The pressure is on to diagnose Chronic Kidney Disease (CKD)

You have the power to take the pressure off.

Early intervention for CKD can slow disease progression and lower the risk of associated complications.[1]

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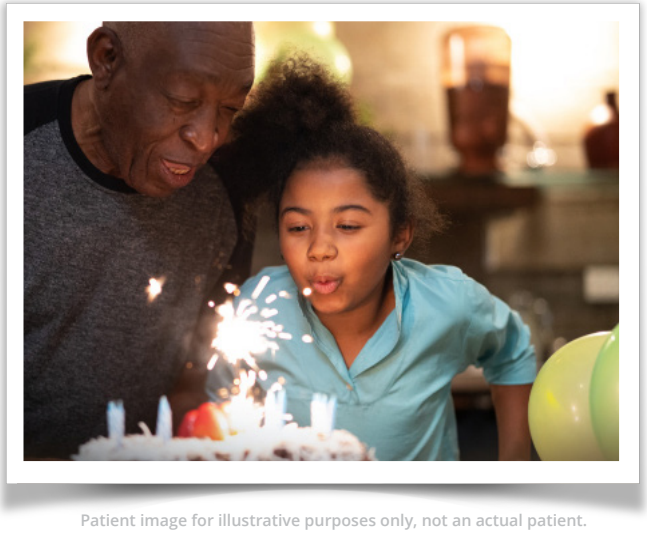

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CKD=Chronic Kidney Disease; eGFR=estimated glomerular filtration rate.
UACR=urine albumin-creatinine ratio.

CKD is a progressive condition and incidence is on the rise globally [1–3]

CKD is projected to become the 5th leading cause of death worldwide by 2040.[4]

With >840 million people around the world affected by CKD,[4] it's surprising that as few as 10% of adults with CKD are diagnosed, even in Stage 3.[1,5]

In fact, 9 out of 10 people with CKD may not be aware they have it – in both developed and developing countries.[5,6]

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CKD=Chronic Kidney Disease.

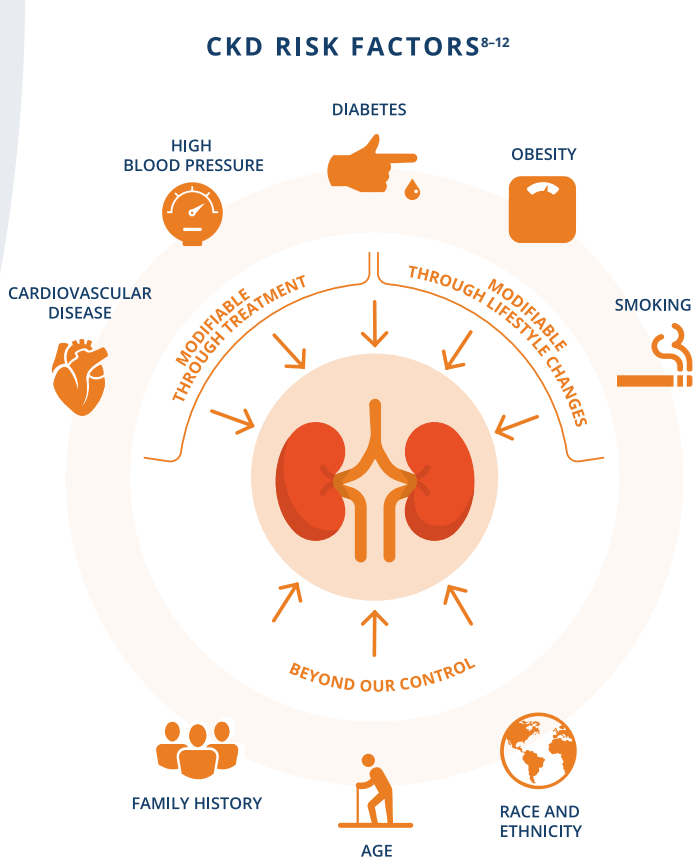
Who is at risk?

The two most common causes of kidney disease – hypertension and diabetes.[7] There are also additional factors that can put your patients at risk of CKD.[8]

Many factors are within our control, and manageable with treatment and/or lifestyle changes.[9] However, there are some that are beyond it.[9]

Certain socioeconomic factors, comorbidities, and ethnicities can impact a patient's risk of developing CKD,[10–13] (e.g. native Hawaiian, Pacific Islander and African Americans are known to be at higher risk for end-stage kidney disease[10,12]). Similarly, IgA nephropathy, an autoimmune disease, is more common in Asian patients.[11,13]

In both American and sub-Saharan populations with recent African ancestry, variants in the APOL1 gene are estimated to contribute to a lifetime risk of CKD of up to 15%.[14]



CKD=Chronic Kidney Disease; IgA, immunoglobulin A.

