



LEARN WHY
THE PRESSURE IS ON
TO DIAGNOSE CKD

**TAKE THE PRESSURE OFF
BY DIAGNOSING EARLY.**

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THE **PRESSURE** IS ON
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HIGH PREVALENCE. LOW DIAGNOSIS.



Chronic kidney disease (CKD) is a life-threatening condition that is vastly underdiagnosed.¹ Although it affects an estimated 1 in 7 American adults, as few as 10% of patients with Stage 3 CKD are diagnosed.^{2,3} By comparison, the diagnosis rates for diabetes and hypertension are 79% and 82%, respectively.^{4,5}

Notably, in developed countries, CKD is most commonly attributed to preexisting diabetes or hypertension.^{6,7}



Contributing to its rate of underdiagnosis, CKD is a silent disease, with most patients feeling no symptoms until the disease has progressed.^{1,6} Be extra vigilant for your patients' sake. They depend on you to diagnose CKD in its earlier stages.

“Highlighting the risk would have been a wake-up call.”

-CKD Patient



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YOU CAN **MAKE A DIFFERENCE.**



When you diagnose CKD early, you make a difference. Early intervention has been shown to slow disease progression, preserve kidney function, and reduce the risk of complications.^{1,8,9}



According to the Centers for Disease Control, T2D and HTN are the leading causes of kidney failure in the US, representing about 3 out of 4 new cases.¹

Pay particular attention to your high-risk patients—with comorbidities like T2D, HTN, and CVD.⁸ Encourage healthy lifestyles and screen them regularly for CKD.¹

The sooner you intervene, the better the chance of catching CKD early, slowing its progression, and helping them continue the lives they know and love.^{1,8,9}



CVD=cardiovascular disease; HTN=hypertension; T2D=type 2 diabetes.



“I would tell others who are newly diagnosed, please don’t panic.”

-CKD Patient



DON'T WAIT TO **TALK TO PATIENTS ABOUT CKD.**



It's never easy to deliver a "bad" diagnosis to a patient. CKD is no exception. And it's complicated by the fact that many patients barely understand what the kidneys do, let alone what CKD is. The only thing they may know about CKD is the threat of dialysis. But you can offer your patients the hope that comes with early intervention: slowing disease progression and prolonging dialysis-free living.

"No one had ever talked to me about CKD."

