



NIH Launches Kidney Disease Awareness Campaign

Despite the fact that economical and effective testing and therapy exists, chronic kidney disease (CKD) is a growing epidemic in the United States.

That's why we are working with the National Kidney Disease Education Program (NKDEP) and its You Have The Power To Prevent Kidney Disease campaign to increase awareness of the importance of testing those at high risk and the availability of treatment to prevent or slow kidney failure. Together we are working to close the gap between evidence and practice.



Early treatment can slow progression and reduce cardiovascular risk.

For patients with diabetes or hypertension and CKD:

- Prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) to protect kidney function.
- A diuretic should usually be part of the hypertension regimen.
- Keep blood pressure below 130/80 mmHg.
- Careful blood sugar control is important for people with diabetes, especially if they have CKD.
- Dietary counseling is useful.

For patients with a family history of CKD:

- Advise patients to take action to prevent hypertension and diabetes.

www.nkdep.nih.gov

Simple blood and urine tests can detect early kidney disease.

- Serum creatinine applied to a prediction equation to estimate GFR is preferable to a 24-hour urine collection. A GFR calculator is available at www.nkdep.nih.gov.
- A spot urine albumin to urine creatinine ratio is preferable to a 24-hour urine collection for albumin excretion.
- CKD is defined as:
 - The persistent and usually progressive reduction in glomerular filtration rate (GFR less than 60 mL/min/1.73 m²), and/or
 - Albuminuria (more than 30 mg of urinary albumin per gram of urinary creatinine).

It is also important to:

- Monitor and treat traditional cardiovascular risk factors.
- Refer patients to a nephrologist for an early opinion.
- Team with a nephrologist once the GRF is 30 mL/min/1.73 m² or less.
- Provide ongoing primary care.

