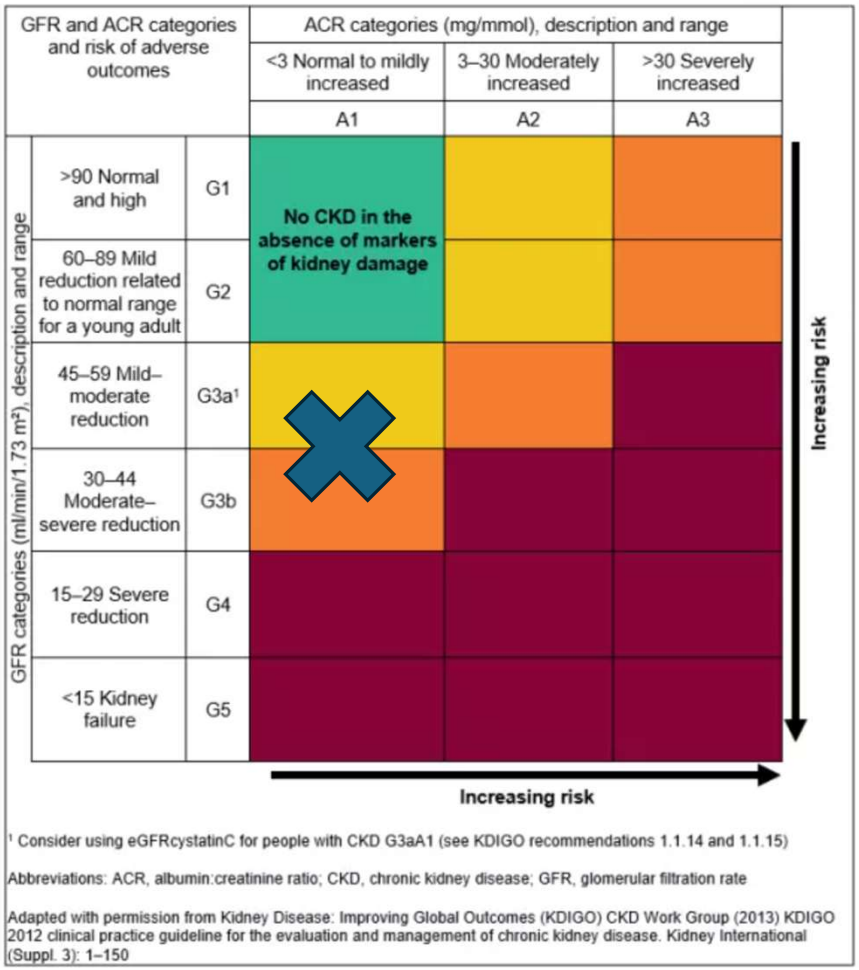
Fluctuations in eGFR and urine albumin

Both eGFR and urinary albumin have random fluctuations that can cause changes that have no clinical importance. However, changes in eGFR beyond ±20% are likely to be caused by actual changes in kidney function. For urine albumin, reductions beyond 50% or elevations beyond 100% are probably beyond the random fluctuations.

Would you say that Grace has active glomerular disease?

