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Otago Kidney Society Inc
(OKS) – Autumn 2025 edition

OKS newsletter

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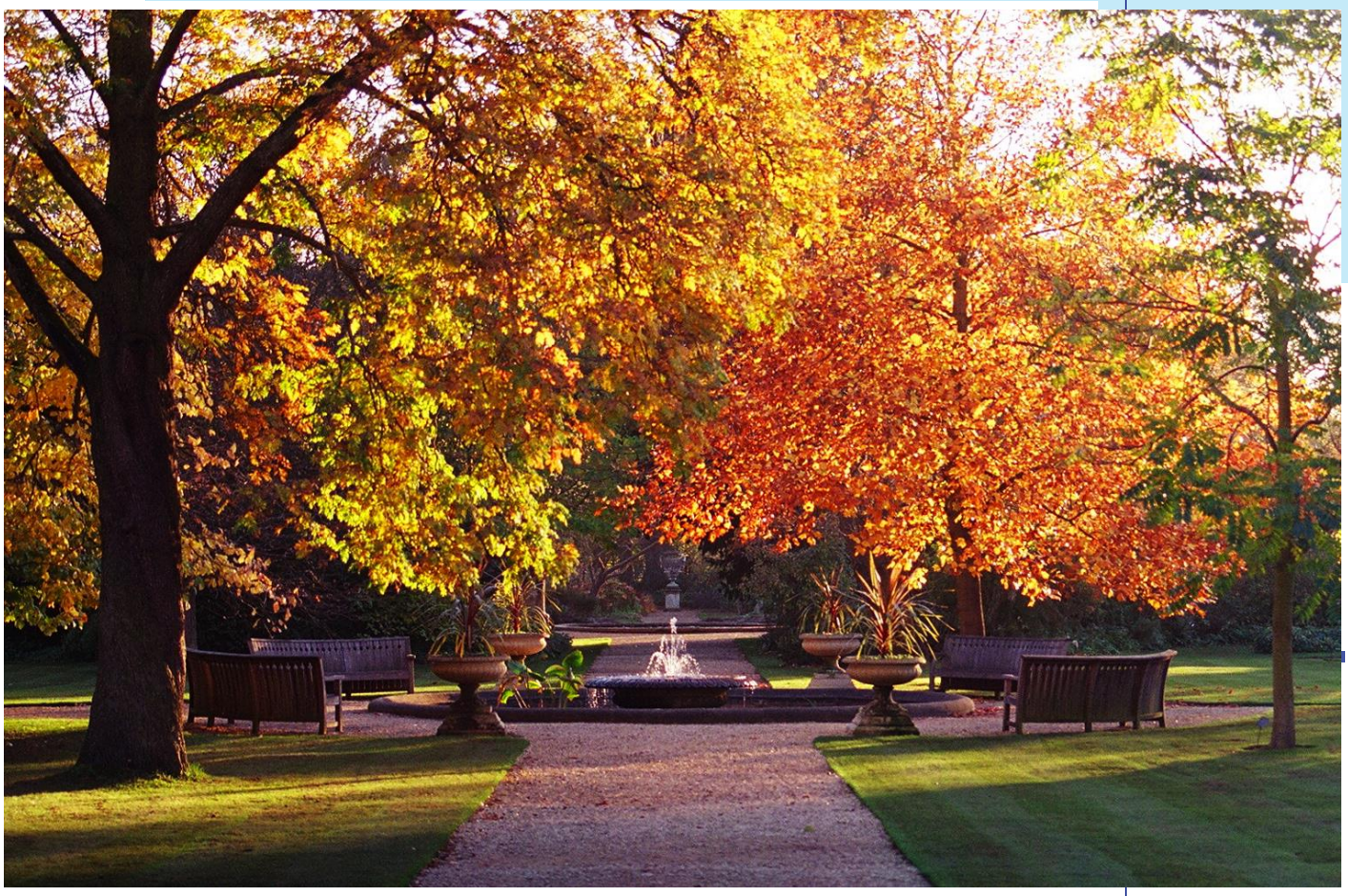


Welcome to the Otago Kidney Society (OKS) Autumn 2025 newsletter

Message from the Committee

Welcome to the 2025 Autumn season

We hope you all managed to have a wonderful break and the new year is being kind to you.

We are looking forward to the New Year and hopefully seeing more of you during the year.

Our AGM will be held on Tuesday 25th of March at 5.30pm, in the Seminar Room (opposite entrance to 3B), 3rd floor, Dunedin Public Hospital. We are looking forward to seeing as many of you as possible. OKS are in the best shape they have been for a number of years and we are looking for some new members to give us some fresh ideas so we can better help our kidney community. We will be having some refreshments after the meeting, eg Sandwiches, muffins and a slice with a cup of tea or coffee.

