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## Increasing CKD Awareness and Early Detection in Adult Patients

### Dr. Cheeley:

According to an article published in the *Journal of Advanced Nursing*, titled “An Integrative Review: Chronic Kidney Disease Awareness and the Social Determinants of Health Equity,” chronic kidney disease, or CKD, is common in the United States, though patients with this disease might be unaware of their diagnosis. So how can we ensure patients have access to knowledge and awareness regardless of race, class, or other social determinants?

Welcome to *Clinician’s Roundtable* on ReachMD. I’m your host, Dr. Mary Katherine Cheeley, and today, I’m speaking with Dr. Iroegbu, who co-authored this article and is also a T32 Postdoctoral Research Fellow at the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing. She’s also an emerging diversity leader in the Interdisciplinary Research Group on Nursing Issues at Academy Health.

Dr. Iroegbu, thanks for joining us today.

### Dr. Iroegbu:

Thanks for having me. I’m excited to be here.

### Dr. Cheeley:

Let’s jump right in. I want to talk about the background of your article. Can you explain the prevalence of CKD in the United States along with those who may have some health inequities?

### Dr. Iroegbu:

Yeah. So about one in seven American adults in the United States are estimated to have chronic kidney disease, and that’s about 14 percent of the US population. The interesting thing about that is 90 percent of these individuals aren’t aware of their kidney disease status, and it’s found to be more common in African Americans. About 20 percent of African Americans make up this population, 14 percent of Asians, and 14 percent of Hispanics, so we see minority and ethnic groups that are particularly affected by chronic kidney disease.

### Dr. Cheeley:

And what was the objective of your study?

### Dr. Iroegbu:

So I’ll start with the reason why I even embarked upon this review of the literature. I worked as a kidney transplant coordinator for some time before going back for my PhD, and I noticed a lot of my patients did not know—even though they were coming in for kidney transplant evaluation, even though they had been on dialysis for several years—they did not know that their diabetes or their high blood pressure was the cause of their kidney disease. And so I started to think, how do we let our patients get far enough to dialysis, far enough to needing a kidney transplant and still not know how this happened to them? And that is what sparked my question on how are our patients even becoming aware of their kidney disease? And so that was the objective of my study to describe who are these patients that are less likely to be aware of their kidney disease, what do they look like, so that we can better help them.

### Dr. Cheeley:

Who exactly was your patient population that you were looking at? And what social determinants of health did you find?

### Dr. Iroegbu:

So what I found looking at the literature, I specifically first wanted to look at patients who had been diagnosed with kidney disease, so I

looked at several studies probably over 300 studies that assessed awareness. I wanted to know how are they assessing awareness and who are these people that they were assessing? Most of those were adults in the US. Some were in other countries, but most were adults in the US that were older and had been under the care of a primary care provider or a nephrologist. What I found was the patients that were least likely to be aware of their kidney disease were patients that were of lower educational attainment that were women, that were African American, and that were of a lower socioeconomic status. So we can tell from that information there that people that are affected by socioeconomics, that may not have completed higher than high school education or even high school education were impacted by not being aware of their kidney disease. Now why that is is still to be determined and a part of the research, my program of research that I have now, but we do see that these social determinants of education socioeconomics, gender, race plays a role in how patients learn about their kidney disease.

**Dr. Cheeley:**

Let me make sure I understand because that, I think, is really interesting. So these patients have already been identified as having chronic kidney disease, so they're linked into the healthcare system, but yet those social determinants that you talked about are really affecting their understanding of the origin of their CKD?

**Dr. Iroegbu:**

Right. And a part of my investigation and my research that I currently do is diving into that. Now that we've described the population who's least likely to be aware of their kidney disease, what is it exactly about this process that they're not understanding? Are they not understanding purely the cause? Are they not understanding because they had got diagnosed late and so there was a communication barrier, perhaps, between the health system or the healthcare provider and the patient? Or is it the language that we're using that it's not resonating with them? And some of the literature shows that it can be a combination of those things. But to really tease out those details about, okay, what is it about the African American population, what is it about patients that have lower educational attainment, what is it about women? When we figure that out, then we can tailor how we deliver our message about chronic kidney disease and hopefully, deliver it early enough to slow the progression of chronic kidney disease.

**Dr. Cheeley:**

That would be an amazing goal. For those of you just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Dr. Mary Katherine Cheeley, and I'm speaking with Dr. Christin Iroegbu about CKD awareness among US adults with social determinants of health equities.

So now that we have a better understanding—thank you for taking me back and making sure that I understood what we were talking about—let's talk about the results. What were some of your key findings?

**Dr. Iroegbu:**

Again, so we were able to identify the population, but we weren't able to see what were the intermediate factors that facilitated these low levels of awareness. But what we do know is that health literacy may play a role. I like limited English proficiency may play a role, and patient-provider communication is a big part of this because patients cannot be aware of something for which they were not told. But not just not told. How are we telling them, and what words are we using to resonate with them so that they have a clear understanding that there's some insufficiency in the function of your kidneys?

**Dr. Cheeley:**

I think that might be my favorite thing that you just said. It's not just what we're telling them. It's how we're telling them these things.

**Dr. Cheeley:**

So what do you think are some treatment or educational options that could help lower the risk of progressing all the way to chronic kidney failure and ensure better outcomes for these patients?

**Dr. Iroegbu:**

I think the number one thing is early detection. So part of the American Advancement for Kidney Health executive order that was passed in 2019 was to address how in the primary care setting we be proactive with this patient population. So we know that if left untreated, chronic kidney disease can progress to end-stage renal disease requiring dialysis or kidney transplant as the only treatment options. With that being said, as providers and clinicians, we have to communicate that to patients. A lot of patients not only don't know what that looks like on the end, but they don't know the chronic conditions that contribute to that. For instance, diabetes and hypertension are the two leading causes of kidney disease. A lot of patients don't know that. They know they have diabetes, they know they may have to take insulin, but they don't know long term this could cause my kidneys to fail. Conveying that message in that way where we meet patients where they are is a very, very important factor in educating these patients.

I also want to highlight primary care providers, doctors, physicians, they're busy. They see tons of patients a day, and there's already a

shortage of primary care providers, so we cannot put this all on them. We have to look at other disciplines and other personnel that may be able to help facilitate this conversation, one of which being nurses. Nurses are the ideal patient educator. It's something that we learn in our studies on becoming a nurse is to holistically look at the patient. So we're not just looking at the patients' chronic conditions. We're also looking at their social determinants of health, and we're looking at their context of which they live so that we can help meet them where they are, speak to them in ways in which resonate with them in languages that they understand, and make sure that they not only comprehend their chronic illness and how it may progress but they're