerous well known speakers facilitated workshops to examine and discuss all aspects of Chronic Kidney Disease and its early treatment. EDTNA/ERCA CKD Interest Group presented the handbook "Chronic Kidney Disease - A Guide to Clinical Practice". Hard copies in English, Spanish, Greek, Turkish and Portuguese were distributed and highly appreciated by all delegates.

International Guest Speakers included:

- Prof. Francesco Locatelli who gave the Plenary Lecture outlining the last 40 years in nephrology
- Prof. Luisa Berardinelli & Prof. Franco Tesio spoke about developments in vascular access
- Dr Giovanni Cappelli & Prof. Ingrid Ledebro discussed water treatment
- Dr Gianfranco Guarnieri talked about malnutrition and nutritional support in renal disease (sponsored by Nutricia)

EDTNA/ERCA Interest Groups presented their work in workshops or as papers. The Research Board presented the latest findings on comparisons in practice across Europe. The Education Board presented their recent projects which included safety in vascular access, and violent behaviour in renal patients.

The Industry exhibition gave all delegates the chance to update their knowledge on the latest products. Thanks to the support from Industry, workshops and corporate education sessions were sponsored and provided.



## EHRICA – Next Steps

**The Spanish Nursing Group for Hypertension and Cardiovascular Risk (EHRICA) is finally consolidated into an Association. This achievement did not come true by chance.**

Since the creation of the Group in 2002 under the umbrella of the Spanish Society of Hypertension/Spanish League Against Hypertension (SEH/LELHA), more than 435 nurses from different health care fields (Primary Care, Specialised Hypertension Units, Endocrinology, Nephrology, Cardiology, etc.), working together, have been able to develop several research projects, carry out different educational activities focused on patients and professionals and establish links/partnership with many other nursing associations; of which EDTNA/ERCA who is very pleased to enjoy a successful collaborative agreement with EHRICA. EHRICA organises two main meetings every year.

Its main objectives for 2008 include:

- Increase the number of members
- Encourage nurses' participation in hypertension and cardiovascular forums

**EHRICA**  
ASOCIACIÓN DE ENFERMERÍA  
DE HIPERTENSIÓN Y RIESGO  
CARDIOVASCULAR

- Promote courses for continuous education
- Develop research projects to be carried out by nurses
- Spread the results of these projects at Congresses, Scientific Meetings, Publications and on the Web
- Further develop relations with other associations with the aim of sharing knowledge and expertise in the different health care fields

EHRICA is open to all professionals committed with hypertension and cardiovascular risk. The Membership fee is €30. If you are interested in taking an active role within this enthusiastic Association, feel in the membership application form available on the EHRICA Website or contact:

Ms Raquel Cañameque (Email:[rcanamaque@plannermedia.com](mailto:rcanamaque@plannermedia.com), Tel: +34 91787 03 00, Fax: +34 91 323 13 90).

You may also visit [www.ehrica.org](http://www.ehrica.org) or through [www.edtnerca.org](http://www.edtnerca.org) (page 'Links').



## Submit an Abstract for the 37<sup>th</sup> EDTNA/ERCA International Conference (6-9 September 2008 - Prague, Czech Republic)

Renal teams throughout Europe are facing similar challenges in preventing or slowing the progression of renal disease, improving standards of care, reducing side effects, improving practice, reducing costs, increasing productivity, and undertaking research to improve the care for the increasing number of people with kidney disease. These innovations and developments are often in collaboration with our valued industry partners.

We all face common challenges in our daily practice regarding staffing, education, training, recruitment, funding, capacity and implementing new developments. By sharing our developments we can help build bridges between theory and practice, advancing together, learning from each other.

Members of the multidisciplinary team, including industry partners through corporate education sessions, are invited to join internationally renowned guest speakers in sharing their expert clinical practice, research, educational programmes and developments in the 37<sup>th</sup> conference in

Prague, Czech Republic 2008. The theme will be 'Improving the quality of renal care in Europe: building a bridge between theory and practice'.

The focus in abstracts for presentation at the conference should be on the application of putting theory into practice. The abstract submission categories for 2008 will be:

- Anaemia
- Education
- Acute Haemodialysis
- Chronic Haemodialysis
- Haemodialysis Access
- Paediatrics
- Peritoneal Dialysis
- Pre-dialysis & CKD
- Psychosocial Care
- Quality Management
- Renal Nutrition
- Technology
- Renal Transplantation
- Infection Control

Further information, instructions, and abstract submission is via EDTNA/ERCA website: [www.edtnerca.org](http://www.edtnerca.org). Abstracts will be selected for presentation either as:

- Oral presentation
- Poster presentation
- Short oral presentation

**Mark your calendar!**

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

6-9 September 2008  
Prague, Czech Republic

**Improving the quality of renal care in Europe: building a bridge between theory and practice**

## EDTNA/ERCA News – A New Format Starting January 2008



**As of January 2008, EDTNA/ERCA members will be able to enjoy a new format for their quarterly Newsletter. The purpose of the Newsletter is to disseminate timely and relevant Association news to members and the industry.**

EDTNA/ERCA will continuously adapt and improve its quality to meet the needs of the members and generate news items and reports from across Europe.

The new format (8 pages) will include up-to-date information on renal care from all over the World, and different sections for informative and interactive participation.

To ensure the Newsletter answers your requirements, the new Newsletter Editor, Maria Cruz Casal, invites you to submit your request on special topics, and give suggestions for future content. Your comments are welcome!

Members submitting articles will be acknowledged in the Newsletter.

