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# Dialysis prevalence in Queensland adults by Indigenous status: Projected trends to 2026

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There has been an increasing trend in the number of hospitalisations for dialysis in Queensland over the past decade<sup>1</sup>. Factors contributing to this increase include population ageing, increasing diabetes prevalence and the chronic disease burden among Indigenous<sup>†</sup> Australians<sup>2</sup>. Between 2000 and 2007, the incidence of end-stage kidney disease (ESKD) and hospitalisations for dialysis were 10 times higher in the Indigenous population when compared to the non-Indigenous population<sup>3</sup>. The aim of this analysis was to estimate the projected prevalence of long-term dialysis patients in Queensland, by region and Indigenous status to 2026.

Data were obtained from the ANZDATA registry, which provided the number of dialysis patients at 31<sup>st</sup> December in Queensland by facility, five-year age group and Indigenous status for the period 2004 to 2009. Included in the registry are "all patients receiving renal replacement therapy where the intention to treat is long-term"<sup>4</sup>, so the true prevalence of those with ESKD in the population may be underestimated. It also does

not include those patients requiring dialysis treatment for acute kidney injury. Treatment facility was used as a proxy for area of residence, and health service districts (HSD) were collapsed into regions to ensure adequate numbers for analysis (Appendix 1). Regions incorporated districts with sufficient activity and similar historical prevalence. Children (0-14 years) and adolescents (15-19 years) treated in Children's facilities were excluded.

The number of adult dialysis patients in Queensland increased from 1,596 in 2005 to 1,936 in 2009, while the overall prevalence increased slightly. Prevalence in the Indigenous population was similar in 2005 and 2009 (Table 1). As with incidence rates and hospitalisations, the agestandardised prevalence in the Indigenous population was almost 10 times the non-Indigenous population (Table 1). This varied slightly by region, with Indigenous prevalence around 15-20 times higher in the Northern region, and approximately 5-10 times higher in the Central and Southern regions of the state (Figures 1 and 2).







<sup>+</sup> The term Indigenous is used when referring to Aboriginal and Torres Strait Islander people collectively.

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Linear regression modelling was applied to the most recent five years of prevalence data, 2005 to 2009. The crude prevalence by Indigenous status and region was calculated, and a linear model fitted. These models were used to project the (crude) prevalence of adult dialysis patients in Queensland to 2026.

There was a significant linear increase in the prevalence of adult dialysis patients between 2005 and 2009 (Table 2) except for the non-Indigenous South East Queensland (Northern) region. The greatest estimated increase was in the Indigenous Northern region, where prevalence was projected to increase by 113 per 1,000,000 per year (95% CI 12, 215). This

Table 1. Age-standardised prevalence of adult patients on dialysis
per 1,000,000 by Indigenous status in Queensland, 2005 – 2009

	Indigenous	;	Non-Indigenous		
Year	Number <sup>1</sup>	Prevalence <sup>2</sup>	Number <sup>1</sup>	Prevalence <sup>2</sup>	
2005	228	4,543	1,368	439	
2006	246	4,689	1,453	452	
2007	279	4,905	1,520	458	
2008	285	4,694	1,584	463	
2009	291	4,490	1,645	467	

Source: Queensland Health analysis of ANZDATA Registry data‡

<sup>1</sup> Dialysis patients at 31<sup>st</sup> December

<sup>2</sup> Standardised to the Australian 2001 population using five-year age groups (15-65+)

# Table 2. Estimated increase (95%CI) in prevalence per 1,000,000 per year by region<sup>\*</sup> and Indigenous status

Region		Indigenous	Non-Indigenous	
	Queensland	79 (25, 133)	9 (7, 10)	
	Northern	113 (12, 215)	12 (5, 19)	
	Central <sup>3</sup>	91 (54, 128)	5 (3, 7)	
	SEQ <sup>4</sup> – Northern	-	4 (-3, 11)	
	SEQ – Southern	-	14 (12, 15)	
<sup>3</sup> Includes Southern region for Indigenous				
<sup>4</sup> SEQ: So	outh-East Queensland			

was also the most variable due to the smaller numbers in this group. These models were used to calculate the projected prevalence between 2011 and 2026 (Table 3). Projected values are an estimate only, and confidence intervals are provided in order to reflect the uncertainty around these.

