The CKD4/5 Patient. What's going on? Practical Advice

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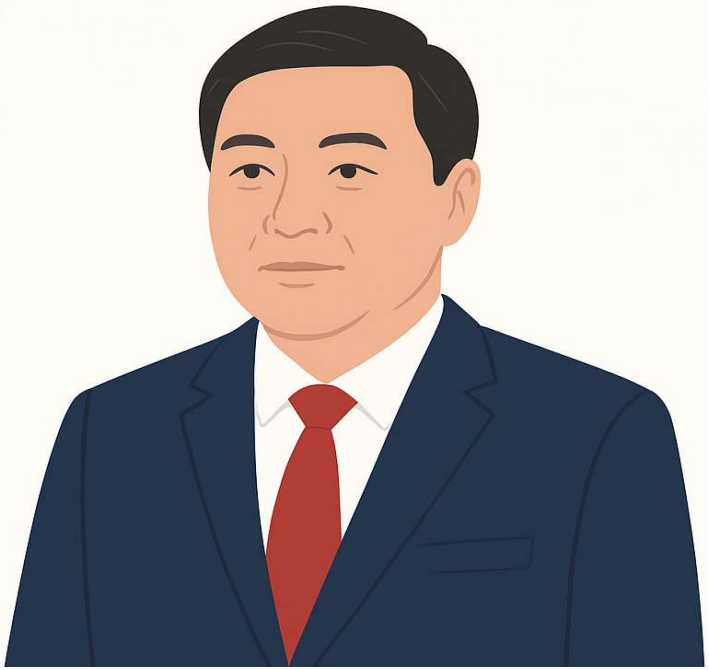
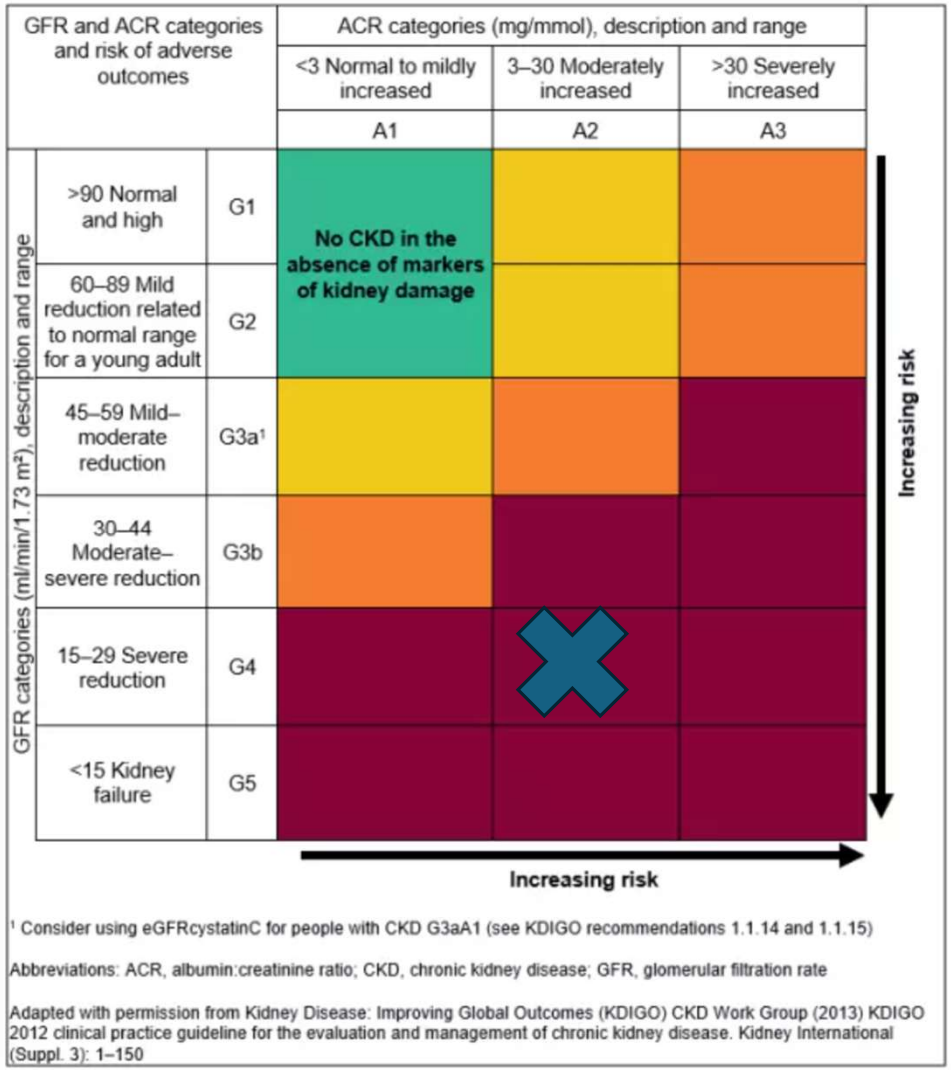
Case Study

