



# Prevention Methods for End-Stage Renal Disease in Primary Care

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## DESCRIPTION

End-Stage Renal Disease (ESRD) is a significant global health issue that affects as well. Both the incidence and the prevalence of ESRD are on the rise. Global predictions constantly show a growth in the number of people undergoing maintenance dialysis as well as an epidemic tendency in the two diseases that are the main causes of ESRD in the majority of the world diabetes mellitus and hypertension. Chronic Renal Disease (CRD) is underdiagnosed and undertreated due to late diagnosis and restricted access to dialysis in developing nations due to its cost. This is because the majority of patients have little symptoms at least in the early stages of the disease. The under treatment of CRD is influenced by ethical, societal and political reasons in addition to economic ones. This highlights the fact that renal replacement therapy cannot be used as the sole treatment option until the disease has reached its terminal stage. A new way of thinking is required, one that integrates illness prevention with health promotion. There is proof that CRD can be prevented or that ESRD can be delayed, both of which would lessen the requirement for renal replacement treatment. It is crucial that this health issue is brought to the attention of all medical professionals and the communities they serve, and that they take an active role in finding a solution. In order to effectively prevent CRD and Chronic Renal Failure (CRF) health promotion must be bolstered, patients and their families must be informed and at-risk individuals must be actively screened. Clinical actions must begin, medical treatment quality must be improved and the community's active involvement must be ensured. This program's goal is to decrease CRF-related

morbidity and mortality in the general population. Its primary objectives are the reduction of population-wide risk factors for CRD the early identification of patients with CRD or CRF the prevention or delaying of the progression of CRD to ESRD and the enhancement of patient quality of life. To determine the morbidity, mortality and risk factors. Based on medical death certificates, a countrywide analysis of CRF's mortality reported a mortality rate of 101 to 132 fatalities per million people. The four levels of prevention primary, secondary and tertiary are used to characterise preventive interventions. Public health policy, industry, media, social organizations and health services all play a role in health promotion. A biological, psychological and social approach is required for the implementation of interventions, together with individual, family and community-based approaches. The National Program for the Prevention of Chronic Renal Failure was founded on this theoretical idea. Illustrates health promotion and lifestyle modification, identification and screening of the population at risk for CRD, registration, risk assessment, treatment patients with CRF in primary health care, rehabilitation and patient quality of life, with a focus on the involvement of primary care physicians and nephrologists. By exercising more control over the factors that affect one's health both people and communities can enhance their overall health. With the aim emergence and establishment of those social, economic and cultural patterns of living that are known to contribute to an increased risk for diabetes, cardiovascular disease and the progression of CRD it is an educational programme that promotes health education among the population.

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