The prevalence of patients on long-term dialysis is projected to increase into the future, based on recent trends. For some regions in the period 2005 to 2009, there was some suggestion of a decrease in the rate at which prevalence was increasing. Estimated prevalence projections should be updated as new data emerge in order to reflect current trends.

Table 3. Projected<sup>5</sup> crude prevalence (95%CI) of adult dialysis patients per 1,000,000 by region<sup>\*</sup> and

	6				
Indigenous	2009°	2011	2016	2021	2026
Queensland	2,955	3,205 (2,608, 3,801)	3,601 (2,514, 4,688)	3,997 (2,371, 5,623)	4,393 (2,215, 6,570)
Northern	5,032	5,406 (4,280, 6,532)	5,971 (3,919, 8,023)	6,537 (3,468, 9,605)	7,102 (2,993, 11,212)
Central & Southern	1,526	1,744 (1,330, 2,159)	2,199 (1,443, 2,954)	2,653 (1,523, 3,783)	3,108 (1,594, 4,621)
Non-Indigenous					
Queensland	479	499 (479, 518)	542 (506, 578)	585 (531, 638)	628 (556, 700)
Northern	463	491 (415, 568)	553 (414, 692)	614 (407, 822)	676 (398, 954)
Central	244	258 (235, 280)	284 (242, 325)	310 (248, 371)	336 (253, 418)
SEQ <sup>7</sup> – Northern	457	472 (394, 549)	492 (350, 633)	512 (300, 723)	532 (248, 815)
SEQ – Southern	639	665 (649, 680)	734 (706, 763)	804 (761, 846)	873 (816, 930)
<sup>5</sup> Projected prevalence calculated as the predicted values (95% CI) using the linear regression model					

<sup>6</sup> Actual crude prevalence per 1,000,000

<sup>7</sup> SEQ: South-East Queensland

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<sup>\*</sup> The data reported here have been supplied by the Australian and New Zealand Dialysis and Transplant Registry. The interpretation and reporting of these data are the responsibility of the authors and in no way should be seen as an official policy or interpretation of the ANZDATA Registry. \* Refer to Appendix 1 for a list of districts and facilities within each region.

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### References

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- 2. Queensland Government. Queensland Statewide Renal Health Services Plan, 2008-17, Part One: The Way Forward. Brisbane: Queensland Government, 2007.
- 3. Watson M, Kennedy B, Johnston T. A comparison of end-stage kidney disease and renal dialysis by Indigenous status in Queensland. *StatBite #28*: Queensland Health, 2010.
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Indigenous	Non-Indigenous	Health Service Districts	Facilities in ANZDATA registry
Northern	Northern	Cairns and Hinterland	Atherton Hospital
		Cape York	Cairns Home HD Training
		Torres Strait – Northern Peninsula	Cairns Hospital
		Townsville	Cairns Private Hospital
		Mt Isa	Cooktown Satellite
			Innisfail Hospital
			Mossman Hospital
			Home Hill Satellite
			Mount Isa Satellite
			Northward Satellite – Townsville
			Palm Island Satellite Townsville
			Townsville Hospital
			Vincent Satellite Townsville
Central and	Central and West	Central West	East Street Self Care –
Southern		Central Queensland	Rockhampton
		Darling Downs – West Moreton	Rockhampton Hospital
		South West	Kingaroy Satellite
		Mackay	St Andrews Dialysis Clinic –
			loowoomba Taawaa waha Uaarital
			Ioowoomba Hospital
	Couth Foot	Matua Nauth	Rectary Hospital
	South East	Metro North Sunshing Coast	Coloundra Privata Hacnital
	Queensianu –	Wide Boy	Calounula Flivale Hospital
	Northern	Wide Day	Hervey Boy
			Nambour Hospital
			Nambour Hospital Nambour Selangor Private Hospital
			Noosa Satellite Chermside Dialysis
			Unit (Nephrocare)
			North Lakes Dialysis Unit – Royal
			Brisbane
			Redcliffe Hospital
			Royal Brisbane Hospital
			Wesley Hospital
	South East	Metro South	Henry Dalziel Greenslopes
	Queensland -	Gold Coast	Logan Satellite Centre
	Southern	Darling Downs – West Moreton	Princess Alexandra Hospital
			Redlands Hospital
			Allamanda Dialysis Unit
			Gold Coast Hospital
			John Flynn Hospital
			Robina Satellite
			Ipswich Hospital