

ADA/KDIGO Consensus Report 2022

Holistic approach for improving outcomes in patients with diabetes and CKD



Challenges in Diabetes Management and CKD

CKD in diabetes is underdiagnosed and therefore may not be appropriately addressed¹

- At least 67% of patients with diabetes and CKD by laboratory criteria failed to have appropriate CKD or DKD documentation in the electronic medical record.

Patients with diabetes and CKD

- Are in high-risk socioeconomic groups²
- Often have an insulin treatment prevalence >50%,^{2,3}
- Have frequent hypo- and hyper- glycemia that may not be captured by traditional methods (finger stick blood glucose and A1c)⁴

Traditional monitoring of glucose control by A1C may be confounded by⁵

- Increased red blood cell turnover
- Acidosis
- Iron supplements

TREATMENT GUIDELINES FOR MANAGEMENT OF CKD⁶

LIFESTYLE



Healthy diet



Physical activity



Smoking cessation



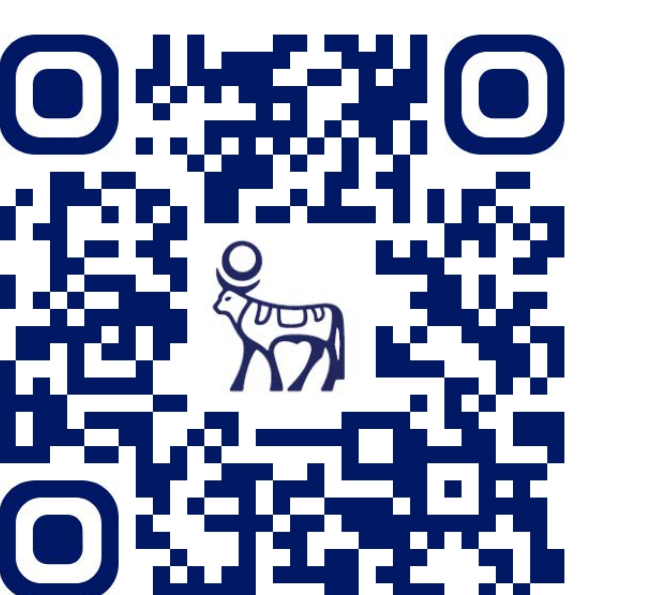
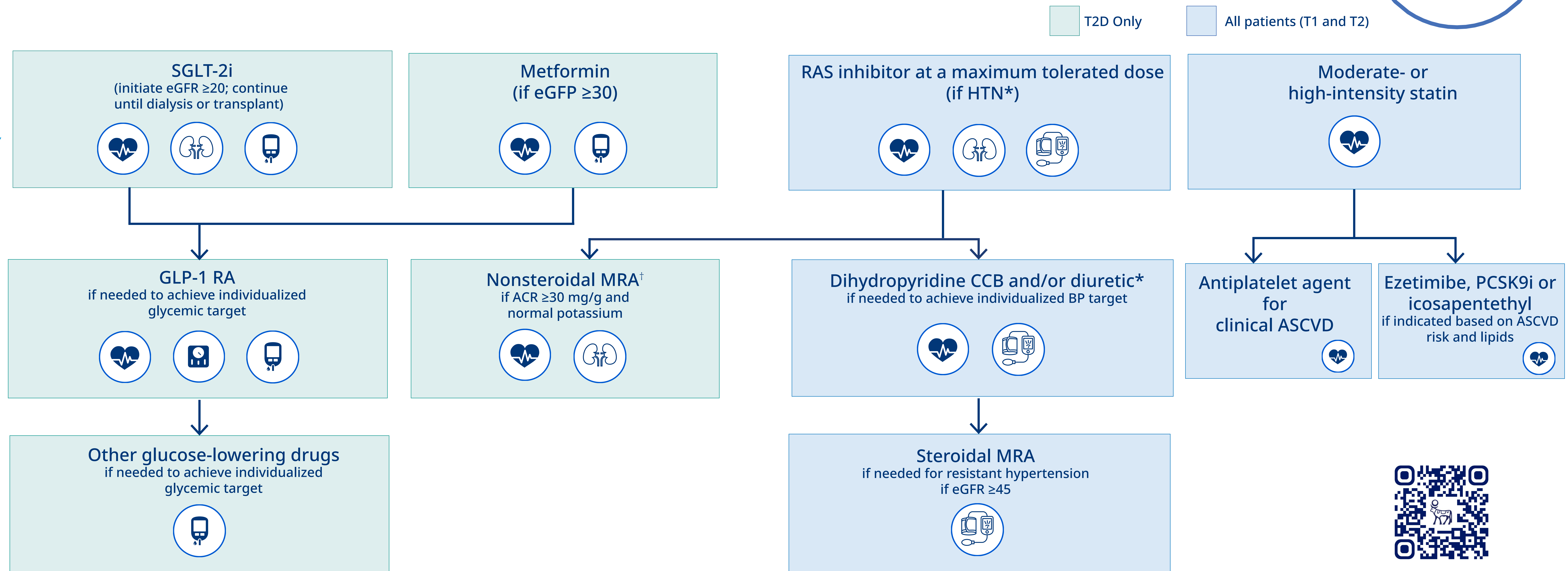
Weight management

Regular risk factor assessment (every 3-6 months)

FIRST-LINE DRUG THERAPY

Regular reassessment of glycemia, albuminuria, BP, CVD risk and lipids

ADDITIONAL RISK BASED THERAPY



*ACEi or ARB (at maximal tolerated doses) should be first-line therapy HTN when albuminuria is present. Otherwise, CCB or diuretic can also be considered; all 3 classes are often needed to attain BP targets.

[†]Finerenone is currently the only ns-MRA with proven clinical kidney and cardiovascular benefits.

A1C, glycated hemoglobin; ACR, albumin-to-creatinine ratio; ASCVD, atherosclerotic cardiovascular disease; CKD, chronic kidney disease; CVD, cardiovascular disease; DKD, diabetes kidney disease; GLP-1 RA, GLP-1 receptor agonist; ns-MRA, nonsteroidal mineralocorticoid receptor antagonist; PCSK9i, proprotein convertase subtilisin/kexin type 9 inhibitor;

RAS, renin-angiotensin system; SGLT2i, sodium-glucose cotransporter-2 inhibitor; T1D, type 1 diabetes; T2D, type 2 diabetes

1. Clinical Kidney Journal, 2022, vol. 15, no. 10, 1865–1871; 2. Klemens K, et al KIDNEY360 2: 653–665, 2021; 3. Rhee et al. BMC Nephrology (2015) 16:204; 4. Qayyum, et al Blood Purif 2016;41:18–24; 5. Galindo, R et al, Endocrine Reviews, October 2020, 41(5):756–774; 6. De Boer IH et al Diabetes Care. 2022;dc1220027. doi:10.2337/dc122-0027.