No

CKD is common,
Active Glomerular disease is not



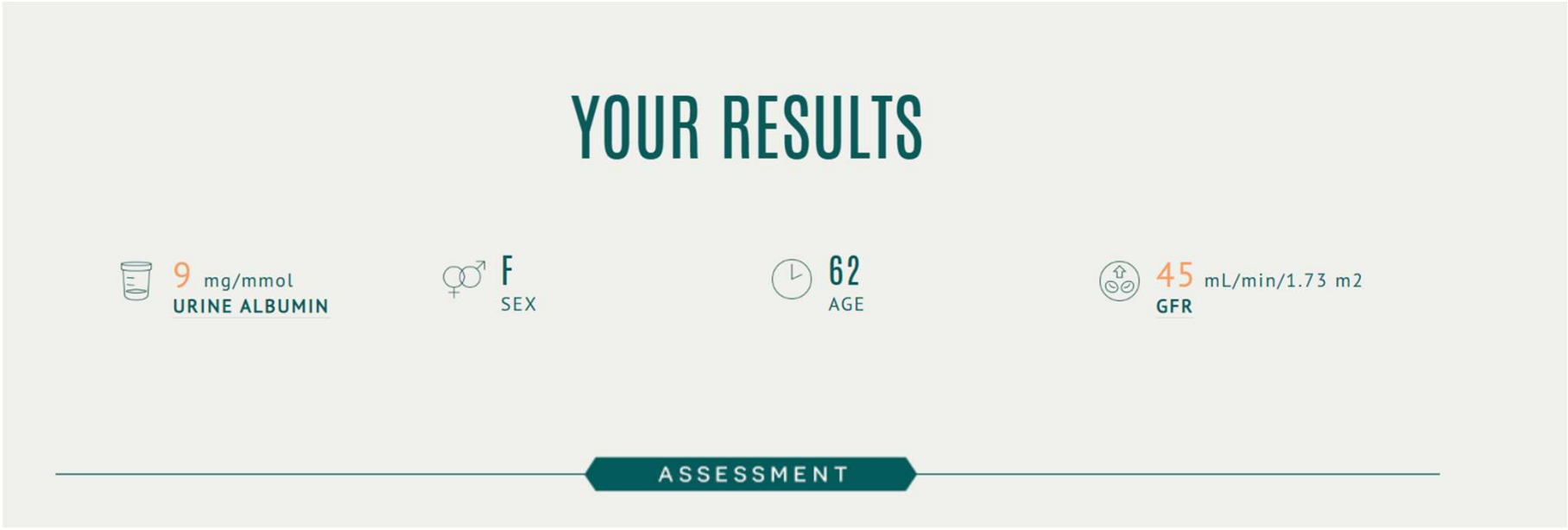
Stable CKDG3a/bA1

What is Grace's Risk of Progressing to ESKD?

- The Kidney Failure Risk Equation
- NZ validated version coming

- **Egfr, Age, Albuminuria, Sex**

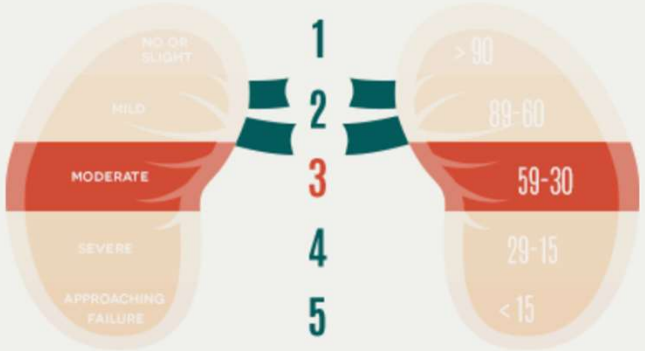
Grace's Risk of Progression



STAGE 3

MODERATE DECREASE IN FUNCTION

CKD STAGES | GLOMERULAR FILTRATION RATE



Patient risk of progression to kidney failure requiring dialysis or transplant:

AT 2 YEARS	AT 5 YEARS
0.46 %	1.79 %

Risk thresholds used in health systems include:

- 3-5 % over 5 years for referral to a kidney doctor
- 10 % over 2 years for team based care (Kidney Doctor, Nurse, Dietician, Pharmacist)
- 20-40 % over 2 years for planning a transplant or fistula

