

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/diabetes-discourse/the-importance-of-identifying-diabetic-ckd-patients-at-risk-for-progression/13781/>

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The Importance of Identifying Diabetic CKD Patients at Risk for Progression

Announcer:

Welcome to *Diabetes Discourse* on ReachMD. On this episode, sponsored by Bayer, we'll hear from nephrologist and certified hypertension specialist Dr. Gates Colbert, who's an Assistant Clinical Professor at Texas A&M College of Medicine. He's also a practicing physician with the Kidney and Hypertension Associates of Dallas located at Baylor University Medical Center. Dr. Colbert is here to talk about the importance of screening diabetic patients with chronic kidney disease who are at risk for progression. Let's hear from him now.

Dr. Colbert:

So there's a large number of patients with diabetes in the United States, and up to 40 percent of those patients have chronic kidney disease, as well. And so we want to be looking at both disease states to see how can we prevent each of them independently from progressing, but also diabetes not causing secondary CKD progression over time.

So the number one thing we always want to make sure we're doing is controlling our glucose levels. When we have hyperglycemia, that puts extra stress on the glomeruli, causes them to hyper filter, and eventually leads to scarring over time.

And we want to make sure that once we've had our glucose controlled, we want to look at our blood pressure. Blood pressure control is extremely important to also prevent stress and ischemia to the kidneys for long-term preservation to avoid further fibrosis.

Once we've tried to control those the best we can, we also just have to look at the time of our diabetic disease in these patients. Even in patients that have fairly good control of their glucose, years and decades of our time does cause some stress on the kidneys. So we'll definitely see, are your glucose levels being controlled, but how long has this disease state been diagnosed?

We also may want to ask patients about other systemic diseases from diabetes, such as diabetic retinopathy or peripheral neuropathy.

So we really want to focus in on our creatinine and our EGFR to get started. We want to measure what their serum creatinine is, see how that's changed over time in the past, and that may help us to see what's going to be happening in the future.

We can use our EGFR to determine their exact kidney function and stage them from stage 1 to stage 5 chronic kidney disease. We want to really look at the level of change over time to see if they've had a natural 1 milliliter per minute change per year or if it's much faster than that, indicating that disease state may be worsening quickly.

Once we've staged them by our GFR G-creatinine levels, then we want to look at our albuminuria levels. We know that albuminuria is an indicator that damage has occurred, but also albuminuria is going to lead to further damage as it increases. So we measure this through our urinalysis and our urine albumin creatinine ratio, and then we can stage them as A1, A2, or A3. And we know that if we're moving into the A3 stage of albuminuria, we really have higher and higher risk factors for these problems. So we want to measure their GFR and measure their urine albumin creatinine ratio, and then we can get an official staging of their chronic kidney disease state and what their risk factors may be moving into the future.

Early intervention with chronic kidney disease is absolutely key. Chronic kidney disease and diabetes in 2022 do not have any cures. These are chronic conditions. They're going to happen to patients, and they are going to live with them the years and decades ahead. So we need to try to find these patients, determine what their level of kidney function is, and determine their risk factors as early as we can.

We know that once you lose GFR and your albuminuria starts to rise, we have very little options to return them back to where they were

previously. So it's all about preventing progression with medications and lifestyle recommendations by our guidelines. So we've got to find these patients early; we need to intervene to control glucose levels, control high blood pressure, and control albuminuria levels to try to really prevent the tide of change over time to where we have accumulated so much fibrosis in the kidney that we can't move back to where they used to be. So catching these patients early is really critical to preventing the long-term outcomes that we're trying to avoid.

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