Top 10 Takeaways for Nephrologists on the Management of People with CKD from the KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease

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

1 Comprehensive treatment strategy

Treat people with CKD with a comprehensive treatment strategy to reduce risks of progression of CKD and its associated complications encompassing education, lifestyle, exercise, smoking cessation, diet, and medications, where indicated (Figure 1).

2 Healthy and diverse diet

Adopting a healthy and diverse diet with a higher consumption of plant-based foods compared to animal-based foods and a lower consumption of ultra-processed foods has the potential to benefit complications related to progressive CKD such as acidosis, hyperkalemia, and hyperphosphatemia with less risk of protein energy-wasting (Figure 1).

3 Individualize BP control

Individualize BP-lowering therapy and treatment targets in people with frailty, high risk of falls, very limited life expectancy, or symptomatic postural hypotension (Figure 1).

4 RASi and SGLT2i

Treatments that delay progression of CKD with a strong evidence base include RASi and SGLT2i. In people with CKD and heart failure, SGLT2i confer benefits irrespective of albuminuria (Figure 1).

5 Acute changes in eGFR

Initial dips in eGFR are expected following initiation of hemodynamically active therapies, including both RASI and SGLT2i. GFR reductions of ≥30% from baseline exceed the expected variability and warrant evaluation (Figure 2).

6 Cardiovascular disease and imaging

Estimate 10-year cardiovascular risk using a validated risk tool that incorporates CKD to guide treatment for prevention of cardiovascular disease. CKD is not a contraindication to an invasive strategy for people with acute or unstable heart disease. Imaging studies are not necessarily contraindicated in people with CKD and the risks and benefits should be determined on an individual basis. Strategies to mitigate risks from imaging studies using contrast media are easily implemented.

7 Perform thorough medication review

Perform thorough medication review periodically and at transitions of care to assess adherence, continued indication, and potential drug interactions because people with CKD often have complex medication regimens and are seen by multiple specialists (Figure 3). Review and limit the use of over-the-counter medicines, dietary, or herbal remedies that may be harmful for people with CKD. For most people and clinical settings, validated eGFR equations using SCr are appropriate for drug-dosing. Remember, a validated measured GFR is most accurate.

8 Discontinuation and restart of medications

If medications are discontinued during an acute illness, communicate a clear plan of when to restart the discontinued medications to the affected person and healthcare providers, and ensure documentation in the medical record. Failure to restart these medications may lead to unintentional harm.

9 Symptom control in CKD

The identification and assessment of symptoms in people with progressive CKD is important for highlighting changes in clinical management, redirecting treatment toward patient-centered management, and may lead to discussion about appropriate supportive care options (Figure 4). Effective communication and shared decision-making should be key principles between healthcare providers and the people they treat, allowing them to work in partnership to identify symptom burden, possible treatment strategies and person-centered solutions.

10 Advanced care planning

Plans addressing future health care states should be jointly agreed with people with CKD and their families/carers and known to all (Figure 5). Advanced care planning for those choosing supportive care is particularly important.

Figure 1

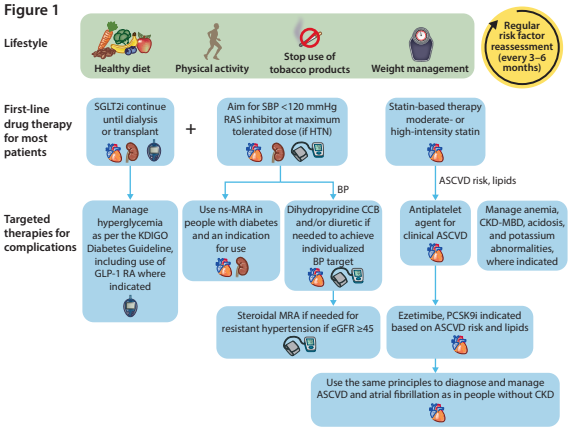


Figure 2

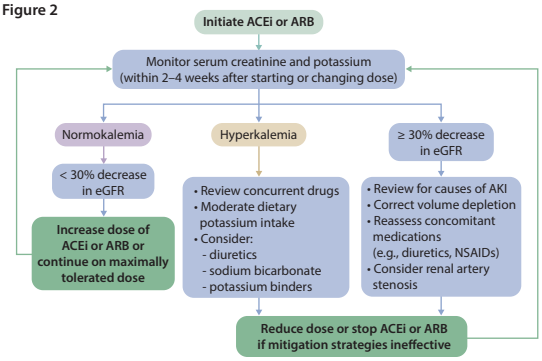


Figure 3

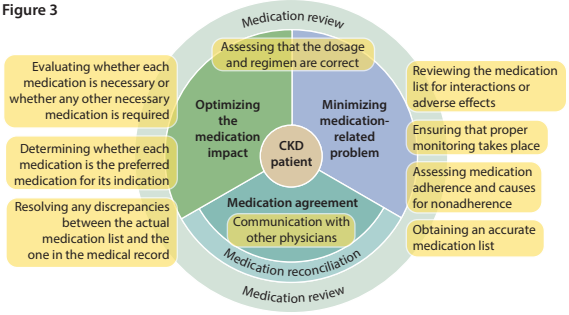


Figure 4

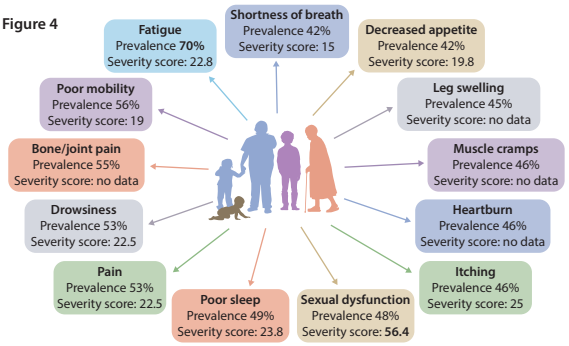
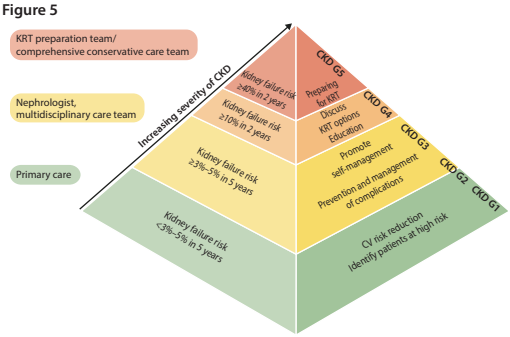


Figure 5



BP, blood pressure; CKD, chronic kidney disease; (e)GFR, (estimated) glomerular filtration rate; RASi, renin-angiotensin inhibitors; SCr, serum creatinine; SGLT2i, sodium-glucose cotransporter-2 inhibitors