-CKD Patient

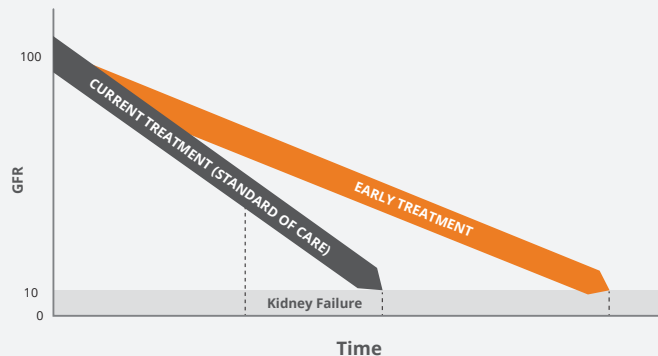


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EARLIER INTERVENTION: SIGNIFICANT IMPACT

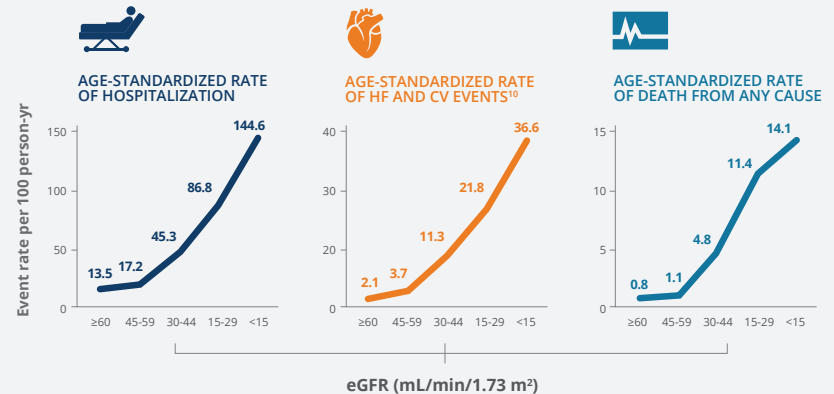
Early intervention has been shown to slow disease progression in CKD patients and reduce risk of complications. While declines in kidney function have been shown to produce widespread effects leading to poorer outcomes, including CV events, hospitalizations, and mortality.^{1,6,8-10}

EARLY INTERVENTION CAN IMPROVE OUTCOMES, DELAY DISEASE PROGRESSION, AND PROLONG DIALYSIS-FREE SURVIVAL¹⁰



Adapted from Alabama Public Department of Health, 2007.

PROGRESSION OF CKD INCREASES THE RISK FOR ADVERSE OUTCOMES¹¹



Adapted from Go AS et al, 2004.



"It's a silent disease at the beginning."

-CKD Patient



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THE PRESSURE IS ON FOR EARLY DIAGNOSIS.



While patients may feel no early symptoms of CKD, inside their kidneys, intraglomerular pressure is building.^{1,6,12} If left unchecked, this pressure can damage nephrons, leading to progressive damage, reduced kidney function, and a lower quality of life.^{1,13}



CKD is considered a "disease multiplier," meaning it presents with other progressive diseases.⁶ As a result, older adults with CKD are 13x more likely to die before progressing to ESKD and 6x more likely to die from cardiovascular causes.¹⁴

ESKD=end-stage kidney disease.

RELIEVE THE PRESSURE. DIAGNOSE AND DISCUSS.

Early diagnosis is essential. The tools you need to diagnose are already at your fingertips; the eGFR calculations in your patients' metabolic panel can help you conveniently track kidney function.

Check to see if your labs are calculating eGFR for you. Test results can be easily conveyed to your patients in terms of declining renal function.

This table illustrates the 5 Stages of CKD, ranging from mild kidney damage in Stages 1 and 2, to moderate damage in Stages 3A and 3B, severe loss of kidney function in Stage 4, and kidney failure in Stage 5.^{15,16}

STAGE		GFR	% OF KIDNEY FUNCTION	
STAGE 1	Kidney damage with normal kidney function	90 or higher	90%-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	<15%	

Adapted from the National Kidney Foundation.

RELIEVE THE PRESSURE. DIAGNOSE AND DISCUSS.

The KDIGO guidelines can help you determine the frequency of monitoring (number of times per year) eGFR and the urine albumin-to-creatinine ratio (UACR) for your patients.¹⁷ The UACR is important in individuals with normal GFR and high albuminuria, who are at risk for loss of kidney function.¹⁸

RECOMMENDED FREQUENCY OF MONITORING¹⁷

(number of times per year) by GFR and albuminuria category

				Persistent albuminuria categories Description and range			
				A1	A2	A3	
				Normal to mildly increased	Moderately increased	Severely increased	
				<30 mg/g <3 mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >3 mg/mmol	
GFR stage Description and range	1	Normal or high	≥90	1 if CKD	1	1	Individuals with normal GFR, but with severely increased albuminuria (>300 mg/g), are still at risk for loss of renal function ¹⁶
	2	Mildly decreased	60-89	1 if CKD	1	2	
	3a	Mildly to moderately decreased	45-59	1	2	3	KDIGO recommends referral to a nephrologist for advanced CKD ¹⁷
	3b	Moderately to severely decreased	30-44	2	3	3	
	4	Severely decreased	15-29	3	3	4+	
	5	Kidney failure	≤15	4+	4+	4+	

