

Why uniform nomenclature on kidney function and disease?

For clinicians and health professionals

- Reduces confusion and errors in clinical practice
- Promotes consistency in research design, execution, and communication
- Raises public awareness



For patients

- Facilitates communication between healthcare provider and patient
- Takes into account patient preferences and his/her needs and values
- Minimizes language ambiguity and mobilizes self-management and advocacy



Guiding principles for uniform nomenclature on kidney function and disease

- Patient-centered: wording should not be demoralizing or stigmatizing
- Precise: wording should foster accurate communication in clinical practice, research, and public health
- Consistency with KDIGO guidelines: adoption of definition and wording should aid evidence-based practice and guideline implementation

Key take-home messages

- ① Use 'kidney' rather than 'renal' or 'nephro-' when referring to kidney disease and kidney function
- ② Use 'kidney failure' with appropriate descriptions of presence or absence of symptoms, signs, and treatment rather than 'end-stage kidney disease' since latter term is not patient-sensitive and connotes stigma
- ③ Use the KDIGO definition and classification of acute kidney diseases and disorders (AKD) and acute kidney injury (AKI) rather than alternative descriptions to define and classify severity of AKD and AKI; AKI stages (1, 2, 3) should be used to denote severity of AKI
- ④ Use the KDIGO definition and classification of CKD rather than alternative descriptions to define and classify CKD. Ascertainment of CKD when GFR > 60 ml/min/1.73 m² requires assessment for markers of kidney damage (e.g., albuminuria). CKD should be classified according to cause and categories of GFR and albuminuria (CGA); severity of CKD should correspond to risk categories (i.e., KDIGO heatmap)
- ⑤ Use specific kidney measures such as albuminuria or decreased GFR to describe alterations in kidney structure and function, respectively, rather than general descriptors such as 'abnormal' or 'reduced' kidney function. Do not equate albuminuria or proteinuria as 'decreased kidney function' since they are markers of kidney damage