

Media Release

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Alberta-wide team unveils ambitious plan to combat chronic diseases *Research targets high blood pressure, diabetes, kidney and vascular disease*

Drs. Brenda Hemmelgarn, Braden Manns, and Marcello Tonelli – all Alberta kidney specialists – had been doing clinical research together for years when they recognized that publishing research is just the first step.

“What we find most rewarding as physicians is publishing our research and then seeing immediate changes in health policy, and in how care is delivered to our patients. But that often doesn’t happen,” says **Dr. Marcello Tonelli, a kidney specialist at the University of Alberta Faculty of Medicine & Dentistry**. “We decided to create a province-wide research team, deliberately including health care decision-makers and government policy-makers as team members, to ensure that our research findings can be of immediate benefit – to the healthcare system, and to the people in it.”

The trio created the Interdisciplinary Chronic Disease Collaboration (ICDC), and began meeting with key leaders at Alberta Health and Wellness, and Alberta Health Services. In 2009, Alberta Innovates – Health Solutions (AIHS) awarded ICDC a \$5 million, five-year team grant, with funding support from Alberta Health and Wellness.

“Chronic diseases – diabetes, kidney disease, high blood pressure and vascular disease – are the quiet epidemic of our time,” says **AIHS ICDC team co-leader Dr. Braden Manns, a kidney specialist at the University of Calgary Faculty of Medicine**. “Our team has an ambitious plan to dig into the root causes of chronic disease, transform how we diagnose and treat people, but also help people to make their own changes toward better overall health.”

“I have enormous confidence in the abilities of these clinical scientists,” says **Alberta Health Services Senior Vice President Deb Gordon, also an ICDC team member**. “Their research has been published in an unprecedented number of prestigious journals this year – the *New England Journal of Medicine*, *Circulation*, the *Canadian Medical Association Journal*, the *British Medical Journal*, two studies in the *Journal of the American Medical Association*, and two in *Lancet*. To be published in one of these in a career is an honour. These publications demonstrate the caliber of this team.”

The AIHS ICDC recently published a series of articles on how to help doctors identify people most at risk of kidney failure, heart attacks, hospitalization and death. The researchers found that the current blood test to screen for kidney disease is not the

most effective tool for diagnosis, instead recommending doctors use a simple urine test alongside the standard blood test to identify people at greatest risk of kidney failure.

“Our goal is to reduce the number of people with complete kidney failure requiring dialysis. We know that delaying or avoiding the need for dialysis saves the health system money – more than \$100,000 per year,” says **AIHS ICDC team co-leader Dr. Brenda Hemmelgarn, a kidney specialist at the University of Calgary Faculty of Medicine.** “More importantly, delaying dialysis has a huge impact on quality of life for people with kidney disease.”

Another project undertaken by the AIHS team looks at people living in remote areas, the care they receive, and their health status. A study by ICDC published in *Kidney International* finds that people living away from major cities are less likely to be referred to kidney specialists and more likely to have poor outcomes from kidney disease. The team is now working with geographers, pharmacists, and population health experts to answer the following question: “As we build new clinics, where can we locate them to save the most lives?”

The ICDC also recently published an article in the *New England Journal of Medicine* suggesting that an over-the-counter chewable calcium preparation (commonly known as TUMS) was as effective as a more expensive prescription medication to treat high phosphate levels in people with kidney disease. The team’s recommendation to doctors and policymakers, based on uncertainties about whether the more expensive medication improves patient health, was to prescribe TUMS rather than the costly prescription medication.

The team has 26 members, including scientists, physicians and health policy makers from the universities of Alberta and Calgary, Queens University, the University of Toronto, University of Aberdeen, Alberta Health Services, the Canadian Agency for Drugs and Technologies in Health, and Statistics Canada.

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