Why uniform nomenclature on kidney function and disease?

FOR CLINICIANS AND HEALTHCARE 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/ values



Minimizes language ambiguity and mobilizes self-management and advocacy

GUIDING PRINCIPLES



Patient centered

Wording should not be demoralizing or stigmatizing



Precise

Wording should foster accurate communication



Consistent with KDIGO guidelines

Adoption of definition and wording should aid evidencebased practice and quideline implementation

O - Key Take-Home Points - O



Use 'kidney' rather than 'renal' or 'nephro-' when referring to kidney disease and kidney function





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)



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)



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)



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)