You can make a difference

With early diagnosis and intervention – you can help your patients preserve their quality of life and live the life they love, longer.[1,3]

CKD is often called a "silent disease", because your patients could lose up to 90% of their kidney function without any noticeable symptoms.[15]

It's important to closely monitor your patients at risk, such as those with hypertension, T2D, and CV disease,[1] by regularly checking both eGFR and UACR.[16]

CKD is considered a "disease multiplier" and often presents with other progressive diseases.[17]

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CKD=Chronic Kidney Disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; T2D=Type 2 Diabetes; UACR=urine albumin-creatinine ratio.

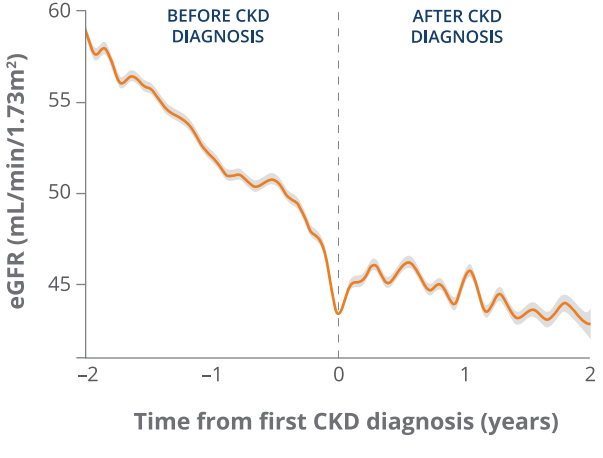
Early diagnosis can have a significant impact[1–3]

It's time to act on CKD – start by screening your patients with hypertension, T2D, or CV disease today and begin monitoring for any decline in eGFR or increases in UACR.[18–20]

Damage to kidneys and decline in kidney function can produce widespread effects leading to poorer outcomes, such as CV events, hospitalization, and mortality.[1,3]

Regular screening of patients at risk and those with compromised kidney function to diagnose CKD, even in Stage 3, can significantly slow further eGFR decline, disease progression and reduce the risk of complications.[1,3]

MODELLED eGFR DECLINE BEFORE AND AFTER CKD DIAGNOSIS[3]



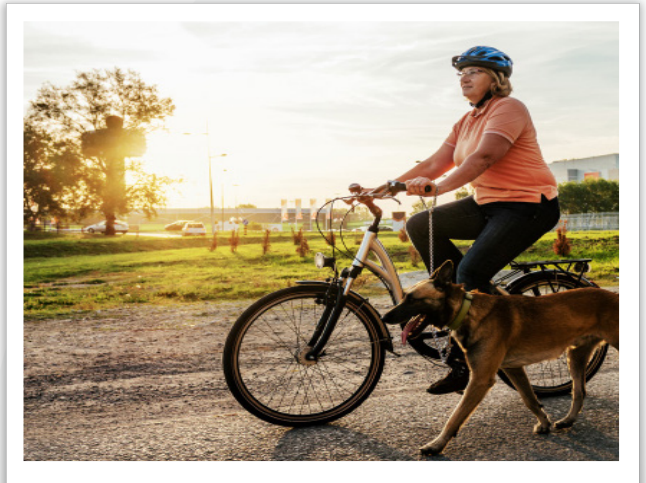
Shaded area represents 95% CI.[3]
Adapted from Tangri et al, 2023.[3]

CI=confidence interval; CKD=Chronic Kidney Disease; CV=cardiovascular; eGFR=estimated glomerular filtration rate; T2D, Type 2 Diabetes; UACR=urine albumin-to-creatinine ratio.

It's time to talk about CKD

Having a conversation with your patients about CKD can be complicated. Helping them to understand what their kidneys do and what having CKD might mean for them is an important step in slowing disease progression and extending quality of life.[1]

By talking to patients early, you're helping them avoid surprises later. So when you see a decline in eGFR or an increase in UACR – kick off the conversation.



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CKD=Chronic Kidney Disease; eGFR=estimated glomerular filtration rate; UACR=urine albumin-to-creatinine ratio.

