CHRONIC KIDNEY DISEASE MANAGEMENT – extracted from www.kidney.org.au/

Stage 2 CKD - eGFR 60-89: kidney damage* with mild kidney impaired function

Cardiovascular risk reduction, Monitor:

- blood pressure (Very important to maintain control)
- lipids
- blood glucose

Stage 3 CKD - eGFR 30-59: moderate kidney impaired function

Management as above PLUS

- monitor eGFR 3 monthly
- avoid nephrotoxic drugs
- prescribe antiproteinuric drugs (ACE inhibitors and/or ARBs) if appropriate
- address common complications (especially infection)
- ensure drug dosages appropriate for level of kidney function

Consider indications for referral to a nephrologist

General Management (see 1 page general information sheet)

- Proteinuria > 50% reduction with ACE inhibitor and/or ARB first-line
- Cholesterol Total < 4.0 mmol/L LDL < 2.5 mmol/L Consider Statins
- Blood glucose (for diabetics) Pre-prandial BSL 4.4 - 6.7 mmol/L HbA1c < 7.0%

Common Complications

- Hypertension
- Nocturia
- Mineral and Bone Disorder
- Anaemia
- Sleep Apnoea
- Restless legs
- CVD
- Malnutrition
- Depression

Laboratory testing

- General chemistry, eGFR
- Glucose, Lipids
- FBC
- Iron stores
- Ca/PO4
- PTH (quarterly)
- Urine protein/creatinine ratio

Urine protein/creatinine ratio of 100 mg/mmol = daily protein excretion of 1g/24hrs.

NOTES

In people aged over 70 years of age, eGFR values between 45 and 59 mL/min/1.73m2 should be interpreted with caution. If other signs of kidney damage (e.g. proteinuria, haematuria etc) are not present, a stable eGFR in this range may be consistent with normal GFR for this age.

When treatment with an ACE inhibitor or ARB is initiated,the creatinine and potassium levels can rise

- If the acute rise in creatinine is less than 30% above the baseline level and stabilises within two months, the medication should be continued. People whose creatinine rises are most likely to achieve the greatest benefit in terms of kidney protection
- If the rise in creatinine is greater than 30% above baseline value, the medication should be stopped and the person investigated for bilateral renal artery stenosis
- If the serum potassium concentration is greater than 6 mmol/L despite dose reduction, diuretic therapy and dietary potassium restriction, then the medication (including spironolactone) should also be stopped
- Diuretics should be used in most patients31. Both non loop diuretics (e.g. thiazides) and loop diuretics (e.g. frusemides) are effective as adjunct antihypertensive therapy. Additional agents can be chosen based on cardiovascular indications
- Beta-blockers may be useful in people with coronary heart disease, tachyarrhythmias and heart failure, but are contraindicated in asthma, chronic obstructive pulmonary disease and heart block
- Calcium channel blockers may be used for people with angina, the elderly and those with systolic hypertension