East Meets West: Harmony but Not Uniformity

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In April 1966, at the Bath Musical Festival in England, Yehudi Menuhin was appointed as a full-fledged artistic director of the festival, and he decided to mark the occasion by taking on new challenges. He took the plunge into the language of Indian music by performing a sitar-violin duet with Ravi Shankar. The collaboration seemed inevitable and was a resounding success. The album ‘West Meets East’ by Yehudi Menuhin and Ravi Shankar, recorded after their fantastic duet at the festival, won a Grammy Award. It is now a legend and emphasizes the pursuit of true understanding, particularly in this interdependent world today.

In art and medicine alike, an enhanced mutual recognition of particularities from the different regions of the world is beneficial for all. Exchange of knowledge and shared experiences improve global understanding and foster progress. Kidney diseases are an important mortality cause worldwide, and the burden and challenge of kidney diseases in global public health are described thoroughly in the editorial of Dr. G. Remuzzi in this issue [1]. The best way to reduce these enormous burdens is to prevent kidney diseases in the first place, through earlier diagnosis and better care for people with kidney diseases. However, glaring gaps and inequities in the diagnosis and treatment of kidney diseases persist both within and between countries. Global efforts are taking place to shoulder the burden of kidney diseases. Kidney Disease: Improving Global Outcomes (KDIGO) is a global organization that aims to improve the care and outcomes of kidney disease patients worldwide by promoting the coordination, collaboration and integration of initiatives to develop and implement clinical practice guidelines through its international board. The guidelines on the definition, staging and management of kidney diseases have had a tremendous impact on the awareness of kidney diseases and on related research [2]. In addition, the International Society of Nephrology (ISN) commission on the 0 by 25 initiative for acute kidney injury was aimed at eliminating preventable deaths from acute kidney injury by 2025 by calling for global strategies that permit the timely diagnosis and treatment of potentially reversible acute kidney injury for patients; this initiative has a particular emphasis on people in lower- and middle-income countries [3]. To achieve these goals, it is important to have a platform to identify the diversity of kidney diseases among different regions and to eliminate these disparities in development.

Although the estimated prevalence of chronic kidney diseases in China is similar to that reported for developed countries, the etiology differs from that of Western countries. Data from the Chinese Renal Data System revealed that glomerular disease was the most common cause of end-stage renal disease (ESRD) [4], a finding that was different from that reported for developed countries, such as the USA [5] and UK [6], where the major cause of ESRD is diabetic nephropathy (DN). The KDIGO clinical practice guidelines for glomerulonephritis are based on evidence from 765 references, only 10 of which are from China [7]. We could not ignore this reality when implementing the KDIGO guidelines in China, and further relevant clinical trials are needed to close the gap.

Treatment of IgA nephropathy (IgAN) remains a challenge. The efficacy and safety of mycophenolate mofetil
IgAN patients in the East and West. SNPs within the gene populations. O-glycosylation of IgA1 is a common finding in IgAN is more evident in Southern than in Northern pop-
in Asia. Within Europe, the possible familial feature of men more frequently than women; this is not the case in Chi-
rope and North America. In Europe, IgAN affects men that the prevalence of IgAN is higher in Asia than in Eu-
ence, prevalence, and pattern of kidney diseases be-
tween the East and West. Unfortunately, despite the high prevalence and high mortality of kidney diseases, basic and clinical research on kidney diseases has lagged behind that of other medical fields. In particular, the number of randomized, controlled trials is lower than that in other medical subspecialties. There is a great need for additional research on kidney diseases. Undoubtedly, the concept of Kidney Diseases and the ad hoc team of international experts on its Editorial Board will establish a new unique landmark in research publications.

Disclosure Statement

The author has no conflicts of interest to declare.
References