

Let us make this clear: Nomenclature for kidney function and disease

Kai-Uwe Eckardt MD, of KDIGO talks to CardioPulse about the need to clarify communication around kidney-related health



Kai-Uwe Eckardt is Professor of Medicine and Chief of Nephrology and Medical Intensive Care at the Charité in Berlin, Germany. He is a founding member and past co-chair of Kidney Disease: Improving Global Outcomes (KDIGO). The non-profit organization set itself the goal of refining the nomenclature used to describe kidney function and disease along with developing a glossary for use by scientific journals and publications. He speaks to CardioPulse about the recommendations for uniformity in this field.

Why do we need to update/rationalize kidney nomenclature?

There is overwhelming evidence that kidney disease represents a global health burden of increasing relevance. However, the nomenclature that is currently used to describe kidney function and diseases has not been systematically developed and frequently lacks precision, consistency, and patient-centredness.

What is Kidney Disease: Improving Global Outcomes and what does it do?

Kidney Disease: Improving Global Outcomes was established in 2003 by the National Kidney Foundation, a US organization experienced in developing and implementing clinical guidelines. In 2013, KDIGO became an independently incorporated non-profit foundation and is governed by an international volunteer Executive Committee. It develops evidence-based clinical practice guidelines and practice recommendations for the diagnosis and care of patients with kidney disease. Through unifying international expertise and applying the strict methodology, KDIGO has evolved as a true authority in kidney medicine.

What were the main considerations in refining the nomenclature?

The importance of language for communication is undisputed. In the health care context, precise and respectful terminology is essential for communication with patients and among health care providers. Terminology may influence the way we think about diseases and organize research. Over the space of many years KDIGO has proposed diagnostic criteria and staging systems for acute and chronic kidney diseases, but gaps in nomenclature remained. In the absence of a consensus-based guidance, the terminology used in the scientific literature has so far remained inconsistent. Prior to the Consensus Conference the Manual of Style of the American Medical Association did not even mention kidney disease. The objective of our initiative was to improve this situation.

What are the main recommendations from the June 2019 Consensus Conference?

There was broad consensus for five key recommendations:

- (1) To use the word 'kidney' rather than 'renal' or 'nephro' when referring to kidney disease and function.
- (2) To use 'kidney failure' with appropriate descriptions of the presence or absence of symptoms, signs, and treatment rather than 'end-stage' kidney disease.
- (3) To use the KDIGO definition and classification of acute kidney diseases (AKD) and disorders and acute kidney injury (AKI) rather than alternative descriptions to define and classify the severity of AKD and AKI.
- (4) To use the KDIGO definition and classification of chronic kidney disease (CKD) rather than alternative descriptions to define and classify the severity of CKD.
- (5) To use specific kidney measures, such as albuminuria or decreased glomerular filtration rate, rather than 'abnormal or reduced kidney function' to describe alterations in kidney structure and function.

How did the Consensus Conference arrive at the five key recommendations?

Guiding principles were that the proposed nomenclature should be patient-centred and not stigmatizing; it should be as precise as possible to foster accurate communication and finally it should be consistent with KDIGO guidelines to aid implementation of evidence-based practice. The five key recommendations reflect these principles. For example, the term 'kidney failure' is more precise and less stigmatizing than the term 'end-stage kidney disease' which so far is frequently used to designate patients who receive kidney replacement therapy.

How will patients, clinicians, researchers, and publishers' benefit from improved nomenclature?

For patients, it should facilitate communication with health care providers, understanding of disease and treatment options and thereby mobilize and support self-management. For clinicians, we hope to reduce confusion and errors, facilitate communication with patients, and help to identify patient preferences. For researchers, the proposed nomenclature should promote consistency and comparability in research design, execution, and communication. As a primary obligation of medical journals is to deliver knowledge in a professional and expeditious way, standardizing kidney-related nomenclature and developing a glossary will help publishers to communicate better with the wider community.

How will you take the recommendations forward?

We were very privileged that editors and editorial managers from all major kidney sub-specialty journals, many important journals in neighbouring fields as well as high-profile general medicine journals, attended the Consensus Conference and agreed to co-author the consensus report. More than 25 journals, including the *European Heart Journal*, agreed to publish executive summaries. Based on this broad commitment, we are confident that the editorial teams of many journals will work together with authors to implement this new terminology in future publications. This will take some time, but once the implementation in scientific literature has been achieved, there is a good chance that this will eventually also influence the way we communicate in medical practice.

Are there any good examples of other fields which have successfully updated language in this way?

In my view, cardiology is an excellent example for how continuous updating and refining of nomenclature with the integration of novel evidence has influenced the whole field. We anticipate that the nomenclature and glossary for kidney function and disease will also be expanded and updated on a continual basis. We expect it to evolve over time to accommodate new terms and new concepts, for example, when precision medicine approaches yield evidence for novel disease categories or patient and caregiver communities will further elucidate the characteristics of patient-centred terminology.

Is there anything else we need to consider?

It is important to note that the nomenclature recommendations and the proposed glossary of recommended terms are restricted to the English language. Although English is most relevant for scientific literature, regional implementation in medical practice will require analogous initiatives in other languages.

Conflict of interest: none declared.



Judy Ozkan MA
j.ozkan@btinternet.com