

Integrating the Latest KDIGO Guidelines Into Primary Care: eGFR and uACR for CKD Staging and Risk Stratification



Why It Matters

CKD prevalence

1 in 7
adults in
the United States
has CKD



90%
remain
undiagnosed



Cardiorenal connection:

Kidney disease increases cardiovascular risks



Updated guidelines:

KDIGO prioritizes eGFR and uACR for early detection and staging



Primary care goal:

Detect CKD early and slow progression with targeted interventions

The New CRM Paradigm

Shift from late-stage CKD treatment to early risk-based intervention

Integrate cardiorenal-metabolic (CRM) care to improve outcomes

Personalize CKD care based on risk stratification

Actionable impact:

- Better BP and glucose control
- Slower kidney disease progression
- Lower CV risk and hospitalizations

Early Screening and Detection Strategies

KDIGO-Recommended Tests for CKD

eGFR (estimated glomerular filtration rate):

Measures kidney function

uACR (urine albumin-to-creatinine ratio):

Detects kidney damage early

Whom to Screen?

Patients with diabetes and hypertension

History of CKD or CVD

Aged 60 years or older or high-risk ethnicity (Black, American Indian/Alaska Native, Hispanic)

✓ **Primary care action:** Order both tests annually for at-risk patients!

Staging and Risk Stratification

How to Classify CKD Risk?

eGFR (mL/min/1.73 m ²)	uACR (mg/g)	Risk Level
≥90	<30	Low (monitor)
60-89	30-300	Moderate (lifestyle + BP/glucose control)
30-59	>300	High (medication + specialist referral)
<30	Any	Very high (nephrology referral)

✓ **Primary care action:** **Low risk:** Monitor every 6-12 months
Moderate risk: Lifestyle + BP/glucose control
High/very high risk: Refer to nephrologist plus CRM care

Multidisciplinary CKD Management

Team-Based Approach:

Primary care: Early detection and patient education

Nephrology: CKD staging and progression management

Cardiology: Cardiovascular risk management

Dietitian: Nutritional support for CKD and diabetes

Endocrinology: Glucose control strategies

Evidence-Based Treatments:

SGLT2 inhibitors: Reduce CKD progression

RAAS blockers (ACEi/ARBs): Lower albuminuria and BP

GLP-1 receptor agonists: CRM benefits

Diuretics: Fluid and BP control

Nonsteroidal mineralocorticoid receptor antagonists: Delay CKD progression

Primary Care Action Plan



**Key Takeaways for
Healthcare Professionals:**



- Use eGFR and uACR together for early CKD detection
- Apply KDIGO risk stratification to guide treatment
- Collaborate in a multidisciplinary team for better patient outcomes
- Prescribe evidence-based therapies for cardiorenal protection



powered by CEA