- Low risk (if no other markers of kidney disease, no CKD)
- Moderately increased risk
- Moderately to severely increased risk
- High risk
- Very high risk

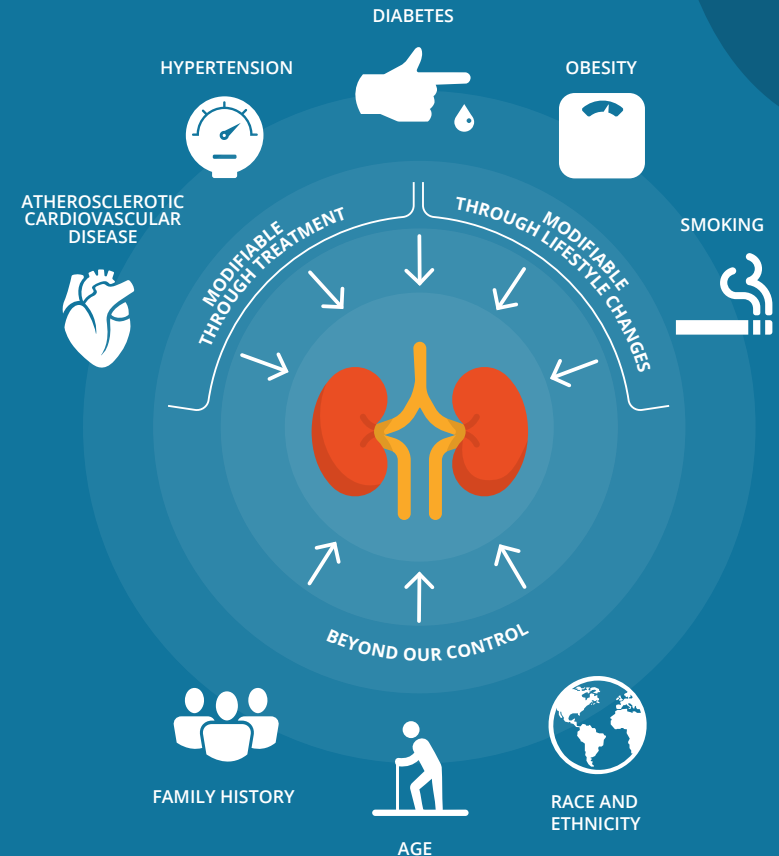
Adapted from Levin A et al, 2013.

RISK FACTORS FOR CKD

While HTN and T2D are the most common risk factors for CKD, there are others—some within our control, and some beyond it.^{6,8} Patients who meet one or more of these criteria are at higher risk; they should be screened regularly and actively monitored for CKD.^{6,8}

When screening patients, remember that CKD risk factors can vary according to ethnicity. Black Americans have almost 4x the risk of White Americans due to comorbidities, genetic variants, and socioeconomic factors.^{6,19}

Asian Americans are also at higher risk.²⁰ The reasons for this are not fully understood, but T2D and HTN play a role.²¹ And IgA nephropathy, an autoimmune disease that affects the kidneys, also is more common in Asian patients.^{22,23} In addition, eGFR alone is a less reliable diagnostic tool for Asian individuals, so regular UACR screening is recommended.²⁰



YOUR PATIENTS DEPEND ON YOU. WE'RE HERE TO HELP.

You're already checking your patients' blood pressure, glucose, and cholesterol numbers. **Why not keep their kidney function front and center as well?** CKD is an equally urgent concern, and diagnosing it in its earlier stages is essential.^{1,8,9}

