Early Chronic Kidney Disease Management

Modify Reversible Causes Of AKI

Low blood pressure / Hypovolemia

Avoid nephrotoxic meds *e.g.* NSAIDs/COX2

Systemic infection / Sepsis

Urinary tract infection

Confirm Chronicity

If eGFR < 60 in first test, repeat test within 2 weeks. If stable, repeat within 3 months.

If uACR result >3, repeat test within 2 weeks. If second test <3, arrange third test within 3 months. Confirmed elevation if 2 out of 3 results >3.

An eGFR <60 and/or uACR >3 over 3 months establishes a diagnosis of CKD

Address Lifestyle Factors

- **Balanced nutrition:** reduce processed foods & refined sugars; emphasize vegetable & fruit intake
- **Avoid adding salt:** select reduced salt products
- **Drink water for thirst**
- **Exercise**: Consider Green Prescription
- **Weight loss:** 5-10% weight loss if overweight
- **Smoking and vaping cessation**
- **Alcohol moderation:** <10 unit/wk

Modify CKD Progression

- **Start ACEi or ARB** (if uACR >3, regardless of BP) – Titrate to maximum tolerated dose
- **Target BP <130/80mmHg** – **Add** CCB and/or Thiazide diuretic *(See Hypertension pathway)*
- **Optimise** Diabetes Management **- target HbA1c ≤53** (individualised)

  For Type 2 Diabetes: Metformin 1st line (adjust to eGFR); **add** SGLT2i and / or GLP-1RA 2nd line
- **Adjust** - consider reducing or stopping medications dependent on eGFR *e.g.* Metformin

Reduce Cardiovascular Disease Risk

Start a statin if 5yr CVD risk >10%, including:

- Individuals with an eGFR <45 or uACR >30
- Individuals with diabetes and vascular complications/eGFR<60/uACR>3

Monitor and Review

Provide 'sick day' advice *(See HealthEd Resources)*

Ensure appropriate immunization

Assess for depression

Check Creat. & K 1-2wks after starting or adjusting ACEi/ARB dose

In persons with diabetes check HbA1c 3mthly

Check Na, K, U, Creat, FBC, uACR in all individuals with CKD:

- If eGFR 45-60 – annually
- If eGFR 30-45 – 3-6mths (add bicarb, Ca, Phos, PTH)

Request Non-acute Assessment

- If diagnostic uncertainty
- eGFR declining >15ml/min in past 12mths
- eGFR <30 in a non-diabetic individual
- eGFR <45 in a diabetic with uACR >70
- uACR >70
- uACR >30 with haematuria

Seek advice in cases of clinical complexity