Unfortunately for us we will be losing our president James who has done some amazing things since he joined our team getting products for our gift bags, arranging the Warehouse for World Kidney Day 2024 and organising some stickers for us to put on brochures about Kidney Health, we are lucky that he has opted to stay on the committee. So if you feel you would like the role of president or be part of our committee, we would be interested to hear from you.

We have just provided the Dialysis Unit with some New World gift vouchers for those out of towners who have to spend some time in the city.

Please also keep Thursday 13th March free for World Kidney Day where we will be in the Wall Street Mall taking blood pressures and if you have some spare change we will have a raffle.

We are finding postage costs are increasing so we are looking at phasing out posting out our newsletter so please provide us with your email address so we can keep you informed of what is happening. Please if you receive the newsletter by post and you have an email address, can you please email info@oks.nz.

Many thanks, OKS Committee

Donation From Gilmour Motors

A big thank to Anita and Bryan Lloyd for putting OKS in the monthly draw at Gilmour Motors to receive $250. They put our name in the draw for a few years and it finally paid off and we thank them very much for thinking of us.

Events

World Kidney Day

World Kidney Day (WKD), a joint initiative of the International Society of Nephrology (ISN) a Federation of Kidney Foundations – World Kidney Alliance (IFKF-WKA), is a **global campaign** raise **awareness** of the importance of our kidneys to overall health and to reduce the freque kidney disease and its associated health problems.

Each year, hundreds of organizations and individuals launch initiatives and events on WKD t awareness of kidney disease.

Come and see us at Wall Street between 10.00am and 3.00pm Thursday 13th March. Have your blood pressure checked and/or take a ticket in our raffle.

AGM (see message from the Committee at beginning of newsletter)

Otago Kidney Society Lunch

Our next lunch will be held in central and will be on Sunday 30th March in Alexandra (see attached flyer or our facebook page for details).

Obituary Stephen Ryder

It is with much sadness that Stephen Ryder passed away at the beginning of this year.

Stephen was diagnosised with suspected kidney disease caused by chemicals at work at the age of 28. It was confirmed by a biopsy performed by a very young Rob Walker under the watchful eye of Dr Charles Renner at Kew Hospital Invercargilll. Dr Renner supported Steve till we moved back into the Otago Hospital Board Area.

Steve had other health issues, autoimmune disease and Hodgkins Cancer during the last 20 years. Under the very excellent care of the Nephrology Team, Prof Rob Walker, Dr John Schollum and all the other team members Steve was able to be put off doing dialysis for a good period of time.

When dialysis became necessary we became acquainted with our fantastic Dialysis Unit family for just over 3 years.

Words can't express properly how my family and I feel about Nephrology and Dialysis Units. If Steve hadn't had their excellent care, and support, we wouldn't have had him for as long as we did.

Steve died unexpectedly on New Years Day and is very, very missed by family and friends. Steve and I were a team through all his battles. I will contuine showing my support for the Nephrology, Dialysis Unit and the Otago Kidney Society
Brenda Ryder

We are indebted to the Ryder family for supporting us with the wonderful donation we received from the Auto Spectacular.

A correction from our previous newsletter we would also like to thank the Otago Early Falcon and Fairlane Club that were co organisers of the Autospectacular and were part of the committee that donated the money to the OKS.

Kidney Health NEW ZEALAND
Tākihi Hauora Aotearoa
Prevention • Support • Research

Update from Kidney Health New Zealand (KHNZ)

KHNZ Update - Advocating for CKD Patients – Briefing to the New Health Minister

2025 brings new challenges but also new opportunities. With the recent appointment of the new Health Minister, **Hon. Simeon Brown**, Kidney Health New Zealand (KHNZ) took this opportunity to submit a **comprehensive briefing document** outlining the **urgent priorities and recommendations** needed to improve care for people living with **chronic kidney disease (CKD) in Aotearoa New Zealand**.
Our briefing to Hon. Brown emphasised the need for a **patient-centred approach** to CKD care, highlighting the opportunity to shift from an expensive, late-stage treatment model to **early detection and equitable access to life-saving interventions**. Key recommendations included:

