

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/diabetes-discourse/key-considerations-for-detecting-early-stage-dkd-a-look-at-updated-guidelines-early-intervention/13116/>

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Key Considerations for Detecting Early-Stage DKD: A Look at Updated Guidelines & Early Intervention

Announcer:

Welcome to *Diabetes Discourse* on ReachMD, sponsored by Renalytix. On this episode, we'll hear from Dr. George Bakris, Professor of Medicine and the Director of the Comprehensive Hypertension Center at the University of Chicago Medicine. Here's Dr. Bakris now.

Dr. Bakris:

In the early diabetic kidney disease, there are no key clinical findings; it is a silent killer, just like hypertension is. And so, really the only way the patient will know that they have diabetic kidney disease, obviously they'll have diabetes, but they have to get a blood and a urine test; a urine test for albumin and a blood test to see what their estimated GFR is. And together, that will determine their stage of kidney disease and whether they have kidney disease or not.

To understand the KDIGO guidelines, you have to understand that you need two components; you need the estimated GFR and you need the amount of albumin in the spot urine. And basically, the GFRs range from over 100, down to less than 15 and the albuminuria ranges from 0 all the way up into the thousands. If you have more than 300 mg of albuminuria, that is established kidney disease. If you have an estimated GFR of less than 60, that's established kidney disease. And if you have both, then you have clear kidney disease and you're at risk for progression. Now, you can have earlier markers than that and that's okay, it's not as severe, but the intervention would be the same.

The benefits of early intervention and early detection of kidney disease are that number one that you have kidney disease so you can participate in your care. And what I mean by that is the three killer points that are very important. Number one, control your blood pressure to less than 130. Number two, control your blood sugar to a hemoglobin A1C of less than 7. And number three, control your cholesterol to an LDL that's around 70. And if you do those three things, that's really the most you can do to slow progression of kidney disease along with avoidance of toxins to the kidney that directly affect the kidney and increase blood pressure.

Announcer:

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