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Integrated Care

CKD Management

Toolkit for Primary Care Health and Care Professionals in Greater Manchester

Part of Greater Manchester Integrated Care Partnership

Last updated: October 2023
V1.1

For any comments, suggestions or feedback please visit feedback.gmcvd.com

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How to use this toolkit

Intended audience

This toolkit is for Primary Care health and care professionals in Greater Manchester

Intended aims & outcomes

Understand:

- An overview of Greater Manchester Adult CKD Management
- CKD and proteinuria management

Icons


Background information


'How to': Practical guidance


Further resources

Access each section that is most relevant to you.

- The **tabs** at the top of each page will indicate where you are within the toolkit.
- Use the **contents page** to take you to a specific page.

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Contents

Greater Manchester Adult CKD Management Overview

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Screen eGFR

- Diabetes (*annual)
- Hypertension (*1-5 yearly)
- Heart failure/cardiovascular disease
- Known structural kidney disease / recurrent kidney stones
- Haematuria/proteinuria
- Chronic NSAID/Lithium use
- Multisystem disease
- Previous AKI
- Gout

Diagnose

- eGFR < 60mL/min for more than 3 months or structural abnormality or proteinuria (ACR >30mg/mmol) or haematuria

Measure ACR in:
- All adults with eGFR < 60 mmol/L
- All diabetics & hypertensives

uACR:
- 3mg/mmol to 70mg/mmol: NICE suggest repeat using early morning sample to confirm result
- > 70mg/mmol: no need for confirmation

Indications for renal ultrasound in primary care:
- Rapid eGFR decline
- Suspected obstruction or cystic kidney disease
- eGFR < 30 mL/min
- Visible or persistent haematuria

Inform and code

Code for CKD on GP record
(see Coding Guide)

Suggested patient resources for CKD:
- https://www.kidneycareuk.org/about-kidney-health/conditions/ckd/
- https://www.nhs.uk/conditions/kidney-disease/

Establish risk

Use the validated 4 variable five year Kidney Failure Risk Equation (KFRE): https://kidneyfailurerisk.co.uk/
Requires age, sex, uACR and eGFR.
Discuss risk with the patient using jargon free language.

Management

STEP ONE: ACE/ARB
ACE/ARB to **maximum tolerated** dose if diabetic or if not diabetic & uACR is >30mg/mmol

STEP TWO: SGLTi
- Significant clinical benefit has been shown if SGLTi are added to **max tolerated ACE/ARB** in pts with CKD, eGFR >20mL/min & uACR > 25mg/mmol (irrespective of DM status).
- If T2DM and eGFR 20-45 and no proteinuria then SGLTi may still be beneficial. Prescribing guidance: UK Kidney Association

STEP THREE: Address cardiovascular risk
- **BP** uACR <70mg/mmol aim for <140/90mmHg and if uACR >70mg/mmol aim for <130/80mmHg
- **Statin**
- **Lifestyle advice**, weight management, smoking cessation
- **Finerenone** *specialist advice only (T2DM)

Consider referral

- 5 year KFRE > 5%
- uACR >70 mg/mmol (unless DM & optimally treated)
- uACR >30 mg/mmol and haematuria

**Consider patient wishes, frailty, comorbidity, disease and treatment burden prior to referral*

CKD and proteinuria management

1. **Albuminuria** is one of the single largest independent risk factors for CVD. This makes it an important issue in the context of hypertension, which in itself is one of the most frequent causes of renal disease and CKD.

2. **Recognition and management of CKD** is important in primary care as some of these people will be heading for dialysis, which could be prevented with early recognition and risk factor management.

3. **For patients with CKD and proteinuria**, we may now also trial Dapagliflozin once ACE-I/ARB have been optimised; regardless of diabetic status. Please visit the NICE TA link and NICE CKS on CKD for more detailed information on when to consider dapagliflozin.

    - These patients would also benefit from a tighter BP control (clinic: <130/80mmHg) as their absolute CVD risk is highest, thus personalising our care for them.

ACCESS NICE GUIDANCE HERE

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Further Resources

Guidelines on Chronic Kidney Disease (CKD) Coding in Primary Care London Kidney Network Expert Consensus

Click here

PDF

LKN CKD Coding Guidelines

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Governance

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For any urgent issues or requests please contact:

- Catherine Cain
- Aseem Mishra

For feedback, issues or requests for more guidance please use feedback.gmcvd.com

We will be monitoring all feedback to help guide further iterations and inform future work.

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This toolkit is part of GM's effort to tackle CVD, health inequalities and improve the life of all who live and work in GM.