

Promote participation in high-quality research in CKD across the lifespan

1

CKD diagnosis and staging

Your doctor may do additional tests to understand the cause of your kidney disease and, based on the level of GFR and amount of protein in your urine, will determine your stage of CKD (severity and risk).

2

Comprehensive care

Combining a healthy diet, exercise, stopping smoking, controlling weight, and lowering blood pressure and lipids with appropriate medications can slow down how quickly CKD progresses and reduce the risks of kidney failure, heart attack, stroke, and heart failure (Figure 1).

3

Holistic approach to care

The best care for you is a holistic approach built by knowledge and trust in your healthcare team. Have the confidence to discuss your physical, social and emotional health and lifestyle issues with them. You will have different priorities depending on where you are in your lifespan.

4

Positive approach by patients to managing CKD

Understanding your condition and creating a partnership through shared decision-making with your healthcare team will be of great benefit. Become a proactive and empowered patient. This will help you protect kidney function and reduce the risk of side effects.

- Ask for access to your test results and understand your parameters.
- Understand each medication you are required to take and why you are taking it.
- Ask for a medication review if you feel you are overwhelmed by the number of pills you have to take.
- Ask for clear medical advice on drug therapy during acute episodes of illness especially dehydration (Figure 2).
- For healthcare team appointments, write down questions to ask about your care.
- Understand your risk factors and what are good lifestyle choices, now and in the long term.
- Research and ask for early education about dialysis and transplantation options.

5

Healthy and diverse diet

Eating a balanced, healthy diet that suits reduced kidney function may benefit complications related to CKD (Figure 3).

- Consume diets higher in vegetables, fruits, whole grains, fiber, legumes, plant-based proteins, unsaturated fats, and nuts; and lower in processed meats, and ultraprocessed foods which are high in salt, sugars and carbohydrates.
- Salt intake should be <5 grams per day (equivalent to 2 grams of sodium) and protein <0.8 grams of protein per kg bodyweight per day.
- Initially, potassium rich foods like fruits are encouraged but as kidney function deteriorates, diet will need to be reviewed to prevent heart rhythm issues.
- Diet should be reviewed with a dietician or nutrition provider and monitored on a regular basis.

6

BP control

BP control is at the heart of CKD care and can be controlled by BP-lowering therapy customized for you together with treatment targets that are adjusted if you are frail, at high risk of falls, have very limited life expectancy, or suffer from low blood pressure or dizziness when you stand up. As kidney function falls, BP can be elevated by water overload from eating and drinking as the kidney produces reduced levels of urine, usually identified by swelling at the ankles. Use of diuretic drugs (water pills) help increase water excretion.

7

RASi, SGLT2i, Statins

There is significant evidence to support drugs shown to slow down or limit progression of kidney and cardiovascular disease (Figure 1):

- RASi (ACEi or ARBs) have kidney protective effects and should be given if you have high BP or albuminuria
- SGLT2i reduce the risk of kidney failure and cardiovascular disease and have proven benefit in CKD with and without diabetes
- Moderate- or high-intensity statins are also part of first-line therapy

8

Symptom control

As CKD progresses, patients report more symptoms as the kidney struggles to clear toxins and water, and to send the correct signals to your endocrine system. Having a positive partnership with your healthcare team can help identify your symptom burden, and find possible treatment strategies that are best for you (Figure 4).

- Tiredness can be very challenging, so reduce stress by setting small, daily goals to help manage what needs to be done. Symptoms of tiredness from anemia may require a regimen of iron and possibly epoetin.
- Losing appetite is very common from acidosis and can limit healthy eating, so research meals you can enjoy taken in smaller portions and with less fluid intake.
- Gout can be very debilitating and painful, and needs urgent and long-term drug control.

9

Coping strategies for patients

Kidney disease is challenging and can be isolating, but coping strategies may allow you to achieve life priorities while living with kidney disease. You may struggle to appreciate medical advice if you are struggling with mental health or social, welfare, and financial issues.

- Identify specialist welfare and financial advice services
- Ask or join kidney charities and patient groups who can offer a range of help, grants, counselling and lived experience.
- CKD treatment is universally agreed, so using trusted websites from all health care systems can help educate and answer many common patient questions.