- 52-year-old Chinese New Zealander, living in East Auckland
- Owns a succesful family-run business
- Two university-aged children
- Busy schedule, little time for health management



Presents for prescription renewal

- **Hypertension** (10 years)
- **Type 2 Diabetes** (15 years, suboptimal control, HbA1c ~80 mmol/mol)
- -retinopathy and required x2 laser therapy
- **BMI 32**,
- Ex-smoker
- Mild ankle swelling, BP: 160/95mmHg
- **Bloods:** eGFR 28 mL/min/1.73m^2 Hb 128g/L
- Urine ACR: 250 mg/mmol → CKD Stage G4A2



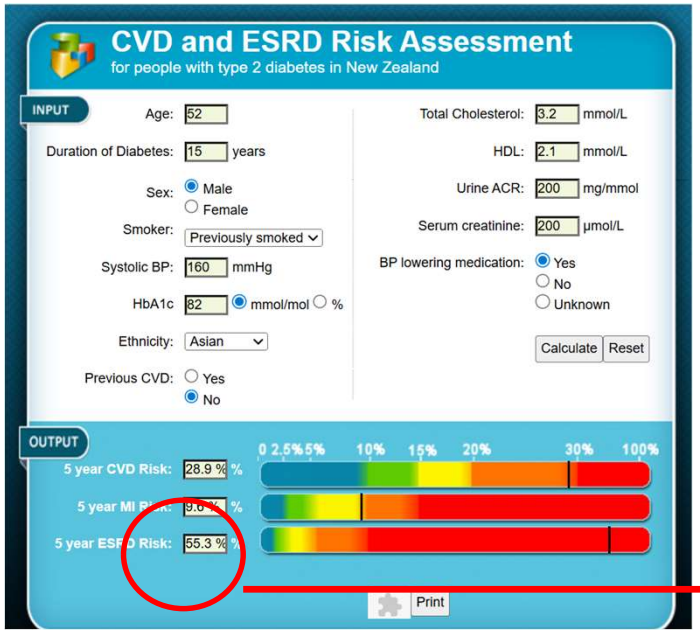
[1] Consider using eGFRcystatinC for people with CKD G3aA1 (see KDIGO recommendations 1.1.14 and 1.1.15)

Abbreviations: ACR, albumin:creatinine ratio; CKD, chronic kidney disease; GFR, glomerular filtration rate

Adapted with permission from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group (2013) KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. Kidney International (Suppl. 3): 1–150

