

Chronic kidney disease: early detection and management

The following information is an excerpt from the MedicineInsight Practice Report: *Chronic kidney disease: early detection and management* and represents aggregate data on 01/07/2022 from all eligible general practices in the MedicineInsight program. It is designed to provide insights into current practice in the diagnosis and management of patients with, or at risk of developing, chronic kidney disease (CKD).

Who are the patients?

Table 1: Profile of regular patients aged ≥ 18 years

	All practices
with a recorded diagnosis of CKD (ever)	2.0%
with stage of CKD recorded (ever)	70.1%
without a recorded diagnosis of CKD but with biomarkers ^a indicating probable CKD	5.5%
without a recorded diagnosis of CKD but at risk ^b of developing CKD	39.4%

^a Based on the Kidney Health Australia algorithm for the initial detection of CKD. Includes a minimum of three estimated glomerular filtration rate (eGFR) results < 60 mL/min/1.73 m² present for 90 days or more and/or a minimum of 2 out of 3 elevated urine albumin-creatinine ratio (ACR) results (males ≥ 2.5 mg/mmol, females ≥ 3.5 mg/mmol) present for 90 days or more.

^b Patients with at least one of the following: diabetes, established cardiovascular disease, hypertension, obesity (body mass index [BMI] ≥ 30 kg/m²). Note: this is not an exhaustive list of risk factors for developing CKD.

Are patients at risk of developing CKD receiving a Kidney Health Check?

Figure 1: Regular patients ≥ 18 years at risk^b of developing CKD who have had a Kidney Health Check in the last 24 months

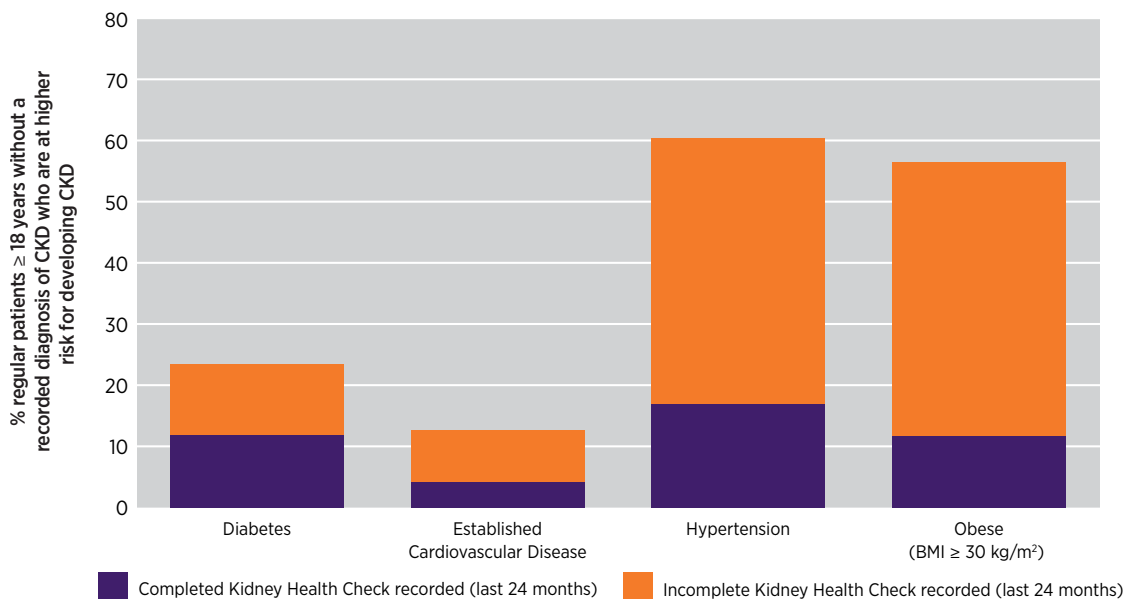
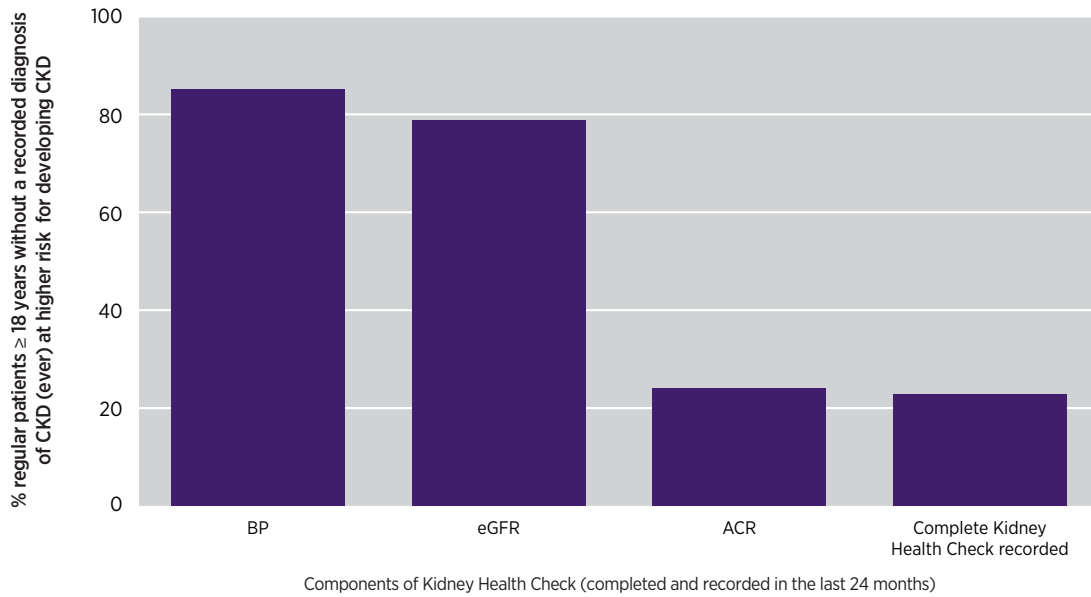


