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CHRONIC DISEASE

Chronic Kidney Disease

The Slow Path to Dialysis Dependency

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Overview

Chronic kidney disease is one of the quietest catastrophes in American medicine. It develops silently over years or decades — most patients feel fine until kidney function drops well below normal, at which point damage is already substantial.

Approximately 35.5 million U.S. adults — about 14% of the adult population — have CKD, and roughly 9 in 10 do not know they have it. Around 808,000 Americans are living with end-stage renal disease; the majority are on dialysis, and about 250,000 have functioning kidney transplants.

For families, the moment of recognition frequently comes not in a doctor's office but at a hospital admission: a routine surgery reveals kidney failure, or an emergency visit for another problem uncovers a warning sign that should have been caught years earlier.

35.5M

U.S. adults have chronic kidney disease (about 14%)

9 in 10

with CKD do not know they have it

~40%

of adults 67+ die within one year of starting dialysis

How It Leads to Dependency

CKD is a dependency disease in three distinct ways. First, when it progresses to end-stage renal disease, in-center hemodialysis requires 3 to 4 hour sessions three days per week, indefinitely — a schedule that upends work, travel, and independent living entirely.

Second, transportation to and from dialysis becomes, for many families, a full-time caregiving job in itself. Third, the cumulative toll on frail older adults is severe: roughly 40% of adults 67 and older die within one year of starting dialysis, and most survivors experience significant functional decline in the first 12 months.

Diagnosis & Early Warning Signs

CKD is diagnosed using two measures together: glomerular filtration rate (GFR, how well kidneys filter blood) and albuminuria (protein leakage into urine). Diabetes and hypertension together account for over 70% of new cases of kidney failure, making both conditions important screening triggers.

Because early CKD is asymptomatic, routine blood and urine testing — particularly for anyone with diabetes, high blood pressure, or a family history of kidney disease — is the only reliable way to catch it before significant damage occurs.

Typical Care Needs

Caring for someone with advanced CKD, and especially someone on dialysis, is one of the most demanding and relentless forms of family caregiving — unlike diseases with acute crises followed by stable periods, dialysis caregiving repeats three times a week, indefinitely.

Needs include managing 10 to 15 daily medications, supporting strict dietary restrictions on sodium, potassium, phosphate, and fluid at every meal, and monitoring vascular access sites for infection or complications.

The Realistic Cost of Care

Dialysis is one of the most resource-intensive forms of ongoing medical care, and the transportation burden alone often becomes the primary financial and time cost for families.

40–50% of dialysis family caregivers report significant emotional stress	150+ round-trips per year for in-center hemodialysis	25–40% of dialysis patients experience depression
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- In-center hemodialysis requires 150 or more round-trips per year, plus separate appointments for nephrology, vascular access surgery, and transplant workup when applicable.
- Transportation to and from dialysis is the single most common caregiver-burden issue reported in surveys of dialysis family members, and is the caregiving demand most likely to force a family member to reduce work hours or leave employment.
- Home dialysis options (peritoneal or home hemodialysis) offer more schedule flexibility but require a substantial training period and ongoing technical caregiver involvement.

THE CAREGIVER BURDEN

Dialysis caregiving is relentless in a way few other conditions match — three sessions a week, indefinitely, layered on top of the ordinary work of managing medications, appointments, diet, and complications.

Planning Considerations

These considerations are general and educational. They are not financial or legal advice, and no specific product or provider is endorsed here.

- Because 9 in 10 people with CKD don't know they have it, routine kidney function screening — especially for anyone with diabetes or hypertension — is the single highest-leverage early step.
 - Families facing an ESRD diagnosis should understand the tradeoffs between in-center dialysis, home dialysis, and transplantation early, since the choice significantly shapes the caregiving arrangement that follows.
 - Palliative care consultation for advanced kidney disease is available well before end of life and can meaningfully ease the burden of an unrelenting treatment schedule.
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Sources & Further Reading

1. National Kidney Foundation — <https://www.kidney.org/>
2. USRDS — United States Renal Data System — <https://usrds.org/>

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