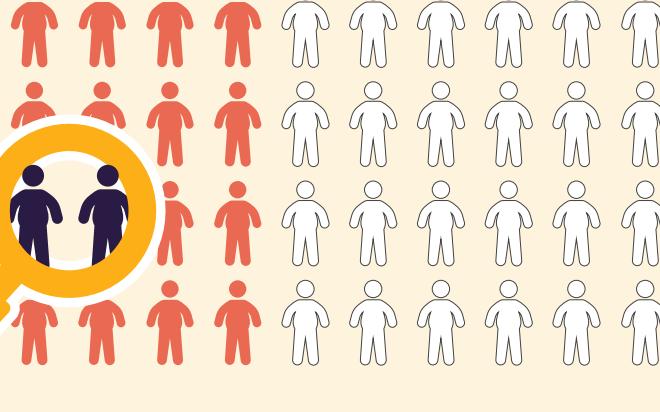


Are Your Patient's Kidneys Up to the Test?

Chronic Kidney Disease (CKD) May Be Progressing Undetected in Patients With Type 2 Diabetes (T2D)

OF THE **32.6 MILLION** PEOPLE IN THE UNITED STATES WITH **TYPE 2 DIABETES**,¹ UP TO **40% DEVELOP CKD²**

Historically, early detection of CKD has been a challenge, with ~6% of cases of CKD stages 1-2 in patients with T2D detected by primary care providers in a 2011-2012 cohort³



CKD PROGRESSION MAY GO UNDETECTED BECAUSE **PATIENTS DO NOT RECEIVE THE RECOMMENDED SCREENING TESTS FOR KIDNEY FUNCTION AND DAMAGE³⁻⁵**



While 85% of patients are screened for kidney function using eGFR,

of patients with diabetes receive the recommended annual UACR test for kidney damage^{3,4,a}

To help address this gap in care, the National Committee for Quality Assurance has approved a HEDIS® measure of Kidney Health Evaluation for Adults with Diabetes. This measure, along with recommendations from the American Diabetes Association and Kidney Disease Improving Global Outcomes (KDIGO), will help drive performance of evidence-based UACR and eGFR tests.^{4,6,7} Prioritizing these kidney health assessments may improve kidney health and patient care quality for those with CKD associated with T2D



IN PATIENTS WITH T2D, ONSET OF ALBUMINURIA (UACR ≥ 30 mg/g) IS ASSOCIATED WITH **INCREASED CARDIOVASCULAR MORTALITY** AND CAN OCCUR YEARS BEFORE **eGFR DECLINE (<60 mL/min/1.73 m²) AND CKD PROGRESSION**⁸⁻¹⁰



Albuminuria is a marker of kidney damage and a critical risk factor for CKD progression and cardiovascular events^{11,12}



Patients with T2D should be monitored at least annually for CKD using both UACR and eGFR tests⁶



To learn more about CKD associated with T2D, your patients can visit:

www.ckdandt2d.com

eGFR, estimated glomerular filtration rate; HEDIS, Healthcare Effectiveness Data and Information Set; UACR, urinary albumin-to-creatinine ratio. HEDIS® is a registered trademark of the National Committee for Quality Assurance.

^aEstimates of diabetes may not delineate between type 1 and type 2 diabetes. According to the American Diabetes Association, type 2 diabetes accounts for 90%-95% of all diabetes cases. Therefore, statistics that describe diabetes may be more characteristic of type 2 diabetes.⁶

1. Statistics about diabetes. American Diabetes Association. Accessed October 13, 2021. <https://www.diabetes.org/resources/statistics/statistics-about-diabetes> **2.** Bailey RA, Wang Y, Zhu V, Rupnow MFT. Chronic kidney disease in US adults with type 2 diabetes: an updated national estimate of prevalence based on Kidney Disease: Improving Global Outcomes (KDIGO) staging. *BMC Res Notes*. 2014;7:415. **3.** Szczech LA, Stewart RC, Su H-L, et al. Primary care detection of chronic kidney disease in adults with type-2 diabetes: the ADD-CKD study (awareness, detection and drug therapy in type 2 diabetes and chronic kidney disease). *PLoS One*. 2014;9(11):e110535. **4.** New kidney health evaluation measure to improve kidney disease testing in diabetes patients. Accessed October 13, 2021. <https://www.kidney.org/news/new-kidney-health-evaluation-measure-to-improve-kidney-disease-testing-diabetes-patients> **5.** Levey AS, Becker C, Inker LA. Glomerular filtration rate and albuminuria for detection and staging of acute and chronic kidney disease in adults: a systematic review. *JAMA*. 2015;313(8):837-846. **6.** American Diabetes Association. Standards of medical care in diabetes—2021. *Diabetes Care*. 2021;44(suppl 1):S1-S232. **7.** Kidney Disease: Improving Global Outcomes. KDIGO 2012 guideline for the evaluation and management of chronic kidney disease. *Kidney Int Suppl*. 2013;3(1):1-150. **8.** Alicic RZ, Rooney MT, Tuttle KR. Diabetic kidney disease: challenges, progress, and possibilities. *Clin J Am Soc Nephrol*. 2017;12(12):2032-2045. **9.** Afkarian M. Diabetic kidney disease in children and adolescents. *Pediatr Nephrol*. 2015;30(1):65-74. **10.** Afkarian M, Sachs MC, Kestenbaum B, et al. Kidney disease and increased mortality risk in type 2 diabetes. *J Am Soc Nephrol*. 2013;24(2):302-308. **11.** Cravedi P, Remuzzi G. Pathophysiology of proteinuria and its value as an outcome measure in chronic kidney disease. *Br J Clin Pharmacol*. 2013;76(4):516-523. **12.** Jun M, Ohkuma T, Zoungas S, et al; for the ADVANCE Collaborative Group. Changes in albuminuria and the risk of major clinical outcomes in diabetes: results from ADVANCE-ON. *Diabetes Care*. 2018;41(1):163-170.