Calculating Risk of Progression

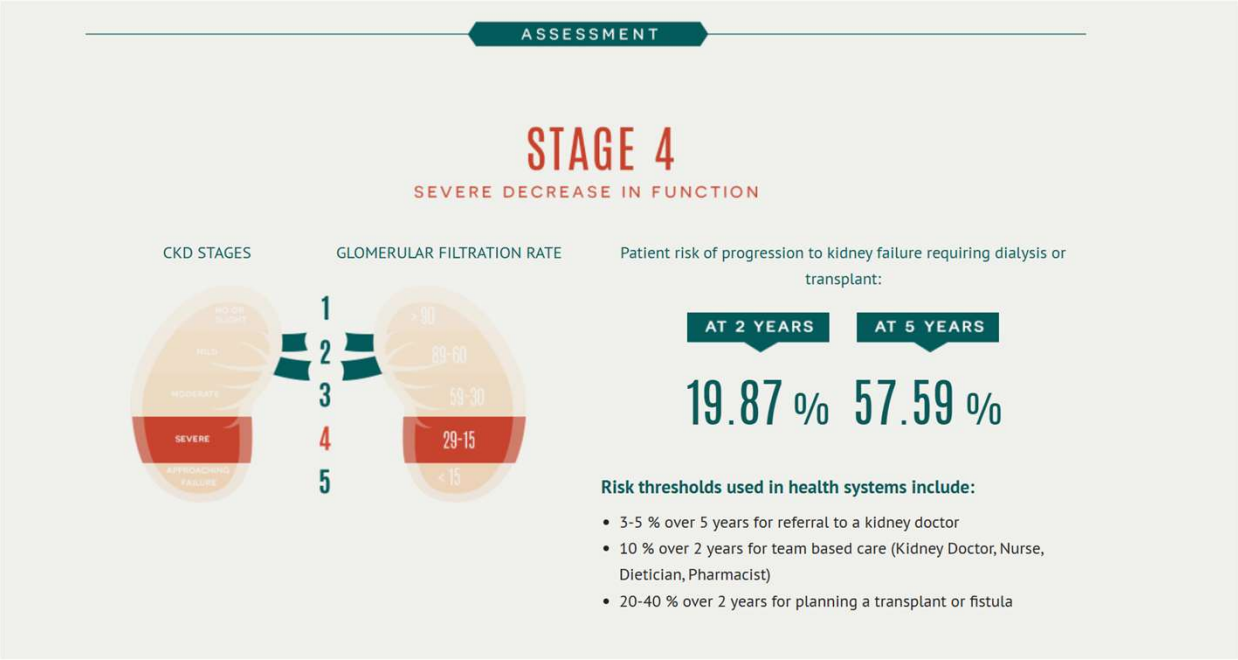
- CVD Risk Assessment www.nzssd.org.nz



5 year ESKD risk 55.3%

The Kidney Failure Risk Equation

- https://kidneyfailurerisk.com



What would you do for him?

- ACE inhibitor and SGLT-2,
- Adjust diabetes meds
- Stop metformin?
- Stop any Egfr dependent regular medications
  - –> need to look up, nephrologists don’t carry in their heads *
- Avoid NSAIDs
- Refer to Renal

Drugs to be mindful of when eGFR <30

DOACs

Dabigatran, Rivoroxiban 15mg od, stop at egfr 15.

Metformin – stop, risk of lactic acidosis, esp if intercurrent illness

Sulphonylureas – dose reduce,

Insulin – often need dose reduction when eGFR goes lower

Empagloflozin dose reduce 25mg-> 10mg

ACEi/ARBs – try hard to continue max dose if potassium allows

Bendrofluazide ineffective -> change to chlorthalidone (effective anti-HTN in CKD4 in CLICK Trial) or use frusemide for diuretic

Clexane – treatment dose 1mg/kg once daily (from bd)

Morphine – avoid

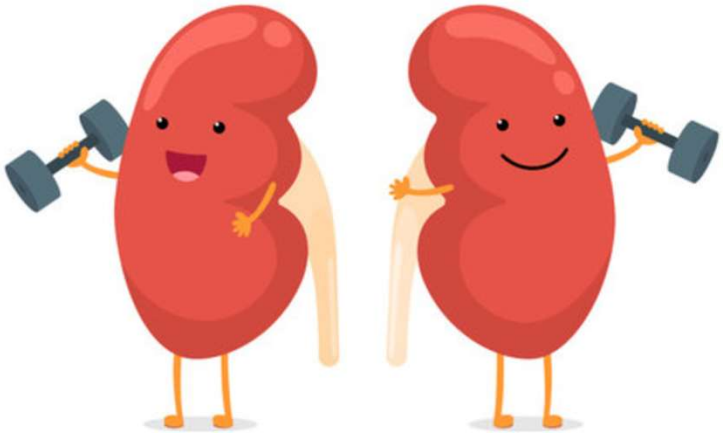
Colchcine – dose reduce

Gabapentin- dose reduce

Digoxin – dose reduce, check levels

In practice, always check NZF when prescribing for eGFR <30.

DCKD Treatment Targets



Maximum RAS Blockade possible
SGLT2 Inhibitor
Any other meds to achieve **BP 130/80**
Hba1c <55
Statin to keep Tot. **Chol <5**
Finerenone