



XIII Baltic Nephrology Conference

Final programme

October 13 - 15, 2016, Jurmala, Latvia

Organized by:

Latvian Association of Nephrology

In cooperation with:

Estonian and Lithuanian associations
of Nephrology,
ERA-EDTA,
ISN



Welcome to XIII Baltic Nephrology Conference

Dear colleagues and friends! It is an honour for our nephrology association to welcome you in Latvia to XIII Baltic Nephrology conference! With your participation we are sure it will turn out as great a scientific and nephrological success as were all 12 previous biannual meetings.

This is the same conference hotel where in 1992 our first seminar was held, which started tight friendship of nephrological community of Baltic states. First meeting also heralded rapid development of modern nephrology in our countries. Seminal initiative came from our teachers – professor Eberhard Ritz and professor Ilmārs Lazovskis. During these fast flying 24 years many well known nephrologists have committed to our education — Stewart Cameron, Barry Brenner, Francesco Locatelli, Norbert Lameire, Claudio Ponticelli to mention just a few. Professor Eberhard Ritz was in centre of organisation of almost all meetings and we warmly wish to our great friend a strong health further.

During these years nephrology in our countries have stepped to the new, more advanced level. Some of these advances are expressed in good RRT incidence, in more than 50% of transplanted patients, in high percentage of PD patients in dialysis, top quality HD techniques, extensive usage of renal biopsies and good morphological expertise in all 3 countries and also due to friendly cooperation.

We hope this meeting will give new ideas of further development to everyone and also will give enjoyment to meet old friends.

Aivars Pētersons

President, XIII Baltic Nephrology conference
President, Latvian Association of Nephrology



Organisation

Conference president

Aivars Pētersons

Scientific committee

Ināra Ādamsons, *chairlady*

Mai Rosenberg

Merike Luman

Inga Bumblyte

Vytautas Kuzminskis

Marius Miglinas

Inese Mihailova

Local organising committee

Harijs Čerņevskis, *chairman*

Ieva Ziediņa

Zane Smeltere-Spulle

Eduards Bancevičs

Georgs Ritovs

Māris Pļaviņš

Jana Ankrava

Contacts

Conference president

Scientific correspondence

Financial questions

Organisational questions

Aivars Pētersons, aivars.petersons@rsu.lv

Ināra Ādamsons, inara.adamsone@stradini.lv

Zane Smeltere-Spulle, zane.smeltere@gmail.com

Harijs Čerņevskis, harijs.cernevskis@stradini.lv



Programme

Thursday, October 13

15.00 – 21.00 Registration
17.00 – 20.00 Welcome reception

Friday, October 14

9.00 – 9.20 Opening **Aivars Petersons, Andrzej Wiecek**
Chairmen – Andrzej Wiecek (Poland), Aivars Petersons (Latvia)

9.20 – 10.00 Resistent hypertension: state of the art **Andrzej Wiecek**
10.00 – 10.40 Membranous nephropathy – progress towards rational therapy **Andrew Rees**
10.40 – 11.00 *Coffee break*

Chairmen – James Heaf (Denmark), Vytautas Kuzminskis (Lithuania)

11.00 – 11.40 Role of magnesium in nephrology **Steven Van Laecke**
11.40 – 12.20 Complement role in renal diseases **Sakari Jokiranta**
Short oral presentations

12.20 – 12.30 **Vaida Petrauskiene**, et al. Vascular calcification and biomarkers in hemodialysis patients with novel cardiovascular events.
12.30 – 12.40 **Jana Holmar**, et al. Total removed Beta-2 microglobulin and urea during different dialysis treatment modalities.
12.40 – 12.50 **Maija Motivāne**, et al. Predictors of treatment success in antibody - mediated rejection after kidney transplantation.

13.00 – 14.00

Lunch

14.00 – 14.25

ISN Pioneer Award ceremony – **Prof. Vytautas Kuzminskis**
Presented by **John Feehally, Inga Bumbylyte**

Chairmen – John Feehally (UK), Inga Bumbylyte (Lithuania)

14.25 – 15.10

Classification and management of IgA nephropathy

John Feehally

15.10 – 15.50

The future of peritoneal dialysis

James Heaf

Short oral presentations

15.50 – 16.00

Ülle Pechter, et al. Physical activity and quality of life in patients with chronic kidney disease. A cross-sectional study in Estonia.

16.00 – 16.20

Coffee break

Chairmen – Andrew Rees (Austria, UK), Merike Luman (Estonia)

16.20 – 17.00

ANCA-associated vasculitis – new developments and current uncertainties

Andrew Rees

17.00 – 17.40

Renal research: past, present and future

John Feehally

Short oral presentations

17.40 – 17.50

Anna Silda, et al. Hydration status assessment in peritoneal dialysis patients using bioimpedance analysis.

17.50 – 18.00

Kārlis Rācenis, et al. Bacteriophages as potential treatment for infections in *S.aureus* colonised nephrological patients: an in vitro study.

