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INTRODUCTION

Chronic renal failure (CRF) consists of progressive, slow loss of the kidney function over several years, as a long-term chronic condition affecting the effective kidney functioning. Usually, this condition is the result of severe complications of other chronic diseases. The chief approach for reduction of the likelihood of patients developing chronic renal failure lies in effective management and control of the root cause, diabetes and hypertension in most cases.

In Romania, nephrology medical care is given in outpatient facilities, nephrology facilities with beds, for dialysis (haemo- and peritoneal dialysis) and renal transplant facilities (Figure 1).

Figure 1 - Structure of nephrology service in Romania

A. Nephrology outpatient facility
B. Nephrology facility with beds
   Ward > 25 beds
   Ward < 25 beds
C. Dialysis facility
   Haemodialysis centres
   Peritoneal dialysis centres
   Outpatient
   Hospital care
D. Renal transplant service


Initially, dialysis services in Romania were provided for in public hospitals. On increasing demand for dialysis and quality of such services, they have been outsourced to private providers and developed in all areas.

In 2012, dialysis procedures were reported in 4,751 patients under ongoing treatment, namely 7,009 care episodes provided in 79 hospitals in Romania. The day hospital care provided dialysis services to 252 patients, namely in 3,412 episodes of care, in 14 hospitals.

In the same period, 163 patients in total received renal transplant in two hospitals in Romania, Cluj and Bucharest, covering 2/3 and 1/3 of all cases, respectively.

In 2012, by means of national health programs, 132,309,422 Euros were allocated from the health budget for renal dialysis, whereas 2,455,289 Euros from the same sources were allocated for renal transplant. In addition, ongoing or day hospitalisation episodes were reimbursed by the CNAS in 2012, amounting to 4,916,484 Euros for acute care (www.casan.ro, www.ms.ro)

The report on dialysis renal replacement therapy in Romania relies on data collected online from the Romanian Renal Registry, using the Hippocrates computer system, involving participation in 2012 of 96% of active dialysis centres. Data relating to kidney transplant in dialysis patients are provided by the dedicated respective centres; data on preemptive kidney transplant as well as those regarding monitoring of transplanted patients were provided by a single transplant centre of the four existing centres.

Data processed in this paper have been taken over from the Romanian Renal Registry Report 2012 (Dialysis renal replacement therapy in Romania, 2012, the Romanian Renal Registry, the Ministry of Health).

According to the Romanian Renal Registry, the number of incident renal replacement therapy patients in Romania increased from 1,933 patients in 2007 to 3,612 in 2012, a constant yearly increase as shown in Figure 2 below.

As regards the dynamic of the median age of incident patients on renal replacement therapy, this increased from 58.1 years in 2007 to 62.6 years in 2012, a constant yearly increase as shown in Figure no. 3.

Keywords: Chronic renal failure, dialysis, transplant, market share, dialysis centres

Chronic renal failure consists of the progressive, slow loss of the kidney function over several years, as a long-term chronic condition affecting effective kidney functioning. In Romania, nephrology medical care is given in outpatient facilities, nephrology facilities with beds, dialysis facilities (haemo- and peritoneal dialysis) and renal transplant facilities. In 2007 – 2012, the period under study, the number of incident renal replacement therapy patients doubled in Romania, whereas their median age range increased by 4.5 years while area coverage with this type of medical service unfortunately remained poor.

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The percentage of incident patients aged over 65 years gradually increased from 34% in 2007 to 43% in 2012, as shown in Figure no. 5.

Of all prevalent patients with chronic renal insufficiency in 2012 in Romania, 1.3% received renal transplant. Most patients were from the following counties: Bistrița (5.6%), Bucharest - Ilfov (4%), Sibiu (3.2%), Timis (3.1%), Salaj (2.7%) and Harghita (2.5%). The fewest patients originated from Prahova (0.3%), Suceava (0.3%) and Constanta (0.3%) (Figure 6).

In terms of the replacement treatment method on therapy initiation, one may note that haemodialysis increased from 81.3% in 2007 to 90.2% in 2012, whereas peritoneal dialysis decreased from 17.5% in 2007 to 4.8% in 2012 and renal transplant increased from 1.2% in 2007 to 5% in 2012 (Figure 7).
The above have allowed the following conclusions:

- In the period under study, 2007 - 2012, the number of incident renal replacement therapy patients in Romania underwent consistent, almost doubling to 2012;
- The median age of incident renal replacement therapy patients increased by 4.5 years in the same period;
- Percentage of incident patients aged over 65 years increased by 9%;
- Renal replacement therapy is unevenly provided nationally. Central Transylvania, southern Wallachia and southern Moldavia (particularly as concerns counties as Ialomíța, Călărași, Giurgiu, Olt, Mureș Covasna), continue with lower coverage with dialysis facilities, whereas patients receiving this treatment mainly come from 16 counties out of a total of 41;
- In terms of the replacement treatment method on therapy initiation, haemodialysis is best represented, ranging to 90%;
- Renal dialysis centres increased in number and most of the market for such services (72%) is divided among four major suppliers, among which state owned facilities (17%);
- Not all renal dialysis centres report to the Romanian Renal Registry.

By reconstructing outpatient dialysis infrastructure, privatisation of dialysis services has allowed access to therapy for otherwise dying patients. Although critical for the dialysis programme, the public sector hospitals unfortunately provide a small proportion of dialysis services only. Redefining rules for reimbursement of hospital dialysis costs on therapy initiation for temporarily treated patients as well can encourage development of this sector, particularly as concerns areas not covered by such services. This would facilitate establishment of renal replacement therapy as early as possible, thereby increasing life expectancy of patients concerned. Chronic kidney disease remains a health problem unevenly approached nationally, which affects access to treatment and the outcome of treatment or lack thereof.

References

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