**Practice Points are used when**

- No systematic review was conducted
- There is insufficient evidence
- Evidence was inconclusive (less evidence than required)
- The alternative option is illogical
- The guidance does not imply action for the physician
- Consensus statements providing guidance and guidance in the absence of evidence may consider benefits and harms but will not be explicitly discussed
- Guidance does not require an explicit discussion of values and preferences or of resource considerations, although is implied that these were considered
- The guidance may be more useful as a table/figure/algorithm

**Recommendations will be provided when**

- Systematic review was conducted
- Ample evidence is available
- Evidence shows a clear preference for one action over the alternatives
- Consensus statements are supported with evidence and explicit discussion of the balance of benefits and harms, values and preferences will be necessary
- Application of guidance requires explicit discussion of values and preferences or on resource
- Guidance is always actionable
- The guidance is more useful displayed as or requires additional explanation in text

### Information on Guideline Development Process

**Who**

- A Work Group of experts is convened to develop KDIGO guidelines based on evidence and clinical judgment.
- A designated Evidence Review Team will systematically review and analyze the evidence.
- The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach is used to analyze certainty in the evidence and strength of guideline recommendations.
What are the structured sections that are included in a recommendation?

Following each Recommendation, there should be a short remark of one to two sentences summarizing the most important factors considered when making the Recommendation statement.

Next, the Key Information write-up is comprised of five specific subsections representing factors that the Work Group considered both in developing and grading the Recommendation. The sections are:

1. Balance of benefits and harms,
2. Quality of evidence,
3. Values and preferences,
4. Resource use and costs, and
5. Considerations for implementation.

The final section of the write-up is a Rationale section which serves two purposes. First, the rationale expands on the short remark that immediately follows the Recommendation summarizing how the Work Group considered the five factors of the Key Information section when drafting the recommendation.

Second, the Rationale may be used to describe any key differences between the current KDIGO recommendation and recommendations made in the previous guideline or by other guideline producers.

How should I use Practice Points when caring for my patients?

- As noted, Practice Points are consensus statements about a specific aspect of care, and supplement recommendations for which a larger quality of evidence was identified.
- Note that Practice Points represent the expert judgment of the guideline Work Group, but may also be based on limited evidence.
- Unlike recommendations, Practice Points are not graded for strength of recommendation or quality of evidence.
- Users should consider the practice point as expert guidance, and use it as they see fit to inform the care of patients.
What happened to the old “ungraded statements”?

Ungraded statements were often useful to clinicians, but some were not strictly necessary, and their format (i.e., as imperative statements) was not suitable for every situation.

The added flexibility to present Practice Points in alternative formats such as Tables, Figures, and Algorithms should make them more useful to clinicians. Since shorter documents are easier to use, we have tried to eliminate superfluous statements from the guideline and to retain only those that are necessary for providing patient care.

Why did KDIGO make these changes?

The main rationale for the changes was to improve rigour (better link of evidence to recommendations; standardized and consistent format), reduce unnecessary length, and enhance utility to practitioners (clinically useful guidance through Practice Points; visually appealing Tables, Figures and Algorithms that are easier to use at point of care).

Example of new recommendation and practice point format

**Treatment**

*Recommendation 1. We recommend that metformin be used as the first-line treatment for hyperglycemia in patients with T2D who have eGFR ≥ 30 ml/min/1.73m² (1B)*

Why was this formatted as a recommendation?

- Balance of benefits and harms (all based on published, scientific studies):
  - Benefits: HbA1c reduction, greater weight reduction compared to other drugs, protective against cardiovascular events in general population, etc.
  - Harms: potential for lactic acid accumulation
- The quality of evidence: to form this recommendation was based on clinical recommendations extracted from RCTs, systematic reviews performed in the general population, and outcomes from observational studies were considered.
- Resources and other costs: least expensive, widely available, affordable.
- Considerations for implementation: dose adjustments are required, no safety data for patients with eGFR < 30 ml/min/1.73m² and must be switched off when this level is reached.

*Practice Point 1. Treat kidney transplant recipients with T2D and eGFR ≥ 30 ml/min/1.73m² with metformin according to recommendations for patients with T2D and CKD*

Why was this formatted as a Practice Point?

- Less robust data than recommendation; no systematic review was done.
- Few studies found, most data from registry and pharmacy claims. This evidence cannot be considered conclusive.
- Based on the limited evidence available, the Work Group decided to base their guidance to use metformin in the transplant population should be based on the eGFR, same approach for CKD group.
Practice Points may also have accompanying algorithms to aid in implementation.

For example:

**Practice Point 2.** Monitor eGFR in patients treated with metformin. Increase the frequency of monitoring when eGFR is <60 mL/min/1.73m²

Why was this formatted as a practice point?
- Limited evidence to support the guidance but monitoring eGFR in these patients is necessary.
- No systematic review was done.
- An Algorithm was a clear visual presentation of the approach to monitoring; one can imagine trying to describe this algorithm in a series of statements, but the graphic is more useful to the reader.