

# Improved NICE guidance for patients with CKD



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In 2008, the National Institute for Health and Care Excellence (NICE) produced guidance on the identification and management of people with chronic kidney disease (CKD). Measurable improvements in CKD care followed (Health and Social Care Information Centre, 2013). The overwhelming majority of people with CKD are now treated in primary care, more people are correctly diagnosed and late referral to kidney units for people with advanced or progressive disease is a less common, although still significant, issue (Renal Association, 2013). However, the disease area has not been without controversy. CKD is extremely common in older people, and doubts have been raised as to its significance, particularly in the case of older people with relatively minor impairments in kidney function (Moynihan et al, 2013). Many people with CKD are also not made aware that they have the condition (Abdi et al, 2012). The 2014 update of the NICE guidance confronts these issues and provides a new framework for assessment and risk stratification in people with suspected kidney disease. Greater emphasis is placed on the importance of proteinuria and the albumin:creatinine ratio.

This revised classification reflects our increased understanding of the associations between albuminuria and the risks of poor outcomes. The guidance also advises the use of a new blood test (eGFRcystatin C) to confirm or refute a diagnosis of CKD in cases where the patient's estimated glomerular filtration rate (eGFR) is 45–59ml/min/1.73m<sup>2</sup> and there is no albuminuria. This will result in the identification of a substantially smaller but higher-risk group of people with CKD.

The guidance reiterates the importance of testing for CKD in at-risk groups, such as those with hypertension, cardiovascular disease or diabetes. It also highlights the links between acute kidney injury (AKI) and CKD, and the importance of providing people with information so they can self-manage their condition.

Kidney care has significantly improved over the last 5 years, but gaps in quality remain. I have no doubt that implementation of this NICE update will lead to better identification, risk assessment, treatment and support of people with CKD. **JRN**

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