

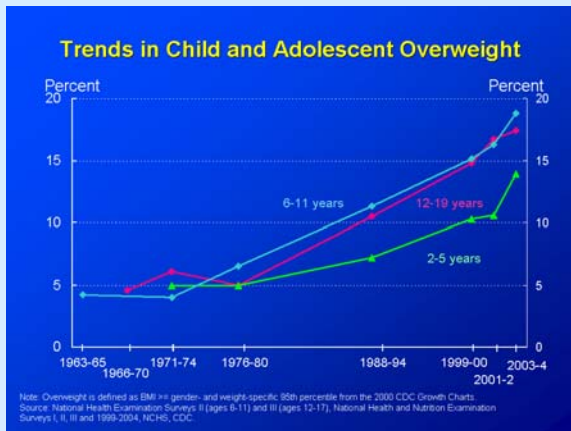
Prevention of Chronic Kidney Disease Starting in the Pediatric Age Range

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MCH Concern:

- Prevalence of Chronic Kidney Disease (CKD) rising in the US. 10% in 1988 – 1994, 13.1% in 1999 - 2004¹
- CKD patients have higher mortality rates, much of them due to cardiovascular disease^{2,3}
- Main risk factors for CKD in the US are obesity, hypertension, and diabetes¹
- Obesity rates in children has tripled in the last 30 years^{4,5}

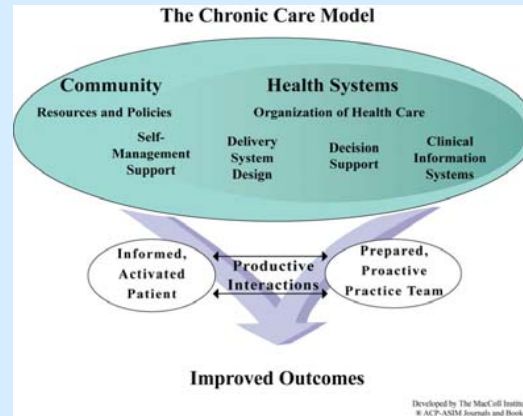


- Higher blood pressure associated with higher BMI in school aged children^{6,7}
- Unless rates of obesity decreases starting in the pediatric age group, rates of obesity, thus CKD will continue to rise
- The American Medical Association's expert committee recommends the conceptual frame work of the chronic care model for management of childhood obesity⁸

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Approach:

- Use Social Cognitive Theory within the chronic care model



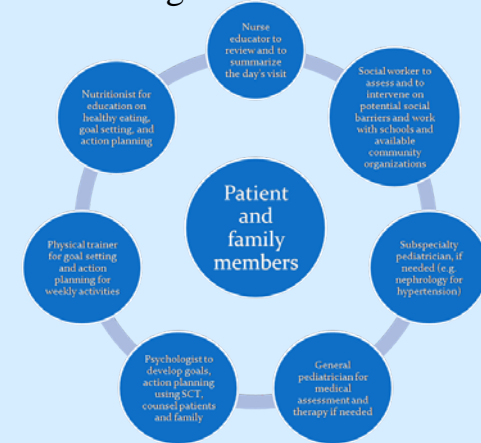
- Social Cognitive Theory constructs to be used by providers:
 - 1)Environment 2)Situation 3)Behavioral capability 4)Expectations 5)Self-control 6)Observational learning 7)Reinforcement 8)Self-efficacy 9)Emotional coping responses
- Recruitment: boys and girls ages 8-17 with BMI > 85th percentile

- Referrals from clinics within medical center
- Referrals from community primary care clinics
- Self-referrals from families

Reference

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Clinic Design:



- Multidisciplinary clinic in a tertiary care children's hospital where action plan and goals are set and reviewed with each provider
- Frequent telephone follow-up

Implication:

- In contrary to the reactionary nature of traditional medical model, the chronic care model promotes and empowers children and families to self-manage
- Multidisciplinary approach to offer more comprehensive care for a problem with multifactorial causes
- Intervention in the pediatric age range offers the potential to make healthy life styles lifelong habits

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