

## EVALUATE THE PRECISENESS OF THREE POPULATION SCREENING APPROACHES TO TRUE PREVALENCE OF CKD-U SRI LANKA

Fernando, W.B.N. T<sup>1</sup>., Abeyesundara H.T.K., Herath A.T<sup>1</sup>., Hemade, K.R. D<sup>1</sup>., Kumudumali, D.P.G.S<sup>1</sup>., Hettiarachchi, T. W<sup>1</sup>., Sudeshika, S.H.T<sup>1</sup>., Elladeniya N.C<sup>1</sup>., Madushan K.P.S<sup>1</sup>., Badurdeen, M. Z<sup>1</sup>., Abeysekara, D.T. J<sup>1</sup>., Nanayakkara, N<sup>2</sup>

<sup>1</sup>*Centre for Education, Research and Training on Kidney Diseases (CERTKiD), Faculty of Medicine, University of Peradeniya, Sri Lanka*

<sup>2</sup>*Transplant and Dialysis Unit, Teaching Hospital, Kandy, Sri Lanka*

### **Introduction & Objective:**

Wilgamuwa is one of the endemic areas for Chronic Kidney Disease of Uncertain Etiology (CKDu). Prevalence data could be underestimated or overestimated the true picture as there is a participant bias. The aim of the study was to evaluate the preciseness of screening approaches to true prevalence of CKDu in Sri Lanka.

### **Methodology:**

Two areas with highest (Naminigama) and lowest prevalence (Perakanatta) of CKDu in Wilgamuwa were selected according to the hospital and MOH data. Our approach was stepwise in screening firstly a large scale central clinic, secondly several scattered clinics and thirdly home to home visit.

### **Results:**

Total Population is 920 and 648 in Naminigama and Perakanatta respectively. In Naminigama, participation was 185, 405 for first and second methods which is nearly a threefold high respectively. In third method on average 282 participated which was 1.5 times increase than the first method. Cumulative coverage was 20.1%, 64.13% and 94.78% for first, second and third methods respectively. Results for Perakanatta were 141, 345 and 257 for first, second and third methods respectively. That was nearly 2.5 and 1.2 times increase compared to the first method. Cumulative coverage was 21.75%, 75% for first and second methods respectively. In third method, it was over 100% (114.6%) due to repetition of the participation. Logistically, home to home visit is expensive than getting down the patients to clinics.

### **Conclusion:**

Most effective approach for screening for CKD-u is home to home visits. Several scattered clinics are effective than a central large scale clinic.