



TRANSLATE CKD

Improving Evidence-Based Primary Care
for Chronic Kidney Disease

AAFP national research
network

UNYNET
The Upper New York Premier-Based Research Network

DARTNet
Improving Primary Care

National
Kidney
Foundation

*A newsletter for practices participating
in the **TRANSLATE CKD** study*

Issue: November 2013

Talking to Your Patients about Chronic Kidney Disease

An open conversation with a patient upon learning of a new CKD diagnosis.

By Dr. Rebecca Quiroz, MD

When the MA checks you out and gives you the clinic visit summary, you will see a diagnosis of "chronic kidney disease stage 2(or 3)". I know we haven't discussed this before, and frankly it is because I haven't been paying that much attention to it.

I realize that the diagnosis and staging sounds ominous, but the fact is that you have had a GFR in this range for the last several lab draws. The reason it is coming up now is that I am participating in a study that is helping me provide you with better care by training me to recognize this process.

In your case, you have a slight decrease in your kidney function. This "new" diagnosis will help both of us remember to protect your kidneys from further damage and to take measures to reduce your long term risk of heart and peripheral vascular disease. Much of this we have already been doing because of your hypertension, diabetes, etc; but now we will watch it that much closer.

I recommend you avoid NSAID's to protect your kidneys. The blood pressure and cholesterol goals may be stricter than they have been in the past. I will be checking for other potential problems like calcium imbalances, which I wasn't looking for in the past.

Overall, this is not an indication that you are in worse shape than before, but that we are going to watch things a little more closely. I have a booklet for you to take home to read over. If you have any further concerns after reviewing it, don't hesitate to call.



Contact **Brian Manning** at **(913) 906-6000, ext. 3179** or
Bmanning@aafp.org to discuss any aspect of the study.

Chronic Kidney Disease (CKD)

A Primer for Patients

Kidneys filter out waste products from the blood stream and control water and salt levels in the blood stream. The kidney also influences the blood pressure and helps keep glucose levels, red blood cell production and mineral balance on target. Chronically elevated blood pressure and blood sugars damage blood vessels and filtering units in the kidneys. This condition is known as nephropathy (or kidney disease).



Here are four facts you should know about this preventable condition:

- 1) Early damage can go unnoticed for as long as a decade.
- 2) The first sign of a problem is increased protein or microalbumin in the urine, or reduced eGFR.
- 3) Damage is less likely to occur in individuals whose blood sugars or blood pressures are controlled.
- 4) Early detection and treatment may successfully stabilize and maintain kidney function.

Here are seven steps you can take to prevent end-stage kidney disease:

- 1) Control blood glucose (Keep Hb A1c < 30)
- 2) Control blood pressure (Keep BP <130/80)
- 3) Control blood cholesterol (Keep bad cholesterol LDL<100)
- 4) Don't smoke
- 5) Avoid pain medications that can hurt your kidneys (e.g. Motrin, Aleve, Advil, Naproxin); Aspirin is OK; Tylenol can be safely used for pain.
- 6) Monitor urine for kidney function and urine microalbumin/creatinine ratios annually (Keep eGFR > 60; ACR > 30)
- 7) See a Nephrologist in Stage 4 chronic kidney disease (CKD)



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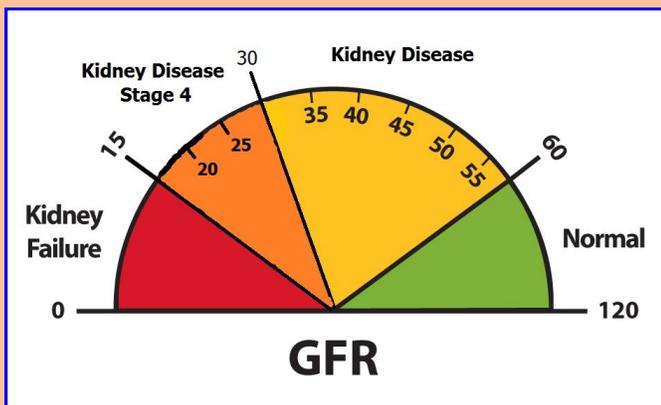
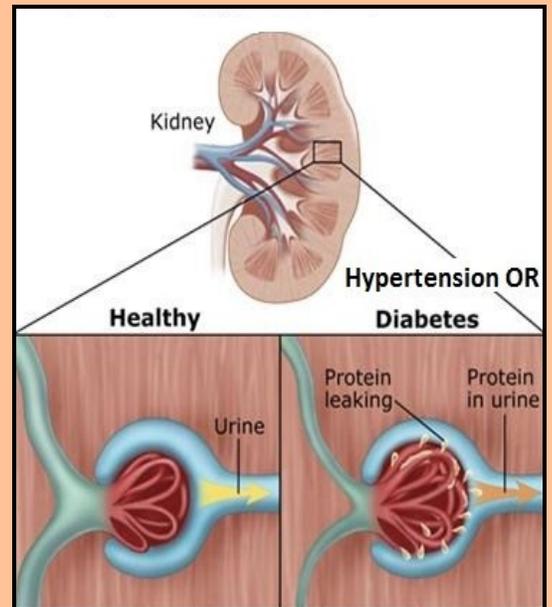
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Chronic Kidney Disease (CKD)

Treatments:

Treatment focuses on controlling blood glucose, blood pressure and minimizing microalbumin or protein levels in the urine. The blood pressure medicines called angiotensin converting enzyme inhibitors (**ACEs**) or angiotensin receptor blockers (**ARBs**) are preferred treatments. These medications relieve pressure inside the kidney filtering unit and also help lower protein/microalbumin urine levels.

Untreated or uncontrolled kidney disease causes blood pressure to rise and more and more protein to spill into the urine. In advanced stages, kidney function is impaired and the serum creatinine rises. The final stage is kidney failure, requiring dialysis or transplant.



Level of Kidney Function as it relates to Glomerular Filtration Rates (GFR)

Level of Kidney Function as it relates to urine Albumin/Creatinine Ratios (ACR)

Function	Urine ACR
Normal Function	Less than 30 mg/g Cr
Early Disease	Between 30-300 mg/g Cr
Late Disease	More than 300 mg/g Cr