- **Urgent Action on Dialysis Capacity** – New Zealand's dialysis units are at or over capacity, and staffing shortages are critical. We called for immediate investment in **staffed community dialysis units**, particularly in rural and high-needs areas, and a clear **timeline for expansion** to prevent system collapse.
- **Prioritising Early CKD Detection** – CKD should be formally recognised as a **long-term chronic health condition (LTCHC)** alongside diabetes, cardiovascular disease, and stroke. This would enable targeted screening, better primary care support, and ensure resources are allocated effectively.
- **Strengthening Transplantation & Equity** – Despite Māori and Pacific peoples making up **nearly 60% of dialysis patients**, they receive a **disproportionately low share of kidney transplants**. We called for the establishment of a **Renal Transplant Equity Taskforce**, along with improved reporting and strategies to remove barriers to transplantation for Māori and Pacific patients.
- **Fixing the National Travel Assistance Scheme (NTA)** – The NTA remains outdated and inadequate, placing **a heavy financial burden on rural and remote CKD patients**. We urged an immediate review to **increase reimbursement rates further and ensure fair access to life-saving care**.
- **Improving Access to Medications** – New treatments can significantly **slow CKD progression** and reduce the need for dialysis or transplants. In our briefing, we advocated

for **faster PHARMAC approval and funding** of these breakthrough therapies.

KHNZ remains committed to **working alongside the government, health professionals, and the kidney community** in 2025 to push for these critical reforms. By taking action now, we can **prevent unnecessary suffering, improve equity in kidney care, and reduce long-term health costs**.

We look forward to receiving a response from the Minister and his advisors, **outlining the steps the government will take to implement our recommendations**.

Regards

Andrew

Kidney Health New Zealand (KHNZ) have an innovative new tool designed to simplify your search for kidney health information, resources, and support.

Meet Kiri, your go-to virtual assistant. Kiri uses KHNZs extensive library of health resources to provide real-time answers to your questions.

You can easily access Kiri on the KHNZ website by visiting **www.kidney.health.nz/kiri/**

To use Kiri, simply type in your question, and she will respond in clear, understandable language. For example, you might ask, "What does an eGFR of 30 mean?" or "Should I monitor my salt intake if I have Stage 3 kidney disease?"

Kiri is also multilingual, capable of communicating in Māori, Samoan, Tongan, and several other languages.

While Kiri is an excellent starting point for answering your kidney health questions, she is not a substitute for the expertise provided by our team of dedicated nurses, or the personalised care provided by your doctor - Nonetheless, Kiri serves as a valuable resource for preliminary information and guidance.

KHNZ are committed to continually enhancing Kiri's capabilities and welcome your feedback as we refine this tool to better serve your needs.

A message from our Charge Nurse Manager Southern Dialysis Service Nic Holborow

Kia Ora all!

We are moving to a 2-shift nursing model of care in Dunedin which will allow us to provide in centre HD and home training HD and PD for 12 hours a day, 6 days a week.

This will allow us to increase our capacity by nearly 100% .

We are moving to a nursing team approach for our patients to provide a safe and sustainable model of care.

We are also able to allocate a nurse to oversee our community patients more regularly which promotes our holistic and patient centred approach.

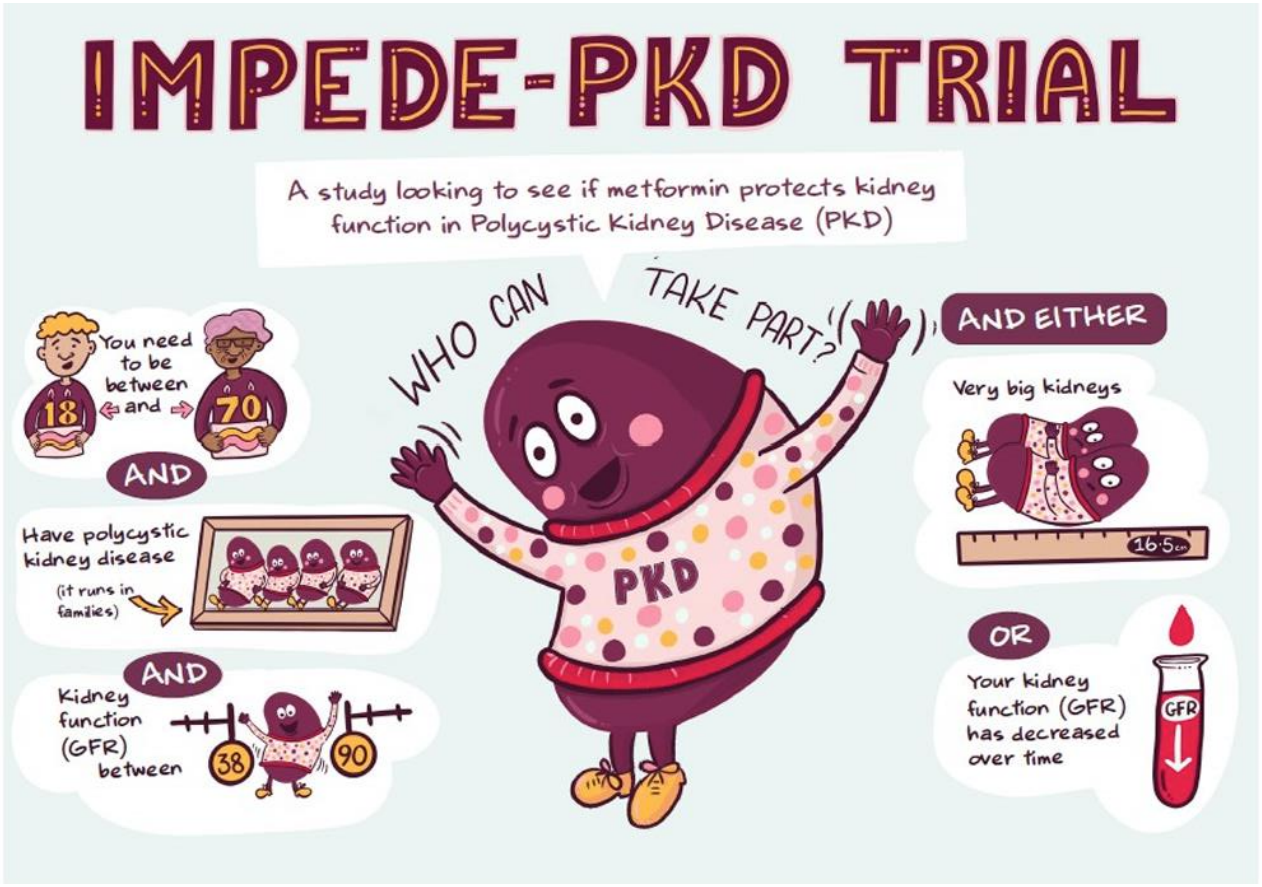
We have employed two new graduate nurses in Dunedin- 1 EN and 1 RN who are thoroughly enjoying learning from our amazing, experienced dialysis nursing team.

