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 evidence-based practice and guideline implementation
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

Use the KDIGO definition and classification of acute kidney diseases and disorders (AKD) and acute kidney injury (AKI)

Use the KDIGO definition and classification of CKD rather than alternative descriptions to define and classify CKD

Use specific kidney measures such as albuminuria or decreased GFR to describe alterations in kidney structure and function, respectively

Do not equate albuminuria or proteinuria as ‘decreased kidney function’ since they are markers of kidney damage