

# Nephrology Practices in Australasia: A Consolidated Review of Latest Reports

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## Short Communication

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### Introduction

Kidney parenchymal diseases are diagnosed by percutaneous kidney biopsy. The result outcomes are reliable for clinical correlations, screening, treatment and management of kidney disorders and the associated decision making as well as consultations with the patients in terms of their prognosis. Detailed histopathological examination helps in understanding the mechanisms of disease cause and progression. Biopsy of the kidney remains the key method for detection of kidney allograft rejection when it comes to the kidney transplantation. Such diagnosis also provides inputs for determination of the immunosuppressive regimen.

However, there are certain risk associated with the biopsy such as bleeding, pain, hemodynamic instability, urinary obstruction and associated sequelae which may necessitate blood transfusion, or surgical intervention of nephrectomy. However, the frequencies of such adverse outcomes are relatively lesser.

Kidney Health Australia caters to the clinical requirements of all Australasians suffering from renal impairment have issues guidelines in the year 2019 probably first of its kind in nephrology. However, there exists variability with regard to the consensus on the assessment of the quality of evidence and grading of the recommendations. On a world-wide basis there have been very few reports on the overall quality qualitative assessment of the kidney biopsy studies and the extent to which they were correlated with the evidence-based guidelines. In this context a cross sectional study was

conducted by Australian and New Zealand Society of Nephrology taking into account precautions taken prior to performing kidney biopsy, rationalization of the medications, technical aspects, complications. The study revealed that kidney biopsy practices were incongruent with the issues guidelines and there was evident lack of consensus on several issues<sup>1</sup>.

There has been a gradual decline in the biomedical research publications particularly due to the reduction in the funding rates and this problem is compounded by the gender imbalances in the medical conferences, and research funding. One of the recent studies reflected the national trend of research in nephrology in Australasian region in terms of the changes in abstract presentations, type of research, gender distribution, and authorship in the scientific meetings of two major nephrology societies in Australasia and New Zealand society of nephrology as well as transplantation society of Australia and New Zealand between 2005 and 2020. International collaborative studies were excluded. The study revealed that the basic science research and female senior authorship have declined during the study period. These trends could be detrimental to the future growth of nephrology in the region<sup>2</sup>. Nephrology has undergone remarkable transformation in the past few decades. The prevalence and the extent of clinical complexity of nephrology patients are increasing advanced treatment and management have become necessary. Physicians need to be more aware of the modern medications and technology that is available for accurate and personalized care<sup>3</sup>.

The practitioners of nursing have expanded beyond that of regular registered nurse. One recent study has profiled the characteristics, service patterns and domains of nephrology nursing practice in Australia based on the cross-sectional survey among members of Renal Society of Australasia working in Australia. The study was conducted to identify the barriers and the facilitators of the nurse practitioner health care delivery services. The study revealed that the nephrology nurse practitioners mostly worked in the adult haemodialysis, peritoneal dialysis and those patients with initial grades of chronic kidney disease. The administrative activities consumed considerable time and the workloads

are the main barriers. The study concluded that highly qualified, experienced nurse practitioners could meet the increasing burden of CKD <sup>4</sup>.

Nephrology education of nursing started in the year 1969 in NSW with postgraduate nursing program at Sydney Hospital. Earlier nephrology nursing was still at the incipient stage whereby nurses working in the renal unit approached the nephrologists at Sydney Hospital this trend later gave rise to full-fledged renal nursing course<sup>5</sup>.

Hospitalizations due to acute kidney injury were found to increase in Australia with high proportion of these cases being managed by critical care physicians rather than nephrologists. The actual prevalence of chronic kidney disease varied up to 43%. The number of patients undergoing dialysis also increased over past few decades. Hemodialysis increased fivefold among Indigenous Australians compared to non-Indigenous Australians, and this trend remained similar for one decade. In fact, Australia ranked second highest in home hemodialysis and fifth highest in peritoneal dialysis on global basis. However, the average waiting time for kidney transplantation decreased. Kidney research is prominent in Australia<sup>6</sup>.

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