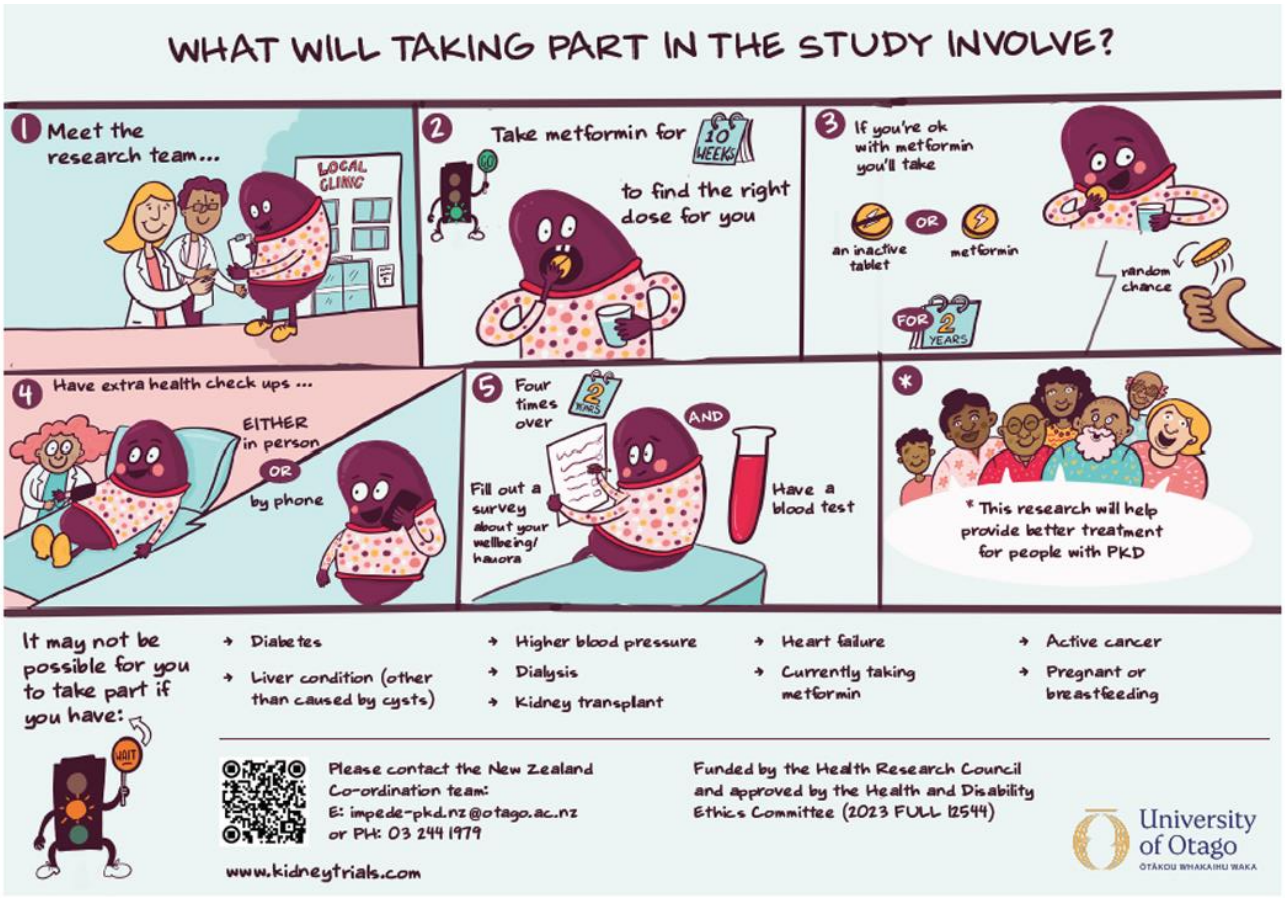
Through our capital expenditure we were able to get a new set of stand on scales which will be lifechanging for those of you who have experienced our old and at times inaccurate ones we've had for many years! We have also been fortunate to get CAPEX funding for 10 new HD chairs – again for those of you who have experienced the old uncomfortable ones we hope this will be a positive improvement!

