Diagnosing CKD

(simplified)

- Offer CKD test if patient Diabetic/Hypertension/CVD/Renal disease/ Prostatic hypertrophy/ Haematuria/ Family hx Renal disease/ Connective tissue disease
- Perform Annual eGFR if patient on nephrotoxic drugs eg. Lithium, NSAIDS, ACE, ARB, Cyclosporine, Tacrolimus

Test eGFR

No meat 12 hrs before test

If eGFR <60 then Repeat in 3 months before diagnosing CKD

If eGFR <60 as NEW finding:

THEN repeat within 2 weeks to exclude AKI

Test for proteinuria using ACR

- early morning urine sample (ideally)
- if eGFR < 60, diabetic or suspicion of CKD.

If ACR≥ 3 check dipstick for haematuria

Results of eGFR and ACR after 3 months

- **ACR ≥3** (regardless of eGFR) → Diagnose CKD
- **eGFR<45** (regardless of ACR) → Diagnose CKD
- **eGFR 45-59 AND ACR**
  - eGFR cysC unavailable → Diagnose CKD
  - eGFR cysC test available
    - eGFR cysC <60 → Diagnose CKD
    - eGFR cysC ≥60 → Do NOT Diagnose CKD
- **eGFR≥60 and ACR<3** → Do NOT Diagnose CKD

Diagnose CKD

*classify, investigate, manage BUT remember only make diagnosis after at least 2 eGFR readings at least 2 months apart

Do NOT Diagnose CKD

test eGFR annually if risk

Stages of CKD and frequency of Testing							
Stage	eGFR (ml/min/1.73m2)	Description	eGFR testing	Proteinuria annually	FBC	Ca, PO4	
1	$\geq$ 90	Normal or increased GFR with other evidence of kidney damage	12 monthly	√	x	x	x
2	60-89	Slight decrease in GFR with other evidence of kidney damage		√	x	x	x
3A	45-59	Moderate decrease in GFR With or without other evidence of kidney damage	6 monthly	√	x	x	x
3B	30-44			√	**FBC** Target Hb10.5 -12.5	**Ca, PO4**	x
4	15-29	Severe decrease in GFR With or without other evidence of kidney damage	3 monthly	√			**Vit D and may be PTH**
5	<15	Established renal failure	6 weekly	√			

- **STATINS** for all CKD (cannot use QRISK)
- Think **Ultrasound** if eGFR <30 / LUTS /Family history of Polycystic Kidney Disease

Referral Criteria to Secondary Care

- Advanced – CKD 4/5. However many elderly with stable CKD 4 don't need referral
- Deteriorating and heavy proteinuria (ACR>70 and not due to diabetes)
- ACR>30 + haematuria
- Sustained decrease in GFR of 25% or more, and a change in GFR category or sustained decrease in GFR of 15 ml/min or more within 12 months
- Sustained Rapidly declining eGFR requires referral
- Email advice: **sht-tr.CKDEnquiry@nhs.net** -include the following details - clinical question that you want answering , Medication and Creatinine History, BP, urine dipstick and proteinuria, +/- Renal Ultrasound results

Progressive CKD Criteria

- need three eGFR spread over at least 3 months
- Fall in eGFR of 25% AND change in eGFR category in 12 months
- OR sustained fall in eGFR

BP targets

- <140/90 if non diabetic less if type 2 diabetic
- <130/80 if Type 1 diabetic OR non-diabetic with proteinuria
- ACE inhibitors if Type 1 /Type 2 diabetic with proteinuria.
- ACE inhibitors- check U+E 7-10 days post / stop when ill/ stop if K >6 or Cr rise >30 %.