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.

TREATMENT GUIDELINES FOR MANAGEMENT OF CKD⁶

LIFESTYLE



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 diases; GLP-1 RA, G 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;dci220027. doi:10.2337/dci22-0027.

