It is believed that there is an increasing rate of chronic kidney disease to end-stage kidney failure. Nowadays, there is an international awareness on the importance of chronic kidney disease as well as declining the frequency and impact of renal disease and its associated health problems worldwide (1). Each year, there is a ceremony on the second Thursday of March in many countries around the world (1). While, the term of acute kidney injury (AKI) was suggested to reflect the wide spectrum of classic acute kidney failure, however, AKI may cause kidney failure directly or subsequent increase of developing risk of chronic kidney disease (1-3). Furthermore, the duration, severity and frequency of acute kidney injury appear to be important predictors of poor patient outcomes for developing chronic renal failure. Generally, AKI is specially common in hospitalized patients which it may result in an increased risk of future chronic kidney disease, increased hospital duration of stay, and an bigger risk of death (1,2). However, the impact of AKI on the development of chronic kidney disease is still not well understood. On the other hand, chronic kidney disease is in turn an important risk factor for the progression of AKI too (2-4). Indeed, several researches have shown that the related clinical findings and also the bidirectional nature of the association between AKI and chronic kidney disease. Chronic kidney disease is a long-term health condition and defined as the gradual loss of renal function over time (1-3). In recent years, there is a substantial international interest on incidence, the risk factors, rate of disease progression, and clinical features of chronic kidney disease as a result of high prevalence and increasing world awareness on chronic kidney disease among policy makers. The main epidemiologic importance of disease is due to asymptomatic chronic kidney disease patients in the early stages of the disease process (2-5). However, even in asymptomatic patients, chronic kidney disease may involves different organs which in turn might raise the risk of cardiovascular diseases, kidney failure, hospitalization and death (6-8). Since there is an increasing prevalence of kidney disease worldwide (2-5), the higher prevalence of kidney disease will continue despite intensified kidney-protection modalities, better hypertension control, diabetes control, smoking cessation and the increasing, use of renin-angiotensin-aldosterone system (RAAS) blockade in both diabetic and non-diabetic chronic kidney disease patients (1-5). Hence, health policy-makers should focus on chronic kidney disease and elderly due to ageing of population. The aim should be the rise of society awareness. Thus, everybody should care for his/her kidneys through regular check up if he/she is at risk for kidney disease. In fact, prevention of kidney disease, early detection, and subsequent kidney protection are critical aims for world kidney day in 2014.

Authors’ contributions
All authors wrote the paper equally

Conflict of interests
The authors declared no competing interests.

Ethical considerations
Ethical issues (including plagiarism, data fabrication, double publication) have been completely observed by the authors.

Funding/Support
None.

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