

4.5 CHRONIC KIDNEY DISEASE OF UNCERTAIN AETIOLOGY PREVALENT IN SRILANKA

CHRONIC KIDNEY DISEASE OF UNCERTAIN AETIOLOGY PREVALENT IN SRI LANKA.

Autharaliya NTC, Abeysekera TDJ, Amarasingha PH, Kumarasiri R, Karunaratne U, Department of Clinical Pharmacology, Faculty of Medicine, University of Peradeniya; Nephrology Unit, Teaching Hospital Kandy; International Water Management Institute, Colombo; Department of Community Medicine, University of Peradeniya; Ministry of Health, Colombo. ckdeupdnsi@yahoo.com

Background: Chronic kidney disease of uncertain etiology is prevalent in some provinces of Sri Lanka.

Objectives: To analysis the prevalence of proteinuric CKD of uncertain aetiology in some areas of north Central Province(NCP), Central province(CP), Eastern province(EP), Southern province(SP) and Uva province (UP)

Method: Subject were selected using the random cluster sampling method and those older than 19 years of age were screened for persistent dipstick proteinuria, diabetes mellitus hypertension and other aetiologies of CKD.

Results:

Area	NCP	UP	EP	SP	CP
No of Subjects	2600	913	2024	2844	709
Uncertain aetiology	84%	81%	72%	9%	2.9%
Known actiology	16%	19%	28%	91%	97.1%

Conclusion: Proteinuric CKD of uncertain aetiology is prevalent in some areas in NCP, UP and EP,

EPIDEMIOLOGICAL RISK FACTORS OF CHRONIC KIDNEY DISEASE OF UNKNOWN AETIOLOGY: A HOSPITAL BASED CONTROL DTUDY

Chandrakumara WAJC¹, Jankan N⁵, Marystella M³, Perara K⁴, Pushpakumara PHGJ², Ruparathne Aa¹, Rupasinghe S², Thilakarathne YGRKK¹

¹Department of Paediatrics; ²Department of Psychiatry, Faculty of Medicine & Allied Sciences, Rajarata University; ³Postgraduate Institute of Science; Department of Engineering Mathematics, Faculty of Engineering, University of Peradeniya; ⁵Epidemiology Unit. janakatechno@yahoo.com

Background: Chronic Kidney Disease of unknown aetiology (CKDU) is a significant health problem in Sri Lanka. The geographical distribution of CKDU is mainly in the North Central Province (NCP) and to a lesser extent in North Western and Uva provinces. There are many theories on the culprit of CKDU including hard water, agrochemicals, fluoride content in water, use of aluminum utensils, snake bite, ayurvedic treatment and treatment and dietary Cadmium. Yet the exact cause for the CKDU in NCP

Objective: Assessment of the epidemiological risk factors for the CKDU in NCP.

Methods: 140 cases (70 males and females) treated at Teaching Hospital Anuradhapura, were randomly drawn from National CKD registry. 140 sex matched control with normal serum Creatinine level were selected from the same hospital. Data was collection was done using an interviewer administered questionnaire. Data was statistically analyzed using R software and the odds ratios were calculated.

Results: The incidence of CKDU was increased in people whose occupation is agriculture for the longest part of life compared with those whose occupation for the longest part of life non-agriculture related (Odds ratio [OR] 3,750, 95% confidence interval [CI] 2,160 to 6,509). Well water as the main source of drinking water for the last five years was a significant risk factor for CKDU (OR 3,773, CI 2,112 to 6,600). Risk of CKDU was among people who consumed illicit liquor (OR 5,667, Ci 2,379 to 13, 497) and among people who consumed tobacco/lime (OR 2,211 , CI 1,286 to 3,800). People whose monthly income is less than Rs 10000/= had an increased risk of CKDU (OR 18, CI 5,452 to 41,271). Risk of CKDU did not differ significantly by smoking, alcohol intake, exposure to agrochemicals or snake bite.

Conclusions: Results suggest that farmers, people whose source of drinking water is well, people who consume tobacco/lime and illicit liquor and people who have a monthly income of less than Rs 10000 are at an increased risk of CKDU.