Strong Kidneys

Protect your kidneys, protect your future

Start the Kidney Conversation with your Patients

Chronic Kidney Disease Clinical Information and Conversation Guide

Introduction

Chronic Kidney Disease (CKD) is a major health priority that affects over 850 million people across the globe, with numbers projected to increase rapidly over the next few decades.[1,2] In 1990, CKD was the 17th leading cause of death worldwide, rising to 12th by 2017. According to the World Health Organization (WHO), in 2021, kidney diseases ranked as the 10th leading cause of death globally.[3] It is currently the fastest-growing cause of death worldwide, and is expected to become the fifth leading cause of years of life lost around the world by 2040.[4]

This guide is designed to equip you with the tools and strategies needed to initiate productive conversations about kidney health with your patients, aiming to enhance the early detection and prevention of CKD.

CKD affects over **850 million** people across The globe[1]

What is CKD?

CKD is a long-term condition in which the kidneys do not function properly for at least three months.[5] The condition develops gradually, with kidney function declining over time.

There are five stages of CKD, based on how well the kidneys are filtering waste from the blood:

Early stages (Stages 1-2)
The kidneys are still able to perform their function, although not as efficiently as they should be.

Moderate stages (Stages 3a and 3b)
Kidney function is moderately reduced and some symptoms may appear, such as fatigue, mild anaemia, early bone disease, and mild electrolyte imbalances.

Later stages (Stages 4-5)
The kidneys must work much harder to filter blood and may eventually stop working completely.

It is essential to clearly define the classification. Stage 3 CKD is divided into 3a and 3b, as evidence supports distinct differences in outcomes and risk profiles between the stages.[6] Stage 3b represents a critical threshold where the likelihood of complications—such as cardiovascular disease, anaemia, and hyperkalaemia—rises significantly. Recognising this distinction is crucial for risk assessment, patient monitoring, and timely intervention to slow disease progression.

Assessing CKD Risk

CKD is often underdiagnosed. Up to 82% of people with CKD Stage 3 remain undiagnosed.

Even in Stages 4-5, when symptoms are typically more apparent, nearly 50% of cases are undiagnosed.[4] However, if the condition is diagnosed early:

- Patients can take control of risk factors with a healthier diet, regular physical activity, drug therapy, and smoking cessation.
- The most recent developments in nephroprotective medicine can be incorporated into the patient's treatment plan in a timely manner.

The good news is that CKD risk factors are well understood, which can help guide early assessments.

Major risk factors (% of individuals within each condition who also have CKD*):[7-11]

Type 2 diabetes (25–40%)
Hypertension (~30%)
Cardiovascular disease (~37%)
Heart failure (~50%)
Obesity (~17%)

*CKD acts as a risk amplifier, worsening outcomes in these conditions.

Non-traditional risk factors:[7]*

Nephrotoxic agents (e.g. medications, contrast media, cytotoxic therapies)
Hyperuricaemia
Kidney stones
Maternal and foetal exposures
Climate change
Infections
Environmental toxins
Acute kidney injury

*Particularly significant in low- and middle-income countries.

The ABCDE checklist

Along with your own clinical judgement, the **ABCDE checklist** provides a strong foundation for assessing whether an individual's kidneys are healthy or if they are at risk of developing CKD.[12] This checklist can also be used to initiate and guide conversations around CKD risk.