Nic Holborow
Charge Nurse Manager
Southern Dialysis Service

+64 027 665 6659 | nic.holborow@southerndhb.govt.nz
Private Bag 1921 Dunedin 9054

Introducing the Impede-PKD Trial





If you are interested in participating in this trial contact the New Zealand co-ordination team at impede-pdknz@otago.ac.nz or phone 03 244 1979.

You will be taken care of in every step of the trial and results will help lots of people in the future.

University of Otago

Contact: phosphate.nz@otago.ac.nz | Illustration by: Yasmine El Orfi CC BY-NC-ND

PHOSPHATE Study (see flyer on previous page)

Pragmatic randomised trial of High Or Standard PHosphAte Targets in End-stage kidney disease

To all the participants, whānau and Te Whatu Ora kidney services teams (nurses, dietitians, specialists) – thank you so much for your support of the PHOSPHATE trial since 2019!! Your time, mahi and willingness to be involved is greatly appreciated.

The aim of this study is to find out whether it is better to give more medicines to lower the phosphate blood level compared to less medicines to allow a higher phosphate level in the blood stream. The PHOSPHATE trial is coming to an end in Aotearoa New Zealand, but is ongoing internationally. Unfortunately, this means that results are unlikely to be available prior to 2028-2030. The trial is going incredibly well with over 2,500 participants currently recruited so far worldwide from the UK, Canada, Australia, Israel, Thailand and Brazil.

If you have any questions please contact:

Suetonia and Rachel: phosphate.nz@otago.ac.nz

University of Otago

WORLD TRANSPLANT GAMES

The upcoming World Transplant Games are in Dresden Germany. Please email the Team Manager Jess, if you have any questions about membership of the New Zealand Games Association and attending the World Transplant Games as part of the New Zealand Team. She would be happy to answer any questions.

Jess's Email contact is jess@thetransplantcoach.co.nz.

Please note it is a requirement for anyone attending World Transplant Games to be subscribed members of their countries own Transplant Games Association. For any people who are not currently members of the NZ Association, please refer to our website about updating your membership, or for new members also.

https://www.transplantnewzealand.org.nz/

Adrienne Smith, Secretary, NZ Transplant Games Association

Mushroom and Courgette Stroganoff

Prep: 10 minutes • Cook: 15 minutes • Serves: 4

INGREDIENTS:

1 teaspoon olive oil

1 onion, finely chopped

1 garlic clove, crushed

2 teaspoons paprika

2 courgettes chopped into 1cm cubes

400g swiss brown mushrooms, chopped into 1cm cubes

Very low-salt vegetable stock cube – made up with 200ml of boiling water

300g low-fat crème fraîche

TO SERVE:

350g basmati rice

2 tablespoons chopped parsley

METHOD:

* Prepare your vegetables.
* Heat the oil in a large frying pan over a medium heat, soften onion and garlic for 5 minutes.
* Add paprika and cook for 1 minute.
* Add the courgettes and cook for 2 minutes, then add in the mushrooms, stir and cook for a further 5 minutes.
* Pour in stock, bring to boil and bubble for 5 minutes until sauce starts to thicken. Take off heat and cool for a couple of minutes.
* Cook the rice according to the packet instructions.
* Stir crème fraîche slowly into the stroganoff sauce so that it does not split.
* To serve, put rice into bowls and spoon over stroganoff and sprinkle with chopped fresh parsley.

https://kidneycareuk.org/get-support/healthy-diet-support/kidney-kitchen/recipe-index/mushroom-and-courgette-stroganoff/

