

# A SCOPING REVIEW ON ESTIMATION OF ECONOMIC BURDEN OF CHRONIC KIDNEY DISEASE (CKD) IN INDIA

## OBJECTIVE

To study the expenses of CKD stages III, IV, and V, hemodialysis, peritoneal dialysis, as well as kidney transplantation among Indian populations.

## INTRODUCTION

CKD has become a leading cause of morbidity and mortality around the world. It's an ailment in which kidney function gradually deteriorates over time. As India lacks a comprehensive renal registry, exact data on its prevalence is uncertain. In 2006, SEEK study found a very high prevalence of CKD (17.4%) among 5,623 participants. There are no government reimbursements for dialysis or transplantation in India, and only a small number of ESRD patients have employer sponsors or health insurance that covers RRT.

## METHODOLOGY

A systematic scoping review to assess the nature, scope, and range of the existing literature on the economic aspect of CKD and to produce a comprehensive synthesis of the available evidence. It focuses on evidence that can be easily put into practice and employ a wide range of evidences to address a broad review issue. It includes information on the expenditures associated with CKD. The data was subjected to a descriptive analysis.

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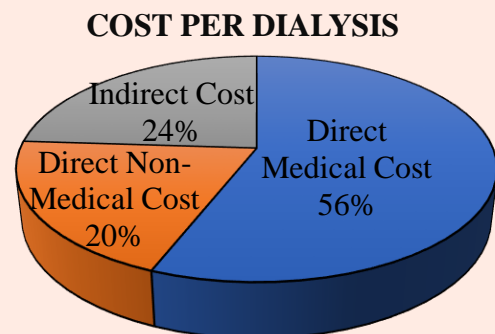
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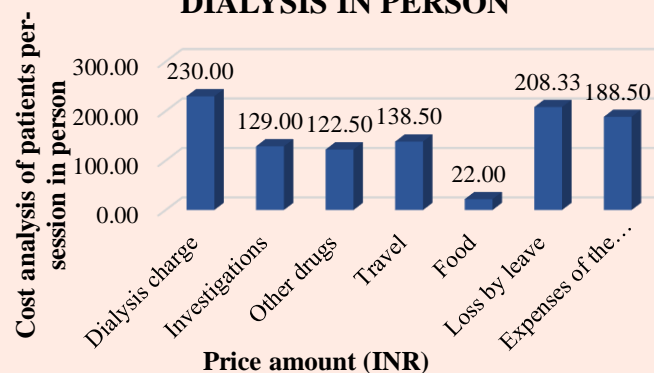
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### AVERAGE COST PER-SESSION OF DIALYSIS IN PERSON



## RESULTS

The annual average costs of treatment for patients on medication only and patients on hemodialysis + medication were Rs. 25,836 (US \$386) and Rs. 2,13,144 (US \$3181), respectively. Average cost per session in person was Rs.1,028.3, which comes around Rs.12,339.6 per month. The total cost per dialysis was found to be around Rs. 4500, out of which direct medical costs was 56%, direct non-medical cost was 20% and indirect costs was 24%. The prevalence of catastrophic health expenditure on ESRD patients was 95% and that of distress financing was 70%.

## CONCLUSION

Patients, more commonly those from the low-income strata, have difficulties in availing the health care services because of the costs involved in the diagnostic and curative procedures. Even though cost of care is low in public hospitals, patient had to bear OOOPE on the direct and indirect costs, which further impoverish them and only the upper or upper middle-class patients can undergo hemodialysis regularly.