Grace's Management Plan

1. BP Optimistion
   -Target BP 130/80mmHg
   -Continue ARB
   -SGLT-2 ?

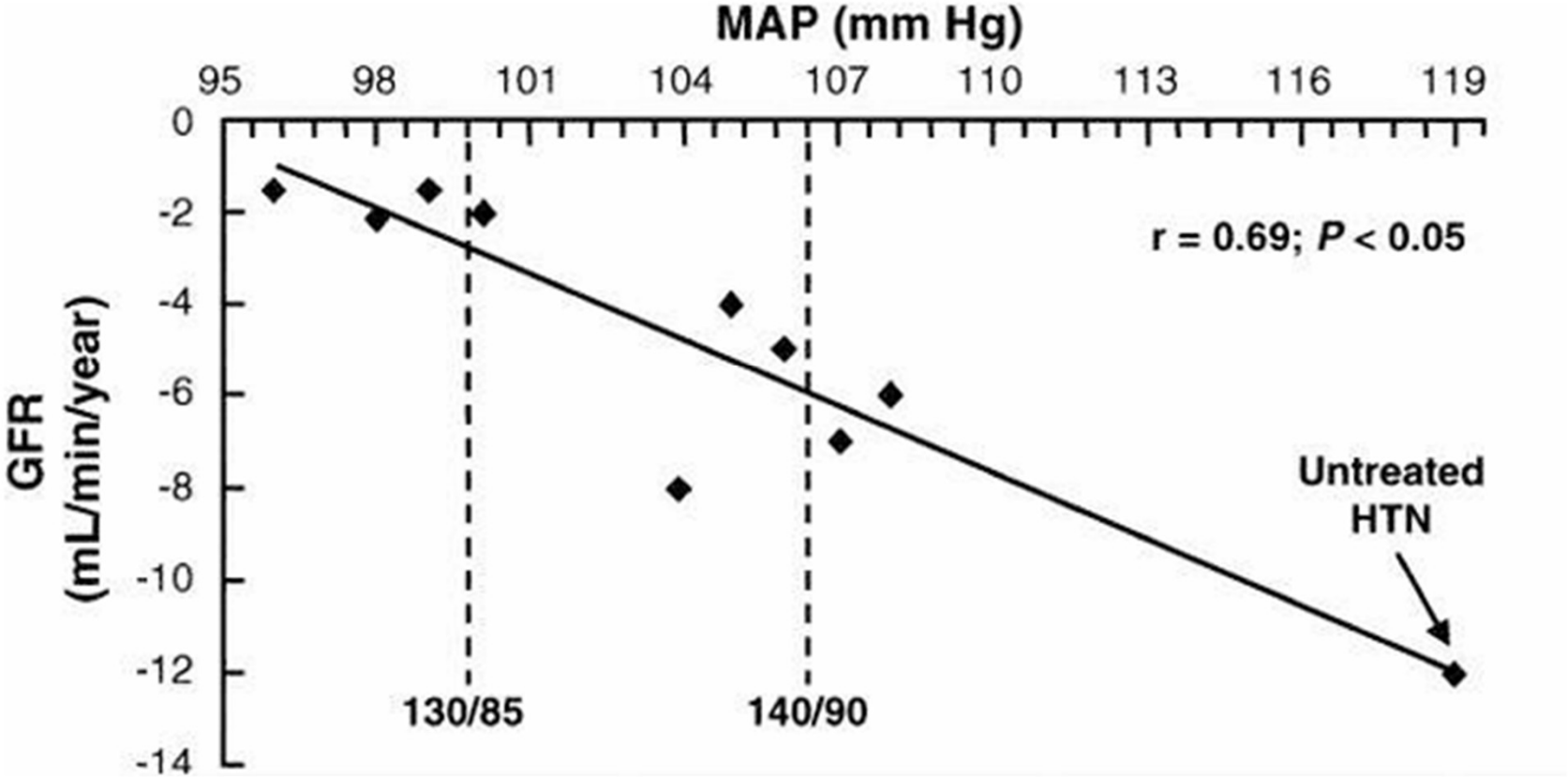
2. Avoid Further Kidney Injury
- Strick NSAID avoidance
- Educate about **"sick day rules"**
- → WH Losartan if unwell or dehydrated

3. Cardiovascular Risk Reduction
- Continue Statin
- Encourage exercise
- Smoking cessation

4. Lifestyle Modification
-sodium restriction (<2g/day)
-protein intake 0.8/kg/day
-maintain hydration

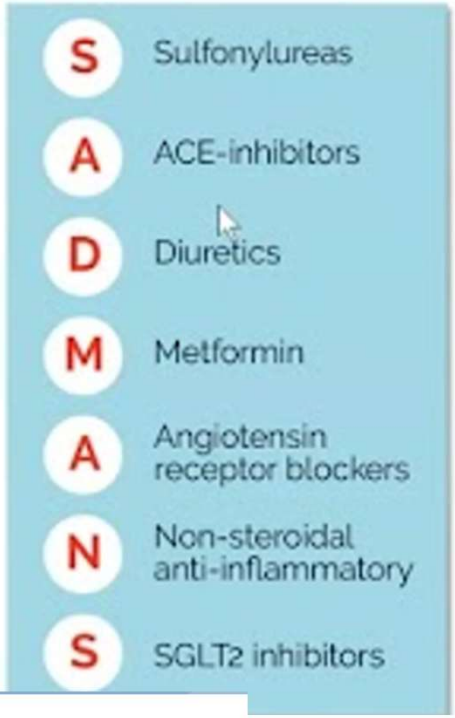
5. Nephrology Referral if:
- eGFR decline >5mL/year
- uACR climbing
- hyperkalaemia

#1 Bakris et al, AJKD 2000



#2 Sick Day Plan

All patients with CKD should have an AKI prevention and management plan



Management – Discontinuation and Restart of Medications

If medications are discontinued during an acute illness, communicate a clear plan of when to restart the discontinued medications to the affected person and healthcare providers, and ensure documentation in the medical record. Failure to restart these medications may lead to unintentional harm.

#3 Managing Cardiovascular Risk

CKD is a potent risk factor for CVD

With CKD, individual's cardiac death risk is 2-3x greater than without CKD

With CKD, individuals are 20 times more likely to die from CVD than survive to need dialysis or transplant

Though this is perhaps changing….

#4 Lifestyle changes