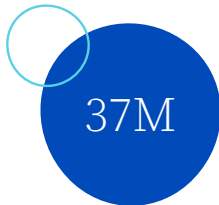


## PRIMARY CARE

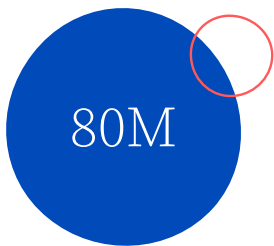
# Kidney health in patients with diabetes and hypertension



Do you know the kidney health of your patients with diabetes or hypertension?



An estimated 37 million adults in the U.S. have chronic kidney disease (CKD), but about 90% are unaware of their condition.<sup>1</sup>



In addition to the 37 million with CKD, there are also approximately 80 million U.S. adults - one in three or 33% - who have risk factors for CKD.<sup>1</sup>

Patients with diabetes and hypertension are at risk for CKD. Guidelines and expert panels advocate testing these patients at least annually with urine albumin/creatinine ratio (ACR) and estimated glomerular filtration rate (eGFR)<sup>2, 3, 4, 5, 6, 7, 8</sup> but less than 13% receive guideline recommended testing in routine clinical care.<sup>9</sup>

In July 2020, the National Kidney Foundation (NKF) and the National Committee for Quality Assurance (NCQA) introduced a new HEDIS measure - Kidney Health Evaluation for Patients with Diabetes - to help address this gap in care.<sup>10, 11</sup>

Through a strategic alliance with the National Kidney Foundation, Labcorp is working to increase awareness among clinicians and their patients about guideline testing for chronic kidney disease (CKD) in those with diabetes and hypertension and in those with risk factors for CKD.

### Risk factors include:<sup>1</sup>

- Diabetes
- Hypertension
- Obesity
- Heart disease
- Past kidney damage
- Family history of kidney failure
- Age ≥ 60 years
- Minority populations with high rates of diabetes or hypertension (African American, Hispanic, Asian, Pacific Islander, and Native American)

# Are any of your patients among the 33 percent?

CKD is a laboratory diagnosis.<sup>2</sup> Evaluate your patients at risk for CKD – those with hypertension and/or diabetes – as well as those with risk factors for CKD.



## Criteria for CKD

- Abnormalities of kidney structure or function are present for more than three months, with implications for health such as cardiovascular disease or metabolic complications.
- Either of the following are present for more than three months:<sup>3</sup>
  - Markers of kidney damage, such as albuminuria
  - eGFR < 60 ml/min/1.7 m<sup>2</sup>

## CKD staging and classification

- Provides a more precise assessment of the patient's condition
- Informs management decisions and prognosis
- Helps determine risk for progression and complications

## CKD is classified based upon cause, eGFR category, and albuminuria category as follows:<sup>3</sup>

GFR Categories: (ml/min/1.73 <sup>2</sup> )			A1	A2	A3
<b>G1</b>	≥90	Normal or high	Green	Yellow	Orange
<b>G2</b>	60-89	Mildly decreased	Green	Yellow	Orange
<b>G3a</b>	45-59	Mildly to moderately decreased	Yellow	Orange	Red
<b>G3b</b>	30-44	Moderately to severely decreased	Orange	Red	Red
<b>G4</b>	15-29	Severely decreased	Red	Red	Red
<b>G5</b>	<15	Kidney failure	Red	Red	Red

### Persistent Albuminuria Categories

**A1** = Normal to mildly increased; ACR <30 ug/mg; PCR <=200 mg/g

**A2** = Moderately increased; ACR 30-300 ug/mg; PCR 201-500 mg/g

**A3** = Severely Increased; ACR >300 ug/mg; PCR >500 mg/g

**Green:** low risk (if no other markers of kidney disease, no CKD)

**Yellow:** moderately increased risk

**Orange:** high risk

**Red:** very high risk

Test No.	Test Name	Profile Constituents
<b>140301</b>	Kidney Profile	Urine Albumin/Creatinine Ratio+eGFR
<b>140302</b>	Kidney Profile+BMP	Urine Albumin/Creatinine Ratio+eGFR +Basic Metabolic Panel (BMP)
<b>140303</b>	Kidney Profile+CMP	Urine Albumin/Creatinine Ratio+eGFR+Comprehensive Metabolic Panel
<b>245292</b>	Cardiorenal-Glycemia Status Profile (fasting not required)	Lipid with nonHDL +Hemoglobin A1c+ Urine Albumin/Creatinine Ratio+eGFR

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