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Foreword

Recombinant human erythropoietin (epoetin) was first used to treat end-stage renal disease-associated anaemia in 1985. At that time, it was found to be effective and well tolerated with few adverse effects. However, the process of defining optimal dosage regimens involving different administration routes and iron requirements has required more time.

In 1996, the 'Clinical Practice Guidelines for the Treatment of Anemia of Chronic Renal Failure', prepared by the US National Kidney Foundation–Dialysis Quality Outcome Initiative (NKF-DOQI), were published. For the first time, recommendations for the diagnosis and treatment of renal anaemia were offered, with the goal of improving medical practice. The DOQI Guidelines were based on the critical review of 2836 published papers.

The following year, the NKF-DOQI Guidelines were appraised in the context of European clinical practice. A Working Party was established under the Chairmanship of Professor Stewart Cameron, along with input from representatives of the ERA-EDTA and the Societies of Nephrology of the European Union, Central and Eastern European countries. This group of experts produced the 'European Best Practice Guidelines for the Management of Anaemia in Patients with Chronic Renal Failure' (EBPG), published in 1999. A further critical review of the papers analysed for the NKF-DOQI was effected, and this included 200 additional studies published from 1996 to 1998. The EBPG are based on three levels of evidence (A, B and C) in line with the criteria of the US Agency for Healthcare Policy and Research (see Appendix 1).

Optimal treatment means the best possible use of therapeutic resources to improve patients' quality of life and survival. This is the main aim of the EBPG, which provide an evidence-based standard of care for management of anaemia in patients with chronic renal failure. The EBPG publication was the first phase of the process, the next important step being implementation. In parallel with this process, the European Survey on Anaemia Management (ESAM) was initiated. The principle objective of ESAM was to gain insight into the current diagnostic and treatment practices in renal anaemia throughout Europe prior to implementation of the EBPG.

The ESAM results from 14 Western European countries are published in this supplement. Further data have been collected from additional countries in Europe, the Middle East and Africa, and will be published subsequently. A total of 14 527 dialysis patients followed up for 6 months were studied. ESAM provides valuable data comparing theory with practice in the diagnosis and treatment of anaemia, and this will facilitate the implementation of the EBPG. The Guidelines will require a periodic re-evaluation and modification in the light of subsequent developments. In the same way, the scope of ESAM has been expanded to include other countries of the world. An analysis similar to ESAM will be repeated in Europe to evaluate the impact of EBPG on clinical practice.

The ESAM results published in this supplement follow the same order as the EBPG recommendations: evaluating anaemia and initiating treatment; target haemoglobin; iron management; anaemia management; inadequate response to epoetin; and adverse effects of epoetin treatment.

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