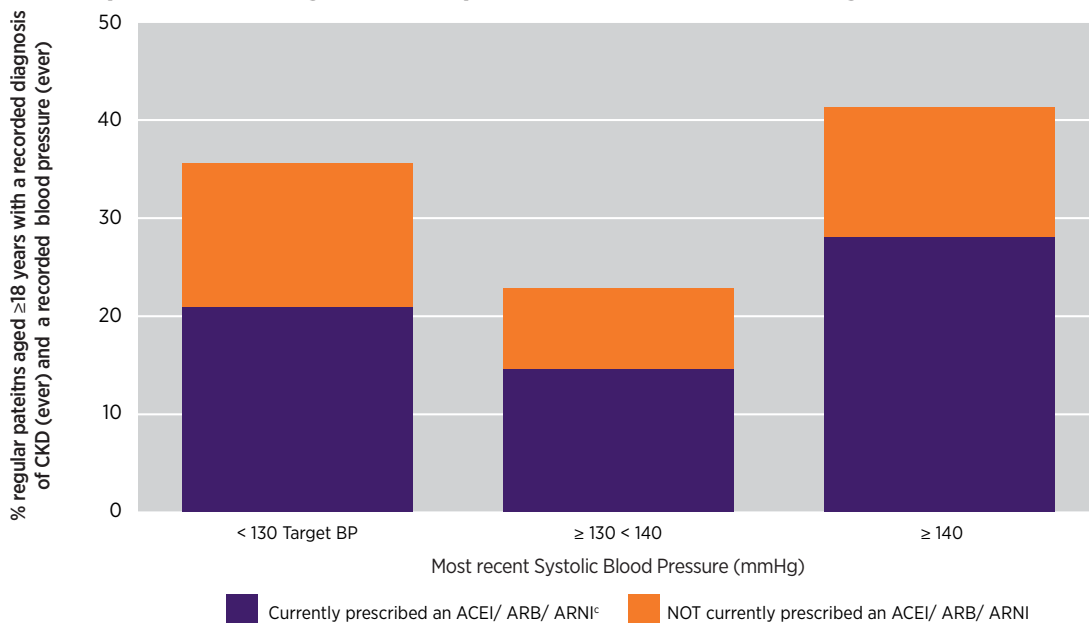
Figure 2: Components of a Kidney Health Check recorded for patients at risk^b of developing CKD



24% of regular patients ≥ 18 years at risk of developing CKD (ever) have had a urinary ACR check in the last 24 months.

Management of patients with CKD

Figure 3: Blood pressure management for patients with a recorded diagnosis of CKD



^c ACEI/ARB/ARNI medicines: angiotensin-converting enzyme inhibitors, angiotensin II receptor blockers and angiotensin receptor neprilysin inhibitors.

37% of regular patients ≥ 18 years with CKD are not currently prescribed an ACEI/ ARB/ ARNI.

82% of regular patients ≥ 18 years with CKD and type 2 diabetes are not currently prescribed an SGLT2 inhibitor.