19.00

Nephrological dinner

Saturday, October 15

	<i>Chairmen – Steven Van Laecke (Belgium), Ieva Ziediņa (Latvia)</i>	
9.00 – 9.40	Fabry nephropathy: challenges in diagnosis and treatment	Marius Miglinas
9.40 – 10.20	Diabetes mellitus in transplanted patient	Steven Van Laecke
10.20 – 11.00	Diagnosis and treatment of atypical HUS	Kati Kaartinen
	<i>Short oral presentations</i>	
11.00 – 11.10	Marta Kantauskaite , et al. Mineral bone disease among patients with new onset diabetes after renal transplantation.	
11.10 – 11.20	Egle Dalinkeviciene , et al. First-year renal graft survival: which factors play the main role?	
11.20 – 11.50	<i>Coffee break</i>	
	<i>Chairmen – Marius Miglinas (Lithuania), Mai Rosenberg (Estonia)</i>	
11.50 – 12.20	Early vascular access dysfunction – problems and solutions	Sondra Kybartiene-Maciulaite
	<i>Short oral presentation</i>	
12.20 – 12.30	Mai Rosenberg , et al. Estonian Health Insurance Fund expenditures for persons with End-Stage Kidney Disease	
12.30 – 13.10	Continuation of discussion of Baltic RRT statistics and problems: Estonia – Mai Rosenberg ; Lithuania – Edita Ziginskiene ; Latvia – Harijs Čerņevskis	
13.10	Best abstract rewards	Ināra Ādamsone
13.20	Closing remarks	Aivars Pētersons
13.30 – 15.00	<i>A farewell lunch</i>	

Conference venue

Conference will take place at the Baltic Beach hotel, Jūras iela 23/25, Jūrmala, Latvia.
www.balticbeach.lv.

Location is very convenient and accessible in 10 minutes from airport and in 30 min from Riga city center. This conference hotel is also historical for all Baltic nephrology due to the fact, that there the first ever Baltic Nephrology conference in 1992 took place.

Posters

Posters should be placed on the stand Friday 7.00 – 8.30 according to their number. Please remove your poster before Saturday 12.00.

How to register and book room in conference hotel

On-site registration is available. Participation fee 200 EUR. Room in conference hotel is not guaranteed, but there are other hotels in vicinity, like Jurmala SPA.



Abstracts

RATIONALE OF A STUDY FOR PATIENT EMPOWERMENT AND SHARED DECISION SUPPORT FOR CARDIORENAL SYNDROME

Laurynas Rimsevicius¹, Domantas Stundys², Neringa Bileisiene², Marius Miglinas¹, Diana Sukackiene¹, Loreta Vaskeviciute², Stamatia Pouliliou³, Dimitrios Papazoglou³, Konstantinos Zagkas³, Stefanos Roumeliotis³, George Drosatos³, Ploumis Passadakis³, Eleni Kaldoudi³

¹ Vilnius University, Nephrology Center, Lithuania

² Vilnius University Hospital Santariskiu Klinikos, Lithuania

³ Democritus University of Thrace, Greece

Background: Early detection and aggressive management of underlying causes and comorbidities are the most important aspects of cardiorenal syndrome. Preventing progression to end stage renal and/or cardiac deficiency may improve quality of life and help save health care costs. CARRE (Personalized patient empowerment and shared decision support for cardiorenal disease and comorbidities, EU-FP7 funded project, no.611140) employs internet aware sensors and sources of medical evidence to compile a variety of personalized alerting, planning and educational services. Within this project, patients are empowered and can make shared informed decisions.

Objectives: Primary objectives are: to increase health literacy; to increase level of patient empowerment; to improve patient quality of life; to reduce the personal risk of cardiorenal disease related morbidities (as these are described in the CARRE risk factor database). Secondary objectives are: to ameliorate or prevent the progression of clinical and laboratory parameters related to cardiorenal disease and comorbidities; improve lifestyle habits (smoking, physical activity, adherence to self-monitoring and therapy); limit the number or dose of essential drugs; test for intervention acceptability and/or user satisfaction.

Methods: Pilot study is ongoing at two sites, Vilnius University (Lithuania) and Democritus University of Thrace (Greece). Study population (total 160 patients) enrolls two groups of individuals: group 1 (40 patients) consists of patients with a diagnosis of metabolic syndrome according to criteria based on the Joint Interim Statement; group 2 (40 patients) consists of patients with either renal or heart disease, diagnosed as chronic kidney disease (CKD) stage 3a or CKD stage 2 with albuminuria or systolic heart failure, NYHA class II or III. Group 1 and group 2 are divided further into intervention and control groups (20 patients each). The patients in intervention group are trained to work with CARRE user interface, and scheduled to monitor their parameters with telemedicine devices at home: blood pressure monitor, scale, physical activity tracker, glucometers. The patients in control group have traditional medical care. The study started in July 2016.

Results: The study team in Nephrology center (Vilnius University Hospital Santariskiu Klinikos) enrolled 20 patients with CKD (median age 50.6), 10 patients in group 1 and 10 patients in group 2 (5 male and 5 female in each group). The intervention group (mean age 43.3) consists of 4 patients with CKD stage 2 with albuminuria, and 6 patients with CKD stage 3. Most patients (5) have a diagnosis of glomerulopathy. The control group (mean age 57.9) consists of 3 patients with CKD stage 2 with albuminuria, and 7 patients with CKD stage 3. Most patients (4) have a tandem diagnosis of diabetes and hypertension. All patients had screening and baseline visits, were register in CARRE platform, and underwent measurements and collection of required medical records.

Conclusion: The ultimate goal is to help patients with comorbidities take an active role in care processes, including self-care and shared decision making, and also to support medical professionals in understanding and treating comorbidities via an integrative approach. The first project results on the analysis of the cardiorenal disease and related sources of medical evidence are expected in the end of 2016.

Keywords: cardiorenal syndrome, patient empowerment, shared decision support.



Main sponsors



Golden sponsors



Silver sponsors

