

Do you know?

The Problem

Being Black you are 3-5 times more likely to develop kidney failure, as compared to the white Caucasian population. Chronic kidney disease is more common in African Caribbeans due to the high incidence of diabetes and high blood pressure.

Most people do not have any symptoms until their kidney disease is severe. If you have diabetes, high blood pressure or a family history of chronic kidney disease, then you should ask your doctor to check you for kidney disease.

Why are African Caribbeans at increased risk of chronic kidney disease?

Diabetes and high blood pressure are more common in African Caribbean's. When combined with being overweight, this may lead to disease.

Maintaining a healthy weight and getting enough exercise is very important to help prevent diabetes and high blood pressure.

Who is at risk of developing kidney disease?

Anyone who has:

- a close family member with kidney failure
- diabetes
- high blood pressure
- protein in the urine.

What is our advice to you?

We suggest that you visit your doctor and ask to be examined for kidney disease.

This will involve:

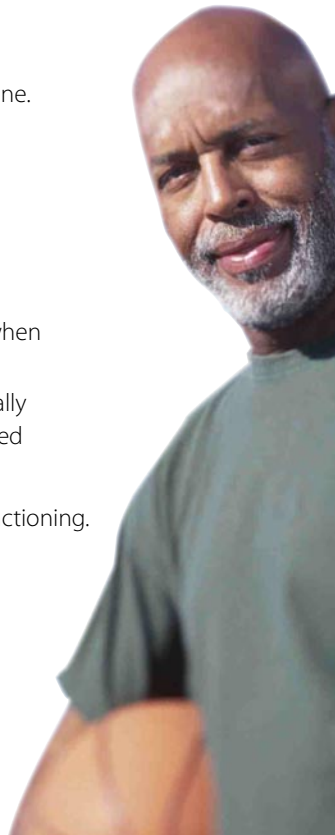
- measurement of your blood pressure
- a urine test for protein and blood, which leak from the kidneys when they are damaged
- a blood test for serum creatinine – a waste product that is normally excreted by the kidneys and accumulates when they are damaged
- a test called eGFR which measures kidney function.

From this test, your doctor can measure how well your kidney is functioning.

Questions you should ask your GP

1. Do my blood and urine tests show signs of kidney disease?
2. If so, would lowering my blood pressure with an ACE inhibitor or A2 blocker help me?

Early detection of kidney disease is essential as further damage can be reduced and in some cases prevented by good blood pressure control.



Kidney Research UK, a registered charity, has been running the ABLÉ Programme in an attempt to initially raise awareness of the high incidences of kidney disease in black and minority ethnic communities.

ABLE stands for A Better Life Through Education and Empowerment.

The objectives of **ABLE** are:

1. To highlight the incidence of kidney disease in black and minority ethnic groups.
2. To reduce the incidence of kidney failure amongst such groups.
3. Where it cannot be avoided, to ensure early referral, optimal treatment, and equality of access to dialysis and transplantation.

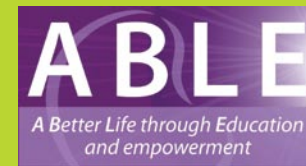
For further information contact the **ABLE Project**

on **0121 244 0272**

or visit www.kidneyresearchuk/able

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Elements of the ABLÉ programme have been supported by The Department of Health



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Please visit our website at www.kidneyresearchuk.org and help us fund research to save lives.

Donation Line 0800 783 2973

Registered Charity No. 252892



Kidney Disease Education and Prevention Programme in African Caribbeans



Helping Yourself

Kidney disease is devastating and affects all areas of a patient's life, but you can reduce the risk. With the right advice and by taking care of yourself you can slow down or even prevent the occurrence of kidney failure.

- Talk to your family and see if there is any history of kidney disease. You are more at risk if a member of your family has kidney failure.
- Improve your diet by adding more fresh fruit and vegetables, and by reducing your salt intake. This can cause serious problems as many African-Caribbean's tend to be 'salt sensitive', which means that salt has more effect on their blood pressure than it does others.
- Maintaining a healthy weight and increasing your level of physical activity will reduce the risk of diabetes and can play a major part in reducing your blood pressure. Before you begin any weight loss or exercise programme discuss the best way for you to do this with your GP.
- Stopping smoking may protect your kidneys.
- It is vital to control your blood pressure, by regular monitoring and taking medication if necessary.



Case Studies



Name: **Beverley Maynard**

Age: **48**

Beverley Maynard, 48, and her husband David who donated a kidney to her

When it comes to silent killers like kidney disease, some people are more at risk than others. Diabetes and high blood pressure can both lead to kidney disease, and the occurrence of these two conditions is more prevalent in Black and South Asian families, than any other.

One such family who knows the reality of this is Beverley Maynard and her uncle, Charles Davis – both who have fought against the disease and tell their stories below.

When Beverley Maynard, of Birmingham went for a routine eye examination, the last thing she expected to leave with was a diagnosis of a life threatening illness. "The optician reported at the time that something was 'not quite right'," says Beverley.

In 1997 she was diagnosed with kidney failure, but avoided the constraints of dialysis treatment until 1999 when she went into the Queen Elizabeth Hospital in Birmingham for an operation for a fistula (a surgically enlarged

vein that provides access to the bloodstream for haemodialysis).

"The operation failed, but while I was in hospital I spoke to a woman who had received a transplant donated by her mother. It was at that point that I began considering a kidney transplant."

In April 2000, Beverley received a kidney transplant from her husband David. "It put a lot of strain on my family's life, especially for our daughter Khembi, who was six years old at the time." The transplant has given Beverley a new lease of life and she continues to work full-time, manage a family and study for a PhD.

"My life is full and rewarding and I have even completed two 5km fun runs, since my transplant. I am really happy and blessed to be alive and look forward to meeting new challenges."

Name: **Charles Davis**

Age: **75**

Charles Davis, aged 75 from West Bromwich has lived with kidney disease for over 20 years.

After a number of visits to his doctors feeling unwell and weak, Charles ended up being taken by ambulance to a urine specialist who broke the news that both his kidneys had failed and his body was not getting rid of the poisons.

For five years Charles was treated with CAPD (Continuous Ambulatory Peritoneal Dialysis) until his body rejected it and he had to attend hospital for Haemodialysis.

"I receive dialysis for four hours a time, three days a week. It's part of my life. I can't reject it."

Soon after this, Charles was put on the transplant waiting list – he was one of the lucky ones because after just nine months he received a transplant. However the kidney didn't take and after only one week it had to be removed. "When they took it out, it was like a rock. It was terrible.

"I did get offered another one a little while later, but I turned it down. I really do regret that now though. At the time though, I couldn't go through another operation. Each one I had, made me weaker and weaker and my family were beginning to worry. I'm proud that my niece has had a transplant and won't have to suffer the pain I have. It's a horrible thing to go through."