

March 13, 2014

Memorandum

To: Family Physicians, General Internists, Nephrologists

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Subject: **UMHS Clinical Care Guideline: Management of Chronic Kidney Disease [2014 new]**

Key Aspects of Care

Background

- Chronic kidney disease (CKD) is under-recognized and under-treated
- Primary care physicians play a key role in CKD diagnosis and management:
 - recognizing the diagnosis of CKD
 - controlling blood pressure
 - managing cardiovascular risk factors
 - educating patients
 - avoiding nephrotoxic agents and common causes of acute kidney injury (AKI)



Screening and Diagnosis

- Consider screening for CKD in patients with increased risk for CKD, e.g., those with diabetes, with hypertension, and age > 55 years
- For CKD diagnosis, staging, and follow-up, the following lab tests are needed:
 - estimated glomerular filtrations rate (eGFR)
 - assessment for the presence or absence of albuminuria

Treatment

- Primary treatment to prevent progression to ESRD is blockade of the renin angiotensin aldosterone (RAA) system with either an angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)
- Blood pressure control:
 - for CKD patients *without albuminuria*, usual blood pressure control (BP <140/90) reduces disease progression and cardiovascular mortality
 - for CKD patients *with albuminuria*, tighter blood pressure control (BP <130/80) may be beneficial
- Manage comorbid conditions like diabetes and dyslipidemia – cardiovascular disease remains the leading cause of death among patients with CKD
- Statins are recommended for all patients age > 50 with CKD or CKD patients age 18-49 with elevated risk for CAD (> 10% predicted 10 year incidence for cardiovascular events)

Monitoring and Follow Up

- Timing and frequency of CKD monitoring depends on disease severity and risk for progression; e.g., for those with stage G1 disease, eGFR and urine albumin may be checked annually, while patients with stage G4 disease may require monitoring every 3 months or more
- Consider referral to a nephrologist for patients:
 - with CKD stages G4 or G5 for co-management and preparation for renal replacement therapy
 - at earlier stages for assistance with diagnosis of underlying cause and/or treatment of common complications of CKD

Patient education material.



Handouts associated with this guideline can be located at
http://sitemaker.umich.edu/umhs.patiented/clinical_care_guidelines_handouts and
<http://www.uofmhealth.org/kidney>