Organized by:
  Latvian Association of Nephrology

In cooperation with:
  Estonian and Lithuanian associations of Nephrology,
  ERA-EDTA,
  ISN

XIII Baltic Nephrology Conference

October 13 - 15, 2016, Jurmala, Latvia
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 that 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

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Mai Rosenberg
Merike Luman
Inga Bumblyte
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Programme

Thursday, October 13
15.00 – 21.00   Registration
17.00 – 20.00   Welcome reception

Friday, October 14
9.00 – 9.20   Opening
Chairmen – Andrzej Wiecek (Poland), Aivars Petersons (Latvia)
Aivars Petersons, Andrzej Wiecek
9.20 – 10.00   Resistant 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
13.00 – 14.00  Lunch

14.00 – 14.25  ISN Pioneer Award ceremony – Prof. Vytautas Kuzminskis
Presented by John Feehally, Inga Bumblyte
Chairmen – John Feehally (UK), Inga Bumblyte (Lithuania)

14.25 – 15.10  Classification and management of IgA nephropathy  
John Feehally

15.10 – 15.50  The future of peritoneal dialysis  
James Heaf


16.00 – 16.20  Coffee break

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


19.00  Nephrological dinner
**Saturday, October 15**

*Chairmen – Steven Van Laecke (Belgium), Ieva Ziediņa (Latvia)*

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**

*Short oral presentations*


11.10 – 11.20  Egle Dalinkeviciene, et al. First-year renal graft survival: which factors play the main role?

11.20 – 11.50  Coffee break

*Chairmen – Marius Miglinas (Lithuania), Mai Rosenberg (Estonia)*

11.50 – 12.20  Early vascular access dysfunction – problems and solutions  
**Sondra Kybartiene-Maciulaite**

*Short oral presentation*

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 Ādamsonе**

13.20  Closing remarks  
**Aivars Pētersons**

13.30 – 15.00  A farewell lunch
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

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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 Hopital 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.