ABCDE Checklist	Rationale
A What is the patient's **A**lbuminuria?	To assess kidney damage, albuminuria is best assessed using the urinary albumin-to-creatinine ratio (uACR) from a spot urine sample. Dipstick tests, though convenient for screening, lack sensitivity and are not recommended for CKD diagnosis.
B What is the patient's **B**lood pressure?	Hypertension (>140/90 mmHg) affects 1.4 billion people worldwide and is the second leading cause of CKD.[7] Blood pressure should be reduced to at least 130/80 mmHg through lifestyle changes, such as maintaining a healthy weight, regular exercise, a balanced diet, and smoking cessation.
C What is the patient's **C**holesterol?	Individuals at risk of or with CKD should have their lipid profile (total cholesterol, LDL, HDL, and triglycerides) assessed. While lifestyle changes like regular exercise and a healthier diet can help lower cholesterol, medications such as statins, cholesterol absorption inhibitors, or bempedoic acid may be necessary.
D Do they have **D**iabetes?	Diabetes is the leading cause of CKD, making early diagnosis crucial for prevention and management. It is typically diagnosed by random plasma glucose ≥11.1 mmol/L, fasting plasma glucose ≥7.0 mmol/L (confirmed if asymptomatic), or HbA1c ≥48 mmol/mol.
E What is the patient's **E**stimated glomerular filtration rate (eGFR)?	Serum creatinine, adjusted for age and sex, is recommended for the eGFR in the initial assessment of patients. It is the most accessible test for diagnosing, staging, and monitoring the progression of CKD.

Communicating Risk with Patients

The **OARS method** provides a gentle yet impactful way to communicate with patients about their risk and to motivate behaviour change:[13]

OARS	Rationale	Example
O **Open-ended questions**	By asking questions that require more than a "yes" or "no" response, you encourage patients to reflect on their health, lifestyle, and risk factors for CKD.	"What do you know about how high blood pressure can affect your kidneys?"
A **Affirmations**	Acknowledging a patient's strengths and efforts reinforces positive behaviours, fostering motivation and engagement in managing their risk factors.	"It's great that you're being mindful of your diet—small changes like choosing less salt and staying hydrated can really support your kidney health."
R **Reflective listening**	Paraphrasing what the patient has shared helps validate their concerns and ensures they feel understood, encouraging further discussion.	*Patient*: "I know I should cut down on salt, but it's hard with my family's cooking habits." *HCP*: "It sounds like you want to make healthier choices, but family traditions make it challenging to change your diet."
S **Summarising**	Recapping key points at the end of the discussion helps reinforce understanding and clarify next steps for reducing CKD risk.	"So, we've talked about how high blood pressure and diabetes increase your risk for CKD. You're open to monitoring your blood pressure and making small changes to your diet."

Discussing common misconceptions about CKD

When discussing CKD risk with patients, prepare yourself to address the many common misconceptions that demotivate people from seeking medical advice or adopting CKD-reducing behaviours:

Myth	How to Respond
Kidney disease is a rare condition	Kidney disease is more common than you might think. It affects 1 in 10 adults in Europe and is often linked to conditions like diabetes and high blood pressure.[14]
People know when they have kidney disease	Kidney disease can be a silent disease, with no symptoms until it becomes advanced. That's why it's important to get checked, especially if you have conditions that put you at risk.
Kidney disease testing is a lengthy and expensive process	Kidney tests are simple and affordable—you can check for kidney issues through routine urine and blood tests that don't take much time at all.
There's nothing that can be done to reduce risk factors	Fortunately, there's a lot you can do! Eating well, exercising, and taking the right medications can help manage risk factors like high blood pressure, diabetes, and obesity.
The causes of kidney disease are unknown	The causes of kidney disease are well understood. High blood pressure, diabetes, heart disease, and smoking can significantly accelerate kidney function decline, especially in those with CKD. Certain medications and conditions like kidney infections or family history can also increase your risk.
When you are young, all supplements are safe for kidney health	A considerable number of bodybuilding and fitness supplements contain undisclosed nephrotoxic ingredients, including elevated levels of creatine, caffeine, stimulants, and herbal extracts. The absence of rigorous regulation pertaining to certain weight-loss and muscle-building supplements also has the potential to exert harmful effects on renal function.
Only elderly people get kidney disease	Younger people should also be screened as kidney disease can develop at any age, especially in people who are predisposed with risk factors like diabetes, hypertension, obesity, or a family history of kidney disease.

It's Time to Start the Kidney Conversation

By recognising the risk factors for kidney disease and engaging in open, informed conversations with your patients, you can make a real difference in early detection and prevention. Empower your patients with the knowledge they need to take proactive steps toward healthier kidneys and a healthier future.

For further information, please visit:
www.era-online.org/strong-kidneys/medical-professionals

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