CKD definition
CKD is defined as abnormalities of kidney structure or function, present for >3 months, with implications for health. The definition includes many different markers of kidney damage, not just decreased GFR and ACR and the cause of CKD should be actively sought (Figure 1). CKD is classified according to Cause, GFR and ACR to establish severity and guide the type and timing of interventions.

Distinguish between AKD and CKD
It is important to distinguish between AKD and CKD and to establish chronicity (Figure 2).

CKD care across the lifespan
CKD impacts people across the lifespan and as a chronic condition, care is influenced by changes in life circumstances (Figure 3). Use a personalized approach to diagnosis, risk assessment, and management that considers age, sex, and gender. At the extremes of age - the very young and the very old - diagnostic procedures, treatment aims, treatment modalities, and decision-making differ due to differences in prognosis, treatment options, and prioritization.

Diagnosis of CKD in older adults
Epidemiological population data support retaining the threshold GFR of 60 ml/min/1.73 m² for diagnosis of CKD in older adults, even in the absence of significant albuminuria, with consistently elevated and increasing relative risk of adverse outcomes below this threshold (Figure 4).

Improving accuracy of GFR assessment
Estimating GFR from a combination of creatinine and cystatin C (eGFRcr-cys) improves accuracy and strengthens risk relationships. GFR should be measured where more accurate ascertainment of GFR will impact treatment decisions.

Accuracy and reliability
Understand the variability of GFR and urinary albumin and the value and limitations of the methodology of assessment when determining whether a change is a true change. Implement the requisite laboratory standards of care to ensure accuracy and reliability.

Use a validated GFR estimating equation
Use a validated GFR estimating equation to derive GFR from serum filtration markers (eGFR) and use the same equation within geographical regions recognizing that these equations may differ for adults and children (Figure 2).

Point-of-care tests
Point-of-care tests (POCT) for creatinine (blood and saliva) and urine albumin measurement are available, and if adequately quality-assured, are accurate enough to facilitate the clinical pathway where access to a laboratory is limited.

Use validated risk assessment tools
Use validated risk assessment tools to aid in decision-making and timing of multidisciplinary care. Choose the appropriate tool for the event of interest: kidney failure treatment, cardiac events, or mortality.

Timing assessment and reevaluation
Timing of follow up and reassessment using validated risk prediction tools and clinical evaluation, together with education, may inform better selection of targets of care to support people and families living with CKD. This approach is part of longitudinal care.