

Chronic kidney disease in the Swiss population

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Switzerland is a small country with a universal healthcare system. And, paradoxically, we lack good data on prevalence and incidence of chronic kidney disease (CKD) in the Swiss population. The prevalence of CKD is increasing worldwide and we have no reliable data. This is most astonishing because the risk of cardiovascular disease increases with CKD [1]. Indeed, the latest study of CKD involving the three linguistic regions of Switzerland dates back to 2002–2003 [2]. Recent data are available from a population-based study localised on the region of Lausanne. Why do we have no better data in Switzerland? The main reason seems to be the political organisation of the country in the federalist tradition; consequently, the healthcare system follows politics. Forni Ognà et al. present data originally collected for the Swiss Survey on Salt Intake, a government-driven study with the aim to assess salt consumption in Switzerland [3]. The major finding of the study is that CKD is present in one in ten Swiss adults and one in four participants over 60 years, on the basis of the recent classification of CKD. These data are comparable to those of other countries.

One concern related to this study was the predefined age strata. The study was conducted primarily for the analysis of salt intake and this is the reason why these age strata were chosen. The prevalence of CKD rises with age, with a more important rise in the older age groups. This has implications for the health system and politics, as life expectancy is rising in Switzerland. The authors circumvented this by splitting the oldest age group into two to give more detailed information about the incidence for these two age groups.

Therefore, figure 3, which shows the unadjusted lineal regression estimates for renal function (estimated glomerular filtration rate [eGFR] calculated with the CKD-Epidemiological Collaboration equation) in relation to age for men and women in the Swiss population is my preferred figure. It gives the individual values in a single graph showing that an 80-year-old man can have normal renal function “des-

pite age” or be near terminal renal failure. In view of personalised medicine, it is critical to keep this picture with these findings in mind when treating the individual patient, because besides the mean values the authors also point out the individual participants with their values [4]. When we teach at the University that decline of renal function (eGFR) with age is 1–2 ml/min/1.73 m² per year we need to remember that these are mean values and an individual subject may have normal renal function in spite of being at an age to be near terminal renal failure.

Interestingly, Bern the capital of Switzerland hosting the Swiss government is not represented in the study. The big question remains unanswered – is the political centre of Switzerland only politically different or also different regarding salt intake and prevalence of CKD?

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