

Improving Awareness & Care Coordination

FOR INDIVIDUALS LIVING WITH KIDNEY DISEASE

Insights For Primary Care Providers

Over 37 million US adults have Chronic Kidney Disease (CKD) yet many have not been formally diagnosed.¹

Roughly 1/3 of adults are at risk of developing CKD due to multiple co-morbidities;² topping the list are diabetes mellitus and hypertension.

1 Early Identification

2 Education & Early Interventions

3 Referring To A Nephrologist

4 Discuss Treatment Options

Emphasize Early Interventions & Health Over Kidney Failure Treatment & Diseases.⁹

Transplant education in early stages of CKD along with outreach from transplant centers may help:

- 1 Increase the rate of preemptive kidney transplantation⁹
- 2 Improve quality of life⁹
- 3 Improve patient outcomes⁹

Learn More At [NephU.org](https://www.nephU.org)

Recognize The Importance Of Early Identification & Interventions:

- **Screen for kidney disease & know the risk factors:**
 - High blood pressure, obesity, or family history of kidney failure³
 - Being over 60 years of age³
 - Diabetes¹²
- Monitor GFR & urine microalbumin if you suspect kidney disease⁴
- Educate, empower, and engage patients in their treatment decisions
- Offer group support programs proven to improve A1C, body weight, and empowerment⁵



Provide Team-Based Education & Early Interventions For Patients With Diabetes Mellitus & Hypertension:

- **Blood Sugar:** Individualized HbA1c target < 6.5% to < 8.0⁶
- **Blood Pressure:** Achieving 120/80 using a standardized device⁷
- **Medication:** management by pharmacist,⁵ and regimen per Kidney Disease Improving Global Outcomes (KDIGO) guidance⁶
- **Diet Changes:** Dietitian-led guidance on low-sodium diets and appropriate protein intake.
- **Moderate Exercise** (150 minutes weekly)
- **Smoking Cessation⁵**



Know When To Refer To A Nephrology Healthcare Provider. Signs & Symptoms Of CKD & CKD With Unknown Etiologies:

- GFR < 30 mL/min/1.73 m² for at least 3 months and/or rapid decline of kidney function⁴
- Significant Albuminuria (ACR ≥ 300 mg/g)⁴
- Uncontrollable high blood pressure with treatment of ≥ 4 hypertensive medications³
- Persistent hematuria of unknown cause
- Parathyroid hormone (PTH) > 100 pg/mL or Phosphate > 4.5 ng/mL³
- Persistent potassium level abnormalities⁴
- Recurrent or numerous nephrolithiasis⁴



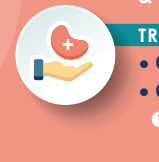
Collaborate With A Nephrology Care Team To Discuss Treatment Options & Encourage Shared Decision Making.

TRANSPLANTATION

- **Options:** Preemptive, Early, or Post-Dialysis Kidney Transplant
- **Collaborate with a nephrology care team to:**
 - 1 Discuss the benefits of transplantation, such as decreased mortality rate of transplant over dialysis treatment choice¹⁰
 - 2 Evaluate how transplant may offer better quality of life than dialysis¹¹

DIALYSIS

- **Options:** Hemodialysis (In-center or Home) or Peritoneal Dialysis
- **Collaborate with a nephrology care team to:**
 - 1 Prepare patients for kidney replacement therapy, and if dialysis is the treatment choice, plan for their preferences in dialysis modality
 - 2 Allow time for vascular access grafts to heal before initiating dialysis. Also mitigate the need for emergent dialysis, i.e. crashing into dialysis⁴



1. <https://www.cdc.gov/kidneydisease/basics.html>/ Accessed September 2021.

2. <https://www.kidney.org/professionals/physicians/pcp/> Accessed September 2021.

3. Fox C. <https://www.kidney.org/professionals/physicians/pcp/> Accessed September 2021

4. Vassalotti J, et al. American Journal of Medicine. 2016;129(2): 153-162.

5. AFP Editors.American Family Physician.2021;103(11):698-670.

6. KDIGO Committee. Kidney Int.2020;98(4):S1-S115.

7. KDIGO Blood Pressure Workgroup. Kidney Int.2021;99(3S):S1-S87.

8. <https://akidneyhealth.org/about/> Accessed September 2021.

9. Helmick, et al. Transplant Direct. 2018 Apr; 4(4): e356.

10. <https://nephU.org/living-kidney-donation-one-solution-for-patients-with-end-stage-kidney-disease-downloadable-resource-7/> Accessed October 2021

11. Sarhan, et al. BMC Nephrology. 2021; 22:210.

12. <https://www.cdc.gov/kidneydisease/publications-resources/annual-report/kid-risk-prevention.html>/ Accessed February 2023

The information provided through NephU is intended for the educational benefit of health care professionals and others who support care for those with kidney disease and other related conditions. It is not intended as, nor is it a substitute for, medical care, advice, or professional diagnosis. Health care professionals should use their independent judgement when reviewing NephU's educational resources. Users seeking medical advice should consult with a health care professional. © 2023 Otsuka Pharmaceutical Development & Commercialization, Inc., Rockville, MD.