

# The Renal Association UK Renal Registry



## Dialysis and transplantation in children in the UK

### ***Lay summary***

For the full annual report chapters [click here](#) or visit [www.renalreg.org/reports/2014-seventeenth-annual-report](http://www.renalreg.org/reports/2014-seventeenth-annual-report).

Fewer children than adults have kidney failure requiring dialysis or a kidney transplant (891 children compared with 57,000 adults in 2013) and these children are treated in only 13 kidney units across the UK (compared with 71 adult kidney units). Most of these children with kidney failure have a transplant (80 out of every 100), with the remainder on haemodialysis (12 out of every 100) or peritoneal dialysis (8 out of every 100).

Children on dialysis grow poorly compared to healthy children. Those with a transplant have better growth but are still shorter than healthy children. Children on dialysis are underweight compared to healthy children, but children with a transplant have a normal weight compared to healthy children. This means that children with transplants tend to be classed as overweight or obese, as they are overweight for their height.

The donation of kidneys from living donors has improved from 9 out of every 100 in 1999–2003 to 18 out of every 100 in 2009–2013 (see Figure 1). One patient in three under 16 years receives a pre-emptive transplant, i.e. before the need for dialysis. At the time that patients move to the care of the adult kidney unit, 85 out of every 100 have a working transplant.

Although survival on dialysis or with a kidney transplant has improved over recent years, it remains reduced, particularly for those aged less than two years old. In addition to kidney failure, one in three patients has another disease or disorder, making their care more complex. Out of every 100 children with kidney failure, 75 will have at least one risk factor for a stroke or heart disease, and 10 out of every 100 will have three or more risk factors. Further research is needed to understand the significance of these risk factors in children.

Information is also gathered and reported on blood pressure control, blood counts and salts in the blood like calcium and phosphate.

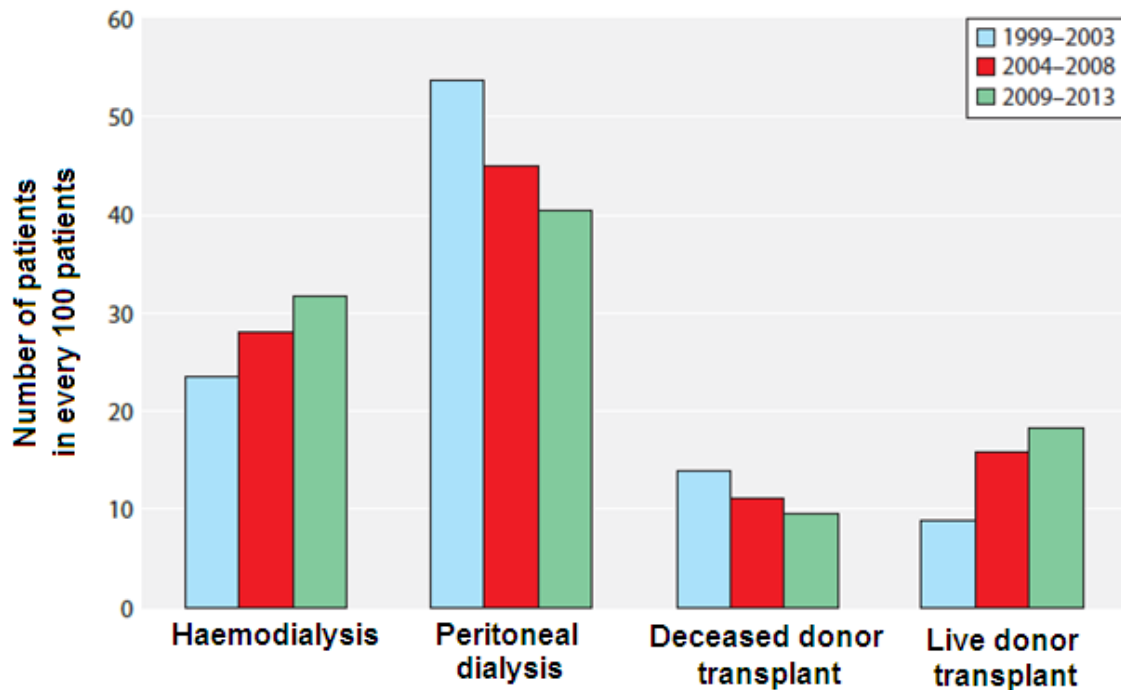


Figure 1. Changes in the first treatment for under 16s from 1999-2013

#### Disclaimer

The UK Renal Registry collects information on patients in general. This lay summary was prepared in association with the UK Renal Registry's Patient Council including representation from the British Kidney Patient Association and the National Kidney Federation. For individual assessment and advice please speak to your health care professional. For further detail on information contained in this lay summary, please visit [www.renalregistry.org](http://www.renalregistry.org).