Australasian Kidney Trials Network (AKTN)

The Australasian Kidney Trials Network is a not-for-profit collaborative research group that designs, conducts and supports investigator-initiated clinical trials with the aim of improving life for people living with Chronic Kidney Disease (CKD). The following is one of the Trials being conducted by AKTN

INCH-HD

The INCH-HD Trial

The INCremental dialysis to improve Health outcomes in people starting Haemodialysis (INCH-HD) study: a randomised controlled trial

Principal Investigators: Prof. Peter Kerr, Prof. David Johnson and A/Prof. Andrea Viecelli

Clinical Project Manager: Pushparaj Velayudham

Clinical Research Associate: Ruth Stastny

Trial Number: AKTN 20.04

Population: Adults aged over 18 years commencing haemodialysis (HD) as their initial dialysis therapy

Intervention: Incremental HD (twice weekly HD) versus Conventional HD (thrice weekly HD)

Follow-up: 18 months

Primary outcome: The kidney-specific component of KDQOL-SF from dialysis commencement as measured using KDQOL-SF v1.3

Status: Open to recruitment

Target Recruitment: 372 participants from Australia, New Zealand, and Canada

Trial Summary

Haemodialysis (HD) is the most common treatment for kidney failure globally, but it is associated with poor survival (<50% 5-year survival), high symptom burden, and the poorest quality of life (QOL) of any chronic disease. Quality of life is significantly reduced in patients receiving HD. Patients consistently identify dialysis-free time, ability to work, and fatigue as outcomes of critical importance, yet these outcomes are rarely addressed in clinical research.

INCH-HD is an adaptive, multi-centre, open label, randomised, non-inferiority trial looking at whether starting haemodialysis incrementally at two sessions/week compared to three sessions/week can safely reduce the physical, financial, and quality-of life burden on patients, lower early mortality rates, and slow loss of kidney function while increasing haemodialysis capacity and reducing costs.

The primary outcome will be the kidney-specific component of KDQOL-SF questionnaire from dialysis commencement as measured using KDQOL-SF v1.3. Secondary outcomes include residual kidney function, healthcare resource utilisation and costs, quality of life, safety, adverse events and side effects, symptom and fatigue scores, nutritional status, and rate of vascular access interventions.

This study has received funding from Metro South Health Research Support Scheme Grant to cover the development phase.

The Larks Exercise Group

Health Benefits of Exercise

Regular physical activity helps to reduce the risk of heart disease by:

- Reducing cholesterol
- Decreasing blood pressure
- Reducing the risk of getting diabetes
- Promoting weight loss (in combination with a healthy diet)

Risks with Physical Activity

While there is a small risk of a heart event during physical activity, (this is more likely in people who do very little), it is compensated for by the reduction in overall risk in those who are active most of the time.

You will be required to fill in a medical questionnaire before you join the group. Please ask your cardiac nurse, cardiologist or family doctor if this group is right for you.

Contact

For more information and to join:

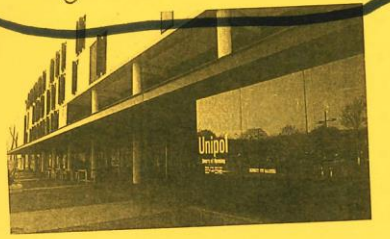
Tom Ross
M: 027 9303890
E: williamtfr@hotmail.com

Heart Foundation Otago
206 Hanover St
Dunedin
T: 03 477 3999
E: janettew@nhf.org.nz

Rosemary Harris
M: 027 2899969
E: rosemary@brentwheeler.com

Heart Foundation

Kidney Patients Welcome



The Larks Exercise Group

Unipol Gym
University Plaza One Building
130 Anzac Avenue
(Forsyth Barr Stadium)

- 9:00am Wednesday
- February to mid-December

The Larks

Exercise to music; with small hand weights, and floor exercises included.

An early daytime group for people who:

- want an improved quality of life
- want to reduce their risk of illness
- want to meet other people
- want to reduce their risk of a heart event
- want to maintain a healthy weight
- want to have fun and be active
- may need a little more supervision due to a health problem
- may have had a heart event in the past

Spouses/partners and friends are welcome to attend too.

Instructors

Each 60 minute class is led by an experienced instructor.

Our instructors have recognised exercise and health qualifications.

University & Polytechnic Students
From time to time students will be in attendance. These are students who are completing studies in physical education, nursing or physiotherapy.