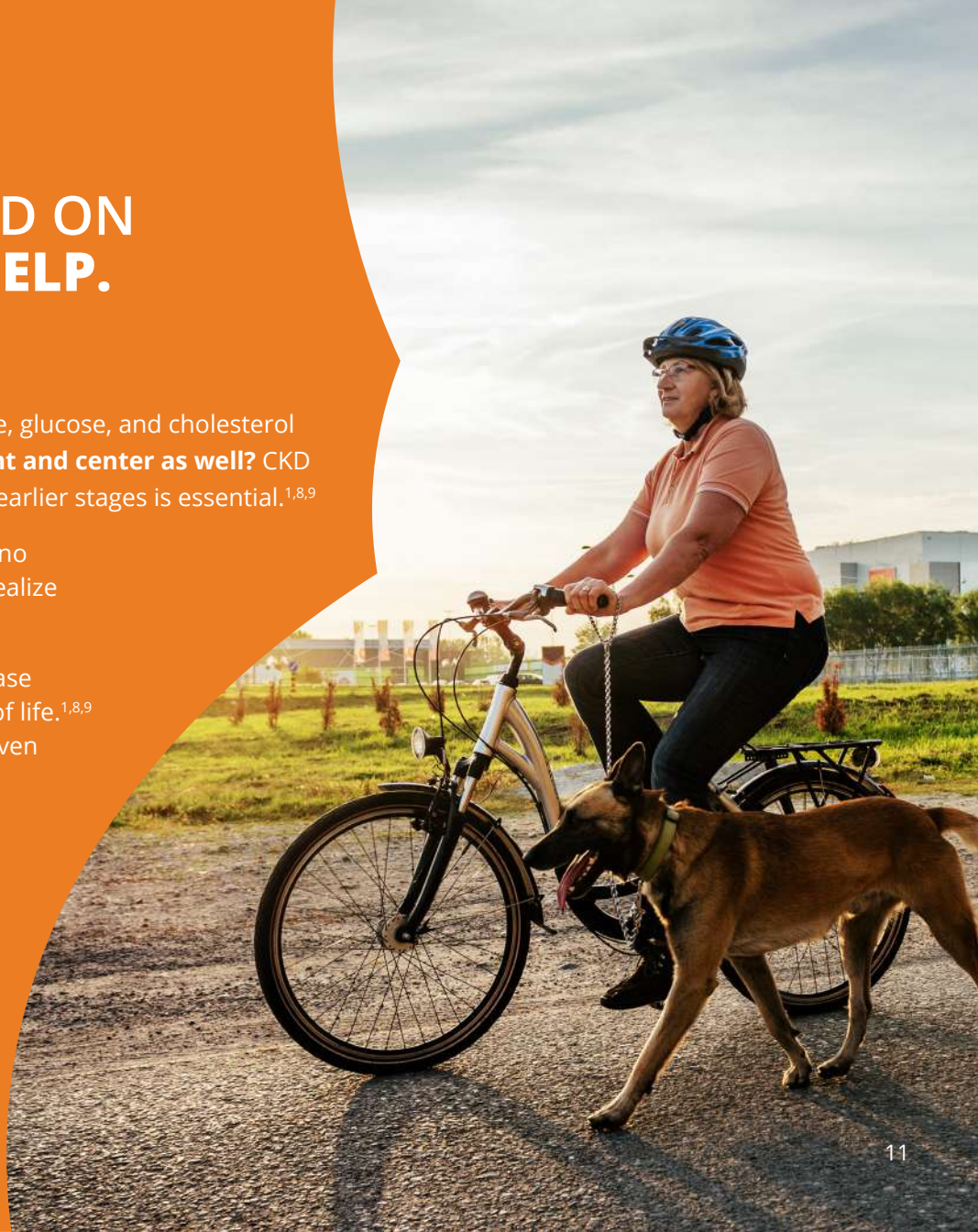
Since CKD is a progressive disease that often causes no symptoms until it is advanced, many patients don't realize they have it until they're approaching kidney failure.⁶

But with timely intervention, you can help delay disease progression, preserving kidney function and quality of life.^{1,8,9} And with advancing science, you may be able to do even more, early on, for this underdiagnosed disease.

So screen your patients regularly, especially those who are high-risk, and if you see a decline in eGFR, help your patients take action.



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