For additional information and to submit your comments, contact, Maria Cruz Casal, Newsletter Editor (email: [mcruzcasal@ibertelecom.com](mailto:mcruzcasal@ibertelecom.com)).

## Become an Active Member of EDTNA/ERCA

Are you committed and enthusiastic? Are you looking for a new challenge? Join the EDTNA/ERCA volunteers' team and become an active member in your region.

Join a stimulating professional environment with active colleagues from all over Europe. The following vacancies are currently open:

- Key member: Czech Republic, Denmark, Norway, Slovenia
  - Link Member: Finland, Poland, Poland
- If you are interested, please send a short CV and an application letter to:  
Elisheva Milo, Nomination committee chair (email: [miloeli7@zahav.net.il](mailto:miloeli7@zahav.net.il))

**Abstract submission deadline:  
15 February 2008**

**To submit your abstract visit  
[www.edtnerca.org](http://www.edtnerca.org)**

## Relevance of Chronic Kidney Disease on Global Cardiovascular Risk

By Dr. Julian Segura, Hypertension Unit, Nephrology Department, Hospital 12 de Octubre. Madrid. Spain (e-mail: hta@juliansegura.com)

**The term chronic kidney disease (CKD) includes the development and evolution of chronic renal failure of many different origins.**

Trials investigating the effect of different therapies on the evolution of renal function have usually included patients with primary renal diseases and/or diabetic nephropathy early or established. Most patients presented at entry with macroalbuminuria to ensure that a short duration of follow-up (2 years in most cases), enabled the differentiation of the therapies tested with placebo or between themselves for the protection of renal function.

In the case of microalbuminuria the primary aim has been the change in this parameter without considering the evolution of renal function through changes in serum creatinine or estimated glomerular filtration rate (GFR).

Current international guidelines devoted to arterial hypertension recognise microalbuminuria, elevation of serum creatinine values and the existence of a reduced value of estimated GFR (eGFR) as major cardiovascular (CV) risk factors, that provide a high-added risk on top of the preexisting one provided by other CV risk factors. In fact, patients developing end-stage renal disease (ESRD) are a minority in the group of individuals developing the different forms of CKD, and could be considered as survivors because CV disease accounts for the death of the great majority of patients with CKD before the development of ESRD. The fact that CKD and CV disease are so closely related has raised the interest for investigating the evolution of renal function in trials involving hypertensive, as well as heart failure (HF) and post-myocardial infarction (MI) patients.

This interest is fully justified by the demonstration, in all these situations, of the predictive capacity of renal function alterations for the development of CV events or death. Since its earlier stages the presence of CKD must then be considered as a situation of high added CV risk in any hypertensive patient and in any patient presenting with established forms of cardiovascular disease.

Reduction of CV events in CKD population requires the implementation of effective integral therapeutic interventions that protect simultaneously both the kidney

and the cardiovascular system. These interventions have to be implemented since the very initial stages of CKD, and the attainment of a strict BP control occupies the first position in the list of things to be done in any patient with an elevated global CV risk provided BP is found to be elevated.

The kidney plays a key role in the control of BP and impairment of renal function usually leads to the development of arterial hypertension. Thus, high BP can be both a cause and a consequence of CKD and will contribute to an unfavourable renal and CV prognosis. Hypertension-related mechanisms involved in the progression of CKD include the systemic BP load, its direct transmission to the renal microvasculature and glomeruli, and also local factors dependent on the existence of other diseases like diabetes or primary glomerulonephritis, which by themselves can cause progressive renal damage even in the absence of elevated BP. Elevated BP and the amount of albumin present in urine are the two most relevant factors facilitating the progression of renal failure till ESRD.

The renoprotection provided by antihypertensive agents depends on their capacity to lower systemic BP and also on their specific effects on renal hemodynamics. This effect could influence positively or negatively intraglomerular pressure through the facilitation of the transmission of an uncontrolled systemic BP that, as we know, is present in many patients with CKD even while on treatment and/or through the effect opening or closing the efferent arteriole. A recently published meta-analysis of 11 randomized controlled trials has assessed the effect of systolic BP (SBP) on the renal outcome in 1860 patients with nondiabetic renal disease. The lower risk for progressive renal disease was observed when SBP ranged from 110 to 129 mmHg.

Higher levels of SBP were associated with a sudden increase in renal risk, regardless of the drug that was used. Values of achieved SBP <110 mmHg were interestingly associated with an increased renal risk, consistent with the potential negative renal effects of a drastic reduction in renal perfusion pressure when renal vasculature has suffered the consequences of a maintained elevation of BP and nephrosclerosis has developed. Independently of the level of BP attained, antihypertensive

regimens that include an angiotensin-converting enzyme inhibitor (ACEi) were more effective than regimens without it for slowing the progression of non-diabetic renal disease.

It can then be concluded that the reduction in BP is markedly renoprotective despite of the type of drug indicated, in both diabetic and nondiabetic renal disease. A strict BP control, independently of how it was obtained, can also be accompanied by a relevant antiproteinuric effect.

## Calendar of Events

- ▶ **VII Conference EHRICA (Asociación Española de Enfermería de Hipertensión y Riesgo Cardiovascular)**  
 3 - 4 April 2008  
 Valencia, Spain
- ▶ **5th World Congress on Prevention of Diabetes and its Complications**  
 1 - 4 June 2008  
 Helsinki, Finland
- ▶ **37th EDTNA/ERCA International Conference**  
 6-9 September 2008  
 Prague, Czech Republic



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