POSTER ABSTRACT SUBMISSION FORM

Please check the appropriate category for this submission (check only one of the 3 boxes provided):

☐ World Kidney Day

☑ Kidney Foundation Activities
(Examples would include: early detection and prevention programs; access to treatment in your country; or other activities such as organ donation)

☐ Nephrology from molecular to bedside*
(* The category will be evaluated and awarded by the Hungarian Kidney Foundation)

Deadlines for Poster Abstracts related to WKD 2012; May 15, and for other Poster Abstracts; June 15.
These early deadlines result from a new initiative. We have created a special section on our new website www.ifkf.org for Abstracts and Visual Posters (see below). It creates for all members the opportunity to view Abstracts and Posters before Budapest, and to review and enjoy fully the content.

WKD Poster Competition Guidelines
Poster size: 1 meter tall x 70cm wide, readable from 1.5 meters.
Poster headings (titles) should be presented in type 5 cm high.

Visual posters for website and presentation on screen can be sent to Elis de Weerd elsdeweerd@ifkfms.com in any picture format like JPEG, or in PDF.

Professor Joel Koppie is coordinator of these sessions. If the program allows, posters will not only be presented on boards, but also on screen.

POSTER ABSTRACT

Running (short) title: KEEP JAPAN

Title:
International Kidney Evaluation Association Japan activity: the Japanese version of Kidney Early Evaluation Program (KEEP JAPAN)

Authors:
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Abstract: (250 words or less explaining objective, scope, findings, or other interesting aspects of your submission.)

International Kidney Evaluation Association Japan (IKEAJ) has started the Japanese version of Kidney Early Evaluation Program developed by the National Kidney Foundation (KEEP JAPAN). This program is a cost-free chronic kidney disease (CKD) detection program targeted for population with high risks of CKD. From August 2006 to March 2012, 1694 participants were enrolled. Of them, 673 participants were yearly examined up to fifth year at a maximum. CKD prevalence was 28.1% at the first check-up and risk factors for the prevalence of CKD are the history of diabetes mellitus (DM OR 1.94), history of hypertension (HTN OR 4.43), history of cardiovascular disease (CVD OR 2.10), older than 60 years of age (OR 4.85), obesity (OR 1.56), high blood pressure (OR 2.35), low serum HDL-cholesterol (OR 2.32) and anemia (OR 1.84). Of 618 participants with non-CKD at the first check-up, 132 participants (21.4%) were classified to developing CKD during 5 years of follow-up. The risk factors for incidence of CKD are the history of DM (OR 2.35), the history of HTN (OR 3.15), older than 60 years of age (OR 3.17), obesity (OR 2.73) and high blood pressure (OR 2.38). It is demonstrated that KEEP JAPAN is the efficient program with high detection rate of CKD. The history of DM, the history of HTN, older age, obesity and high blood pressure are risk factors for prevalence and incidence of CKD. On the other hand, the history of CVD, low serum HDL-cholesterol and anemia which are risk factors for prevalence of CKD, are not classified as risk factors for incidence of CKD. It is therefore suggested that the control of blood pressure, blood glucose and obesity are important for population with CKD risk factor to inhibit the onset and progression of CKD.

Key words:
Kidney Early Evaluation Program, Chronic Kidney Disease
Expected date for sending the visual poster in picture form like JPEG, or PDF:

August 10, 2012

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