10

Understand long-term risks

Untreated CKD can lead to problems with heart function, blood vessel health, diabetes, and bone issues. It is important to work with your team to help them help you keep you in the best health possible.

Figure 1

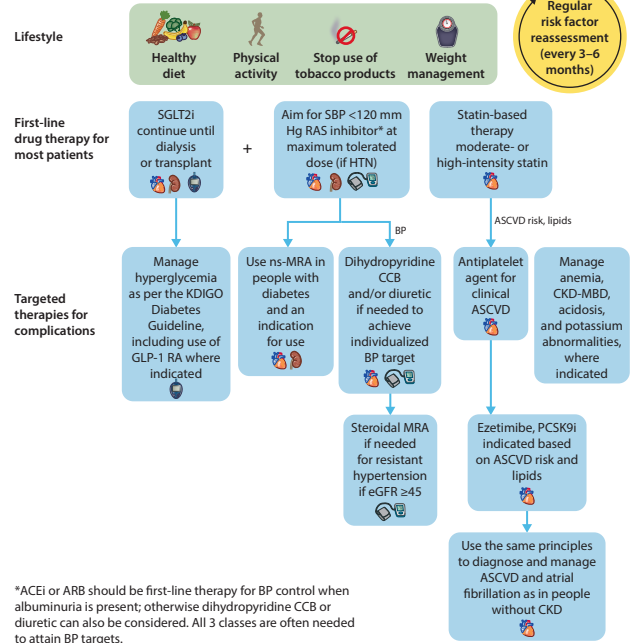


Figure 2



Figure 3

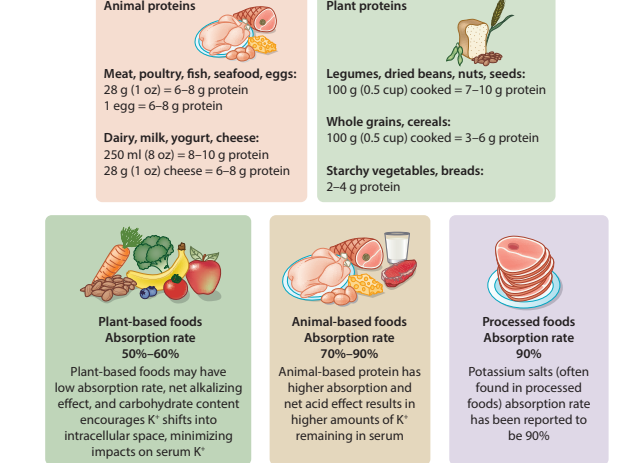
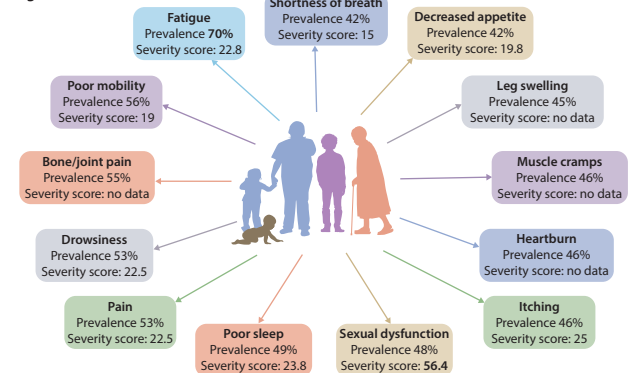


Figure 4



ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin II receptor blocker; ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure; CCB, calcium channel blocker; CKD, chronic kidney disease; CKD-MBD, chronic kidney disease-mineral and bone disorder; eGFR, estimated glomerular filtration rate; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HTN, hypertension; KDIGO, Kidney Disease: Improving Global Outcomes; MRA, mineralocorticoid receptor antagonist; ns-MRA, nonsteroidal mineralocorticoid receptor antagonist; PCSK9i, proprotein convertase subtilisin/kexin type 9 inhibitor; RAS(i), renin-angiotensin system (inhibitor); SBP, systolic blood pressure; SGLT2i, sodium-glucose cotransporter-2 inhibitor.