



# KDIGO Controversies Conference

## Diabetic Kidney Disease

16-18 March, 2012

New Delhi, India

### **BREAKOUT SESSION DISCUSSION QUESTIONS & OBJECTIVES**

#### **GROUP 1: SCREENING FOR AND EVALUATION OF ALBUMINURIA**

Discussion Leaders: **Amanda Adler and Allan Flyvbjerg**

#### **DAY 1**

- **Discussion Topic:** Diabetic kidney disease screening and evaluation

#### **Questions to address:**

- Screening
  - Who
  - When
  - How
- What impact will diabetes have on dialysis and transplant needs?
- What effect has early CVD mortality had on preventing advanced CKD? (Need competing risk models?)
- Biomarkers – are any ready for routine clinical use besides albuminuria?
- Post transplant diabetes

#### **DAY 2**

- **Discussion Topic:** Is albuminuria an acceptable surrogate marker for diabetic CKD?

#### **Questions to address:**

- Can urine Albumin Excretion Rates and GFR go in different directions (e.g. worsening/improving)?
- Progression of fall of GFR different with and without albuminuria?
- CVD – how does it relate to GFR vs. Albuminuria vs. combination?

## **GROUP 2: GLYCEMIC CONTROL**

**Discussion Leaders: Robert Nelson and Wing Yee So**

### **DAY 1**

- **Discussion Topic:** Glycemic control to minimize DKD

#### **Questions to address:**

- Glycemic control – what should the HbA1c target be?
  - CKD vs. CVD
  - Should the A1C target vary by:
    - Stage of CKD?
    - Hemodialysis?
    - Transplant?
  - Should the A1C target be different for NODAT?

### **DAY 2**

- **Discussion Topic:** Specific interventions

#### **Questions to address:**

- Should metformin be stopped if the eGFR is  $< 60$ ?
- Should metformin be contraindicated in all transplant patients?
- Role of pancreas or islet cell transplants

## **GROUP 3: THERAPEUTIC MANAGEMENT**

**Discussion Leaders: Chris Wanner and Dick de Zeeuw**

### **DAY 1**

- **Discussion Topic:** Lipids management

#### **Questions to address:**

1. Should statins be stopped when patients go on dialysis?
2. When should statins be started?
3. Should we treat risk or treat LDL-C?

More specific:

- Should all CKD patients be evaluated with a complete lipid profile at presentation or when CKD is first confirmed or at every occasion (i.e. every 3-6 months)?
- Should cardiovascular risk be annually assessed with measurement of lipid levels (fasting or non-fasting?) only if the presence of dyslipidemia would influence the decision to prescribe lipid lowering treatment?
- Should all patients aged  $\geq$  ? years with CKD stage 1-4 receive treatment with a statin?
- Should all patients aged  $<$  ? years with CKD stage 1-4 receive statin treatment only when coronary disease or ischemic stroke or diabetes mellitus is confirmed?
- Should all kidney transplant recipients routinely be treated with a statin?
- What doses of statins should be given or avoided?
- Is there any role for anti-lipid therapies other than statins?
  - Nicotinic acid, fish oil, fibrates, bile acid binders (sevelamer)

### **DAY 2**

- **Discussion Topic:** Blood Pressure Control

#### **Questions to address:**

##### **I. Blood pressure target**

In practice doctors titrate antihypertensive agents to a target blood pressure as in the guidelines; it is generally accepted that this target should be lower in diabetes than in non-diabetes.

However, what is the evidence that the diabetic patients is better off with a low BP target?

1. What should the BP targets be?
  - a. Is there no evidence for a lower systolic or diastolic target in diabetes to prevent CKD progression?
  - b. Is there no evidence for a lower systolic or diastolic target in diabetes to prevent CVD progression?
2. Do we need RCT evidence to establish a lower target?
3. What trials do we need to establish the target?

##### **II. RAAS blockade**

**In practice diabetic patients are treated with RAAS blocking agents as antihypertensive therapy, since this is said to offer more “organ” protection. What is the evidence and does it hold true for each diabetic patient, even if normotensive. In addition, is further blocking of the RAAS by combination therapy the way to go?**

1. What is the evidence for RAAS blockade having an advantage over other BP controlling agents in diabetes for CKD progression
2. What is the evidence for RAAS blockade having an advantage over other BP controlling agents in diabetes for CVD progression
3. Is this true for
  - a. ACEi
  - b. ARB
  - c. DRI
  - d. MCRB?
  - e. RAASi combination tx
4. Is ACEi better than ARb or vice versa?
5. Is the above true for:
  - a. Hypertensive normoalbuminuric patients?
  - b. Hypertensive microalbuminuric patients?
  - c. Hypertensive macroalbuminuric patients?
  - d. Normotensive normoalbuminuric patients?
  - e. Normotensive microalbuminuric patients?
  - f. Normotensive macroalbuminuric patients?
6. Is the above true for:
  - o Type 1 DM
  - o Type 2 DM
7. Is the use of salt restriction beneficial for outcome
  - a. During RAAS blockade
  - b. Without RAAS blockade