

Call to action from AHA & KDIGO for CKD: FIND IT EARLY, TREAT IT EARLY



>1 in 7 **US adults** have CKD (35.5 million people)¹



As many as 9 in 10

adults with CKD do not

know they have CKD¹

Individuals with CKD often remain asymptomatic until the disease is in its advanced stages¹

Percentage of US adults with CKD:1 33.7% 12.3% 6.3%

45-64

Age

Annual Medicare cost of CKD³

billion

Top comorbidities of CKD are also critical risk factors contributing to its development⁵⁻⁷

In the US, CKD affects:

adults with diabetes^{1,2}



~1 in 5 adults with HTN^{1,2}



adults with CVD^{1,2}



adults with obesity^{7,8}

18-44

Adverse SDOH are associated with higher incident obesity and diabetes, subsequent complications of these conditions, greater disability, and worsened outcomes⁴

≥65

CKM syndrome is a **systemic disorder** characterised by pathophysiological interactions among metabolic risk factors, CKD and the cardiovascular system, leading to multiorgan dysfunction and a high rate of

> adverse CV outcomes - AHA⁴



Systemic inflammation is a central process in this progression and may be a contributing factor to morbidity and mortality⁹⁻¹¹

Compared to those with normal kidney function, patients with advanced CKD are at greater risk for:12*



Stages of CKM 4



No risk factors



Excess/ **Dysfunctional** adipose tissue



Metabolic risk factors & CKD



Subclinical CVD (ASCVD, HF) in CKM syndrome



Clinical CVD in CKM syndrome

xage



SDOH have a prominent impact on CKM health, as effective management relies heavily on patient access to care

(screening, diagnosis, and intervention opportunities) and CV health behaviors (e.g. physical activity, nutrition)4,13-15

Early treatment delays kidney failure by multiple years¹⁶⁻¹⁸

No treatment

Current treatment

Early treatment



The heightened risk for CVD begins at the earliest stages of kidney disease, the latter of which is most easily recognized by the presence of albuminuria. There is significant underuse of **UACR** measurement in concert with eGFR to

fully characterize CKD-associated risk¹¹

UACR and eGFR are independent predictors of CV mortality



~3x risk for CV mortality at eGFR 15 and/or UACR 1000**



~2x risk for CV mortality at eGFR 45 and/or UACR 30**





#PrimaryCare22.

FIND IT EARLY, TREAT IT EARLY

CKD screening, coupled with risk stratification and treatment should be implemented immediately for people with risk factors for CKD^{12,20}



ISN toolkit + algorithm for early CKD identification and intervention in primary care²¹

AHA, American Heart Association; ASCVD, atherosclerotic cardiovascular disease; CKD, chronic kidney disease; CKM, cardiovascular-kidney-metabolic; CV, cardiovascular; CVD, cardiovascular disease; eGFR, estimated glomerular filtration rate; HF, heart failure; HTN, hypertension; ISN, International Society of Nephrology; KDIGO, Kidney Disease Improving Global Outcomes; SDOH, social determinants of health; UACR, urine albumin-creatinine ratio.

*Advanced CKD was defined in this instance as patients with eGFR <30 mL/min/1.73m² and UACR > 300 mg/g; **Reference group was patients with eGFR 95 mL/min/1.73m² and UACR 5 mg/g. References

1. Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States, 2023. https://www.cdc.gov/kidney-disease/media/pdfs/CKD-Factsheet-H.pdf; 2. NIH. NIDDK. USRDS. Kidney Disease Statistics for the United States, 2024. Available at: https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease. Accessed May 2025; 3. Chronic Kidney Disease: Common -Serious - Costly, https://www.cdc.gov/kidney-disease. disease/ckd-facts/index.html; 4. Ndumele CE, et al. Circulation. 2023;148(20):1606-35; 5. Umanath K et al. Am J Kidney Dis 2018;71:884-895; 6. House AA et al. Am J Kidney Dis. 2018;72(2):284-295; 7. Stenvinkel P et al. J Am Soc Nephrol. 2013;24(11):1727-1736; 8. NIH. NIDDK. USRDS. 2024 Annual Data Report: Chronic Kidney Disease. Figure 1.1: Prevalence of CKD in U.S. Adults, see the Obesity tab https://usrds-adr.niddk.nih.gov/2024/chronickidney-disease/1-ckd-in-the-general-population; 9. Tinti F, et al. Life (Basel). 2021;11(5):419; 10. Jankowski J, et al. Circulation. 2021;143(11):1157-1172; 11. Ndumele CE, et al. Circulation. 2023;148(20):1636-1664; 12. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney Int. 2024;105(4S):S117-S314; 13. Tangri N, et al. Adv Ther. 2023;40(6):2869-2885; 14. Hussien H, Apetrii M, Covic A. Expert Rev Pharmacoecon Outcomes Res. 2021;21(1):43-54; 15. Norton JM, et al. J Am Soc Nephrol. 2016;27(9):2576-95; 16. Fioretto P, et al. Nat Rev Nephrol. 2022;18(2):78-79; 17. Brenner BM et al. N Engl J Med 2001; 345(12):861-869; 18. Brosius FC, et al. Clin J Am Soc Nephrol. 2021;16(10):1590-1600; 19. Chronic Kidney Disease Prognosis Consortium; Matsushita K, et al. Lancet.

2010;375(9731):2073-81; 20. Shlipak MG, et al. Kidney Int. 2021;99(1):34-47; 21. ISN-KDIGO CKD Early identification & intervention toolkit. https://www.theisn.org/initiatives/toolkits/ckd-early-screening-intervention/