Cost:

- $4.00 per session, payable before each class plus $2 for Unipol

Attire:
Please wear suitable clothing

- non-slip closed gym shoes
- loose gym tee shirt and shorts or pants
- shower facilities are available

Bring

- a towel if you sweat
- a water bottle

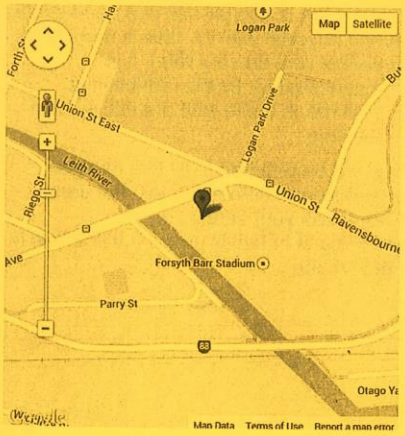
Time

- 9:00am Wednesday
- February to mid-December

Venue

Unipol is the University of Otago gym for students undertaking study.

- The Larks are permitted to use the gym for the duration of the class only
- Emergency equipment is available for use by qualified instructors
- Parking is available nearby for a fee
- Tea & coffee after

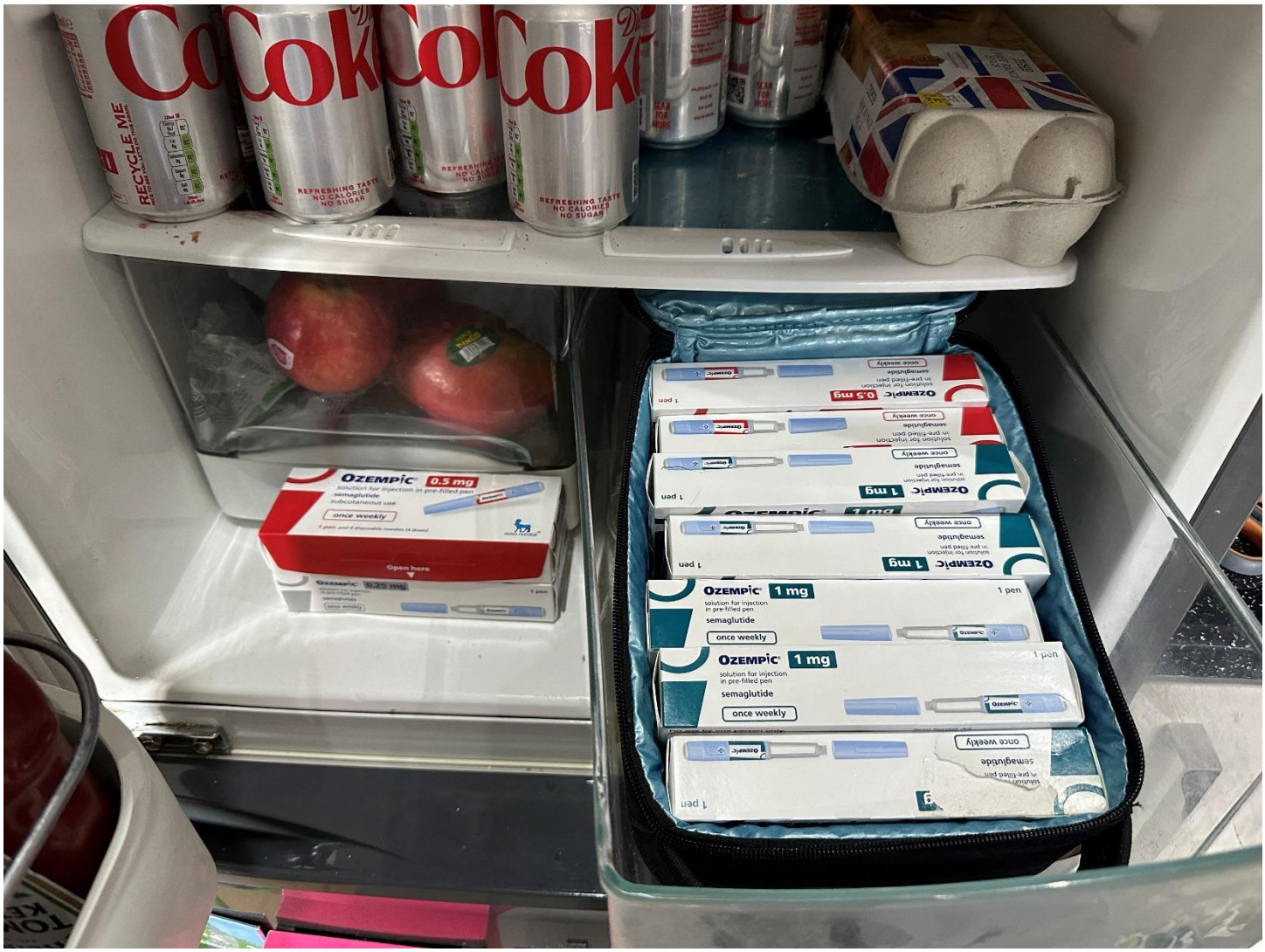


Some Research happening around the World

US FDA approves Novo Nordisk's Ozempic to cut risk of diabetic kidney disease progression

