



# KDIGO AKD VIRTUAL CONFERENCE

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# THE 2012 KDIGO PROPOSAL FOR AKD

- The KDIGO definitions for both AKI and CKD are based on alterations in kidney function and/or structure. AKI develops over hours to 7 days and CKD is defined by an elevated creatinine, or other evidence of kidney damage, that is present for greater than three months.
- During the deliberations on the KDIGO AKI guideline the concept of Acute Kidney Diseases and Disorders (AKD) was introduced and proposed in the AKI guideline.
- It was realized that in clinical practice there are alterations of kidney function and structure that do not meet the criteria for the definition of either AKI or CKD.
- Some of these patients are asymptomatic and are incidentally found to have an elevated SCr, or abnormal urine studies (such as proteinuria or microscopic hematuria), or abnormal radiologic imaging of the kidneys.
- It was suggested that the etiology of these alterations may warrant medical attention to restore kidney function and reverse damage to kidney structure to avoid adverse outcomes.
- The 2019 KDIGO Controversies Conference on AKI (Kidney Int (2020) 98, 294-309) recommends “that a revised definition and classification of AKD could be better harmonized with both the definitions and classifications of AKI and CKD”.

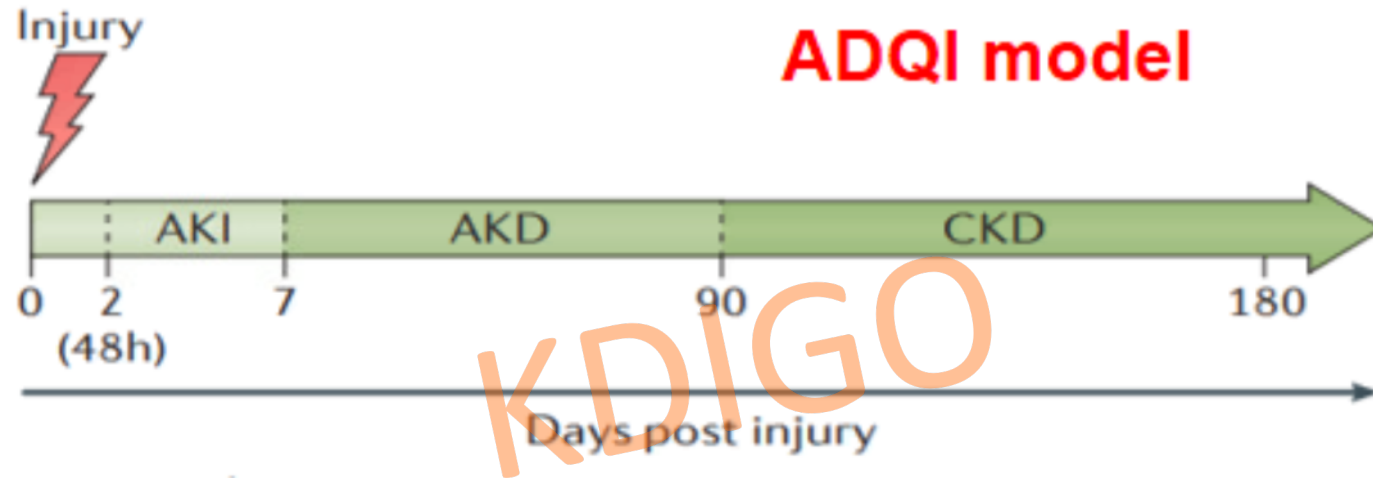
# THE CONCEPTUAL OVERLAP AMONG AKI, AKD AND CKD (KDIGO AKI GUIDELINE 2012)



# NOMENCLATURE FOR KIDNEY FUNCTION AND DISEASE: REPORT FROM A KDIGO CONSENSUS CONFERENCE

Preferred term	Suggested abbreviations <sup>a</sup>	Rationale/explanation
<b>Part 3. Acute kidney diseases and disorders (AKD) and acute kidney injury (AKI)</b>		Disease duration $\leq 3$ mo; conceptually different from initial recognition of CKD
<b>Acute kidney diseases</b>	AKD <sup>c</sup>	KDIGO definition: AKI, or GFR $< 60$ ml/min per $1.73 \text{ m}^2$ , or markers of kidney damage for $\leq 3$ mo, or decrease in GFR by $\geq 35\%$ or increase in serum creatinine by $> 50\%$ for $\leq 3$ mo
<b>Acute kidney injury</b>	AKI	KDIGO definition ( <u>AKI is a subcategory of AKD</u> ): oliguria for $> 6$ h, rise in SCr level by $> 0.3$ mg/dl in 2 d or by $> 50\%$ in 1 wk
<b>Part 4. Chronic kidney disease (CKD)</b>		Disease duration $> 3$ mo
<b>CKD</b>		KDIGO definition: GFR $< 60$ ml/min per $1.73 \text{ m}^2$ or markers of kidney damage for $> 3$ mo

# ACUTE KIDNEY DISEASE AND RENAL RECOVERY: CONSENSUS REPORT OF THE ACUTE DISEASE QUALITY INITIATIVE (ADQI) 16 WORKGROUP



## Box 3 | Definition of AKD and recovery from AKD

### Consensus statement 2A:

- Acute kidney disease (AKD) describes acute or subacute damage and/or loss of kidney function for a duration of between 7 and 90 days after exposure to an acute kidney injury (AKI) initiating event.
- Outcomes of AKD include recovery, recurrence of AKI, progression of AKD and/or death.
- AKD that persists beyond 90 days is considered to be chronic kidney disease.