Know your patients' numbers: eGFR

Get the complete picture of CKD diagnosis and progression with 2 easy tests – eGFR and UACR.[18,19]

The eGFR calculations in your patients' metabolic panel can help you conveniently track kidney function.[18] Check to see if your labs are calculating eGFR for you.

You can use this table to support test result discussions with patients about eGFR as a measure of "remaining kidney function".[18]

The five stages of CKD[18]

STAGE		GFR	% OF KIDNEY FUNCTION REMAINING
STAGE 1	Kidney damage with normal kidney function	90 or higher	90 to 100%
STAGE 2	Kidney damage with mild loss of kidney function	60 to 89	60 to 89%
STAGE 3a	Mild to moderate loss of kidney function	45 to 59	45 to 59%
STAGE 3b	Moderate to severe loss of kidney function	30 to 44	30 to 44%
STAGE 4	Severe loss of kidney function	15 to 29	15 to 29%
STAGE 5	Kidney failure	<15 or lower	15% or lower

Adapted from National Kidney Foundation.[18]

CKD=Chronic Kidney Disease; eGFR=estimated glomerular filtration rate; UACR=urine albumin-to-creatinine ratio.

Know your patients' numbers: UACR

Get the complete picture of CKD diagnosis and progression with 2 easy tests – eGFR and UACR.[18,19]

Guidelines, such as KDIGO, recommend measurement of UACR alongside eGFR to support your assessment of risk of CKD and associated complications.[20]

You can use the KDIGO heatmap to assist with the initiation of appropriate management and when to refer to a nephrologist.[20]

eGFR categories (mL/min/1.73 m²) Description and range	Albuminuria categories: A1 <30 mg/g <3 mg/mmol	A2 30–299 mg/g 3–29 mg/mmol	A3 ≥300 mg/g ≥30 mg/mmol
≥90 G1	Monitor (1)	Treat (1)	Treat & consult (3)
60–89 G2	Monitor (1)	Treat (1)	Treat & consult (3)
45–59 G3a	Treat (1)	Treat (2)	Treat & consult (3)
30–44 G3b	Treat (2)	Treat & consult (3)	Treat & consult (3)
15–29 G4	Treat & consult (3)	Treat & consult (3)	Treat & consult (4+)
<15 G5	Treat & consult (4+)	Treat & consult (4+)	Treat & consult (4+)

Low risk
Stable disease *OR* NO CKD in absence of other markers of kidney damage.[1] Requires measurements once a year or earlier in case of new symptoms / risk factors.

Moderately increased risk
Requires measurements at least once a year

High risk
Requires measurements at least twice a year

Very high risk
Treat in agreement with a nephrologist
Requires measurements at least three times a year
Requires the closest monitoring at least four times a year (every 1–3 months)

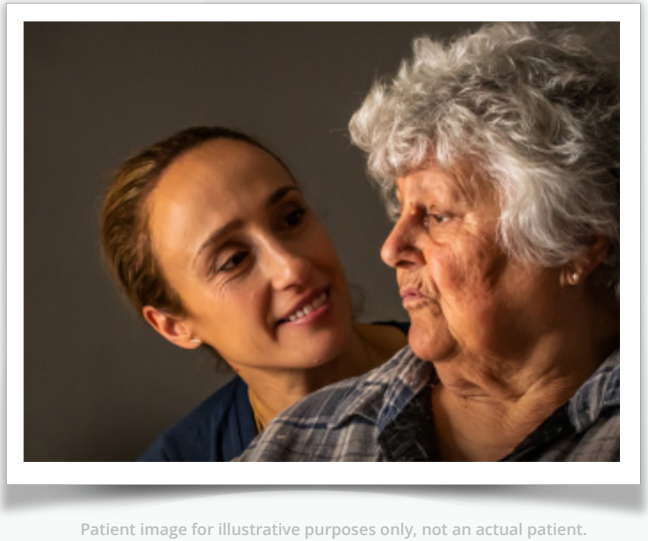
Adapted from ISN-KDIGO CKD Early Identification and Intervention in Primary Care document.[20]

CKD=Chronic Kidney Disease; eGFR=estimated glomerular filtration rate;
KDIGO=Kidney Disease: Improving Global Outcomes; UACR=urine albumin-to-creatinine ratio.

Your patients depend on you to diagnose CKD early

You have the power to diagnose CKD and intervene earlier to preserve their kidney function and reduce the risk of complications.[1,3]

Help your patients live a better, longer life by taking early action on CKD.[1,3]



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