



Identifying individuals with chronic kidney disease in primary care and mitigating risk of disease progression

Life forward

Individuals most at risk of developing chronic kidney disease (CKD) are those living with:^{1,2}

- Hypertension
- Diabetes
- Cardiovascular disease (CVD)
- Obesity

What is the prevalence of CKD across the high-risk groups in the community?³

Based on a cross-section study with primary care data from English practices



Do the demographics of people in the community living with diabetes support evidence from clinical studies?

(Real-world data from Manchester, UK)⁴



Average age 57 years



40% also had CKD

Pivotal factors in managing kidney health in the community setting

- Early screening and early intervention in people at high risk for CKD development is imperative for protecting kidney health
- Early detection of CKD relies on obtaining urine samples for urine albumin-to-creatinine ratio (uACR) testing, which involves the whole community care team:
 - Educate reception staff on the importance of reminding patients to bring in their urine sample(s)
 - Checklist reminders for clinical staff undertaking annual patient reviews
 - House calls to patients by the healthcare assistant team



Education is key to empowering people to take ownership of managing their long-term health. Effective communication using day-to-day analogies also helps people understand their risk for CKD and how the disease progresses.”

Nicola Milne, Primary Care Diabetes Specialist Nurse, Manchester, UK

Which tests do we need to identify CKD in patients at high risk?⁵

- A blood test to determine estimated glomerular filtration rate (eGFR)
- A uACR test to measure albuminuria

Potential barriers to uACR testing

- Healthcare professionals being unaware of how a uACR test can help them detect compromised kidney health before eGFR begins to decline
- Insufficient patient education on the importance of providing a urine sample for uACR testing
- Reduction in face-to-face consultations owing to increased at-home monitoring
- Patient inability to provide a urine sample at the time of a consultation
- Logistical difficulties of providing a urine sample among patients who are housebound

Key approaches to managing patients with CKD

- Early identification of CKD is essential as CKD is a risk factor for CVD – patients with CKD are six times more likely to have a cardiovascular event than progress to end-stage renal disease (kidney failure)⁶
- Using patient-appropriate language such as ‘kidney health’ rather than CKD, and using analogies to explain the causes of kidney damage, improves engagement
- Following identification of CKD, it is crucial to slow or prevent disease progression and reduce risk of CVD through guideline-directed medical therapy and lifestyle advice



Remember to request urine samples for uACR analysis in individuals in your practice who are living with risk factors for CKD (i.e. those with hypertension, CVD, diabetes or obesity).

uACR analysis determines whether current management should be amended/updated or if further interventions are needed, such as more intensive blood pressure control.



Abbreviations:

CKD, chronic kidney disease; CVD, cardiovascular disease; eGFR, estimated glomerular filtration rate; uACR, urine albumin-to-creatinine ratio.

*Brooklands and Northenden Primary Care Network, Manchester, UK.

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