By Reuters

January 29, 202512:27 PM GMT+13Updated 19 days ago



A handout photo shows a nine-month supply of Novo Nordisk's diabetes drug Ozempic which was purchased by an individual from online pharmacies in the UK for "off-label" use for weight loss and stored in his refrigerator at home in London, Britain, October 20, 2023. Handout via REUTERS THIS

IMAGE HAS BEEN SUPPLIED BY A THIRD... Purchase Licensing Rights, opens new tab Read more

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Novo Nordisk A/S

Follow

Jan 28 (Reuters) - The U.S. FDA has approved Novo Nordisk's (NOVOb.CO), opens new tab Ozempic for reducing the risk of kidney failure and disease progression, as well as death due to heart problems in diabetes patients with chronic kidney disease (CKD), the Danish drugmaker said on Tuesday.

Novo's blockbuster diabetes drug Ozempic belongs to a class of drugs known as GLP-1 receptor agonists and has the same active ingredient as its popular obesity treatment Wegovy.

The U.S. Food and Drug Administration's approval makes the drug, chemically known as semaglutide, to become the first GLP-1 treatment option for people with type 2 diabetes and CKD.

"Such an approval adds to the mounting body of evidence showing GLP-1 agents' utility in indications beyond type 2 diabetes and obesity," BMO Capital analyst Evan Seigerman said.

The approval was based on data from a late-stage study, which showed that Ozempic helped cut the risk of death from chronic kidney disease and major cardiac events by 24%, the company said.

Ozempic is also approved to reduce the risk of major cardiovascular events such as heart attack, stroke or death in adults with diabetes and known heart disease.

Last month, the European Medicines Agency allowed Novo to add risk reduction for events related to kidney disease to the label of Ozempic.

Novo Nordisk estimates that around 40% of people with type 2 diabetes have chronic kidney disease, which affects about 37 million adults in the United States.

Last year, the FDA had approved the use of Wegovy for lowering the risk of stroke and heart attack in overweight or obese adults who do not have diabetes.

Novo Nordisk is also testing its GLP-1 treatments for benefits beyond diabetes and weight-loss, including Alzheimer's disease and a common type of fatty liver disease known as non-alcoholic steatohepatitis (NASH).

New targets for diabetic kidney disease could prevent end stage kidney failure

Genetic image of the kidneys

Press release issued: 10 December 2024

New potential therapeutic targets have been identified for diabetic kidney disease (DKD) - the leading cause of kidney failure in the world - that could see patients treated with new gene and drug therapies preventing the disease's progression into end stage kidney failure. The study is published in Nature Communications.

The University of Bristol-led breakthrough, involving scientists from the UK, Europe and USA, discovered specific cell changes in the kidney caused by insulin resistance – a major driver of diabetic kidney disease.

Despite its prevalence, the molecular mechanisms underlying DKD

development remain poorly understood. Researchers sought to understand the cellular and molecular changes occurring in the kidney (specifically the glomerulus and proximal tubule) which is key to understanding the mechanisms underlying the disease, identifying therapeutic targets and biomarker candidates.

Building on the team's previous work in this area, the team examined the changes caused by insulin-resistance in four types of kidney cells, and then compared these changes with kidney biopsies from patients with early and late diabetic kidney disease.

The study revealed multiple 'common' and 'cell specific' changes caused by insulin-resistance representing new targets for pharmacological or targeted gene therapy approaches.

Richard Coward, Professor of Renal Medicine at the University of Bristol and Consultant Paediatric Nephrologist at Bristol Royal Hospital for Children, and one of the study's lead authors said: "Diabetic kidney disease is the leading cause of end-stage kidney failure in the world, occurring in up to 50 per cent of individuals with diabetes. Patients with end stage kidney disease require daily dialysis or a kidney transplant to survive. If we can find a way to prevent this, it would save and improve countless lives.

"Our aim now is to take several of these therapeutic targets forward in a pre-clinical setting, and hopefully through clinical trials."

Dr Aisling McMahon, Executive Director of Research at Kidney Research UK, added: "We are determined to find ways to tackle diabetic kidney disease. By providing detailed information on genes and pathways involved in diabetic kidney disease, Professor Coward's work takes us one step closer to a more complete understanding of this condition, but also towards discovering new targeted agents to prevent it."

The study is funded by the European Union (BEAt-DKD [Biomarker Enterprise to Attack DKD]), MRC UKRI and Kidney Research UK.