

Treatment targets for people with CKD

Parameter	Target	Approximate reduction in systolic BP ⁴²
Smoking	Stop smoking using counselling and, if required, nicotine replacement therapy or other medication.	
Nutrition	<p>Consume a varied diet rich in vegetables, fruits, wholegrain cereals, lean meat, poultry, fish, eggs, nuts and seeds, legumes and beans, and low-fat dairy products.</p> <p>Limit salt to < 6 g salt per day (≤ 100 mmol/day).</p> <p>Limit foods containing saturated and trans fats.</p> <p>See Australian Dietary Guidelines⁴³.</p>	<p>Sodium restriction: 4-7 mHg (for reduction by 6g salt intake daily)</p> <p>DASH diet: 5.5 mmHg for normotensives; 11.4 mmHg for hypertensives</p>
Alcohol	<p>Limit alcohol intake to ≤ 2 standard drinks per day.</p> <p>See Australian Guidelines to Reduce Health Risks from Drinking Alcohol⁴⁴.</p>	3 mmHg (for 67% reduction from baseline of 3-6 drinks per day)
Physical activity	At least 30 minutes moderate physical activity on most or preferably every day of the week.	5 mmHg
Obesity	<p>Limit energy intake to maintain a healthy weight.</p> <p>Ideal weight should be BMI < 25 kg/m² and waist circumference < 94 cm in men (< 90 cm in Asian men) or < 80 cm in women (including Asian women).</p>	4.4 mmHg (for 5.1kg weight lost)

The NHMRC recommends immunisation against influenza and invasive pneumococcal disease for people with diabetes and/or ESKD.

Clinical tip

People with CKD should be treated with blood-pressure lowering drugs to maintain a blood pressure that is consistently below 140/90 mmHg. If albuminuria is present (urine ACR >3.5 mg/mmol in females and >2.5 mg/mmol in males) a consistent blood pressure below 130/80 mmHg should be achieved. If diabetes is present, the blood pressure should be consistently maintained below 130/80 mmHg. Consistent blood pressure control will often require the use of more than one agent. As eGFR declines more drugs will typically be required to achieve consistent blood pressure control.