# NON-EXHAUSTIVE LIST OF TOPICS FOR DISCUSSION DURING THIS AND FOLLOWING MEETINGS

- Clear, precise and patient-centered definition and recognition of AKD, its characterization and incidence in the community, hospitals, emergency rooms, ICU
- What is AKD in relation to AKI and CKD?
- Diagnostic approach and management in clinical practice of AKD:
  - Supplementary usefulness of lab tests (i.e. biomarkers) or radiological investigations
  - Role of kidney biopsy
  - Timing of follow up of a patient with AKD
  - Impact of potentially nephrotoxic medication on evolution of kidney function
- Prognosis of AKD - population-based studies to examine incidence and progression to key outcomes, CKD, ESKD, mortality
- Clinical impact of AKD - implications and costs of case identification and clinical surveillance of AKD patients
- Determination whether education, dissemination, and implementation strategies for applying the AKD criteria, in conjunction with models of care that encompass both chronic and acute disorders improve short- and long-term clinical outcomes

# MESSAGE TO THE KDIGO CONSENSUS CONFERENCE ON AKD

“It ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct or more uncertain in its success than to take the lead in the introduction of a new order of things”

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*Niccolo Machiavelli- The Prince, 1513*





# KDIGO AKD VIRTUAL CONFERENCE

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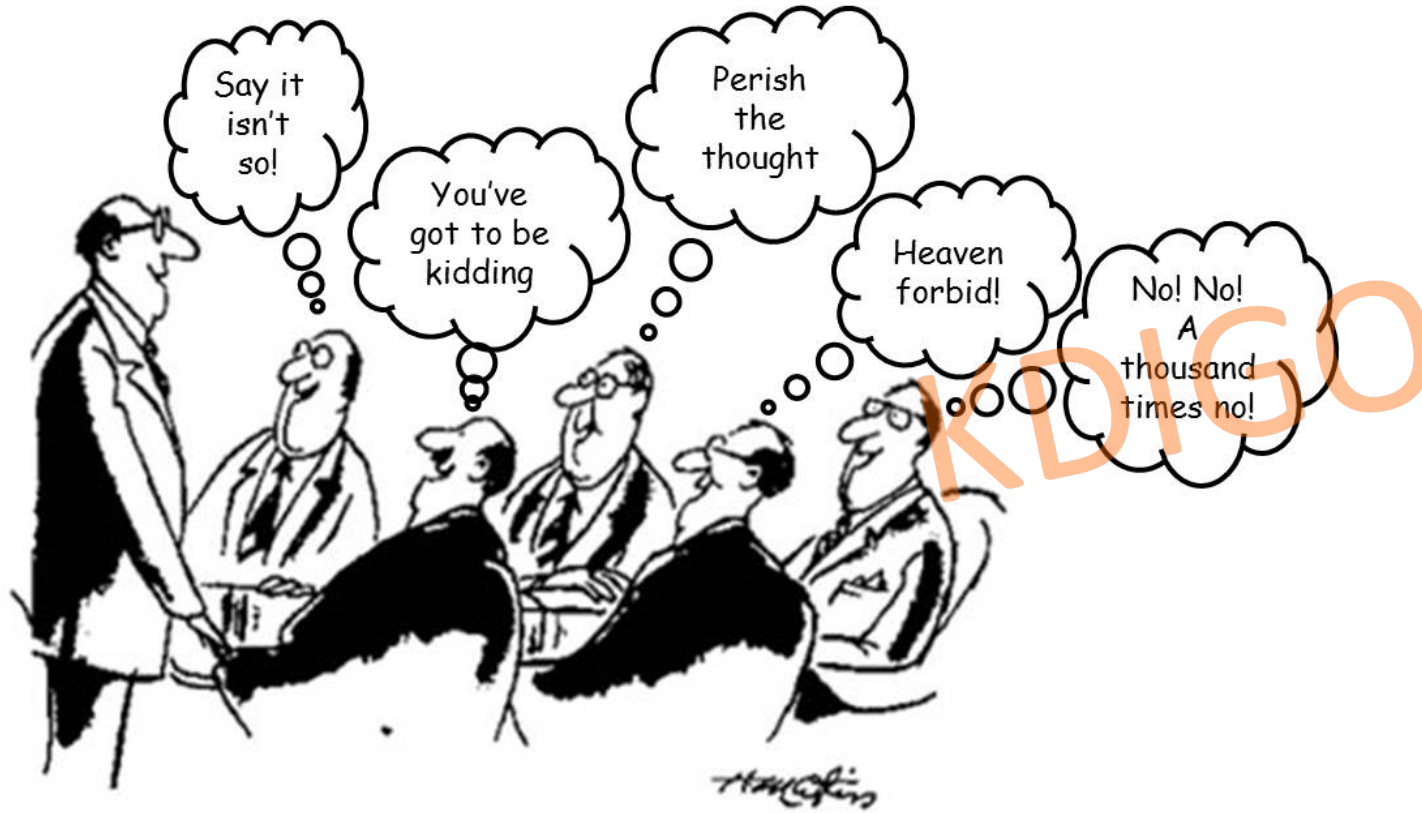
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# WHAT WE'RE HERE TO DO

- Consider the scene setting
- Consider the data
- Ask yourselves the 'So what' question
- Does this add value?
- What would you say to a nihilist?

KDIGO

# THIS IS A CONSENSUS CONFERENCE



"All those in favour say "Aye""

"Aye"

"Aye"

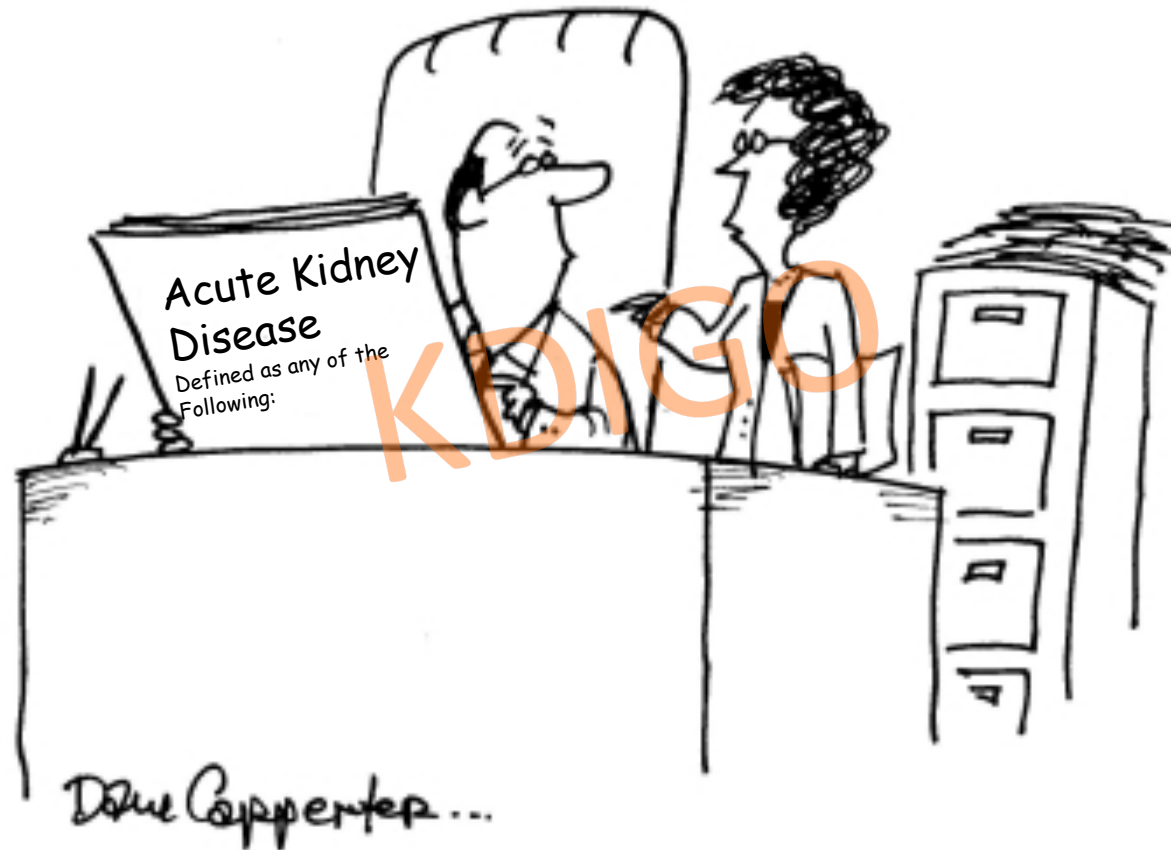
"Aye"

"Aye"

"Aye"

A generally accepted opinion among a group of people

# ADDRESSING QUESTIONS AND NEED



"That's a new term the nephrologists came up with, they're still working on a definition for it"