

Greater Manchester Adult CKD Management Overview

Screen eGFR	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> eGFR < 60mL/min for more than 3 months or structural abnormality or proteinuria (ACR >30mg/mmol) or haematuria <p>Measure ACR in:</p> <ul style="list-style-type: none"> All adults with eGFR < 60 mmol/L All diabetics & hypertensives <p>uACR:</p> <ul style="list-style-type: none"> 3mg/mmol to 70mg/mmol: NICE suggest repeat using early morning sample to confirm result > 70mg/mmol: no need for confirmation <p>Indications for renal ultrasound in primary care:</p> <ul style="list-style-type: none"> Rapid eGFR decline Suspected obstruction or cystic kidney disease eGFR < 30 mL/min Visible or persistent haematuria
Inform and code	<p>Code for CKD on GP record (see <i>Coding Guide</i>)</p> <p>Suggested patient resources for CKD:</p> <ul style="list-style-type: none"> https://www.kidneycareuk.org/about-kidney-health/conditions/ckd/ https://www.nhs.uk/conditions/kidney-disease/
Establish risk	<p>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.</p>
Management	<p>STEP ONE: ACE/ARB ACE/ARB to maximum tolerated dose if diabetic or if not diabetic & uACR is >30mg/mmol</p> <p>STEP TWO: SGLTi</p> <ul style="list-style-type: none"> 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 <p>STEP THREE: Address cardiovascular risk</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 5 year KFRE > 5% uACR >70 mg/mmol (unless DM & optimally treated) uACR >30 mg/mmol and haematuria <p style="text-align: right;"><i>*Consider patient wishes, frailty, comorbidity, disease and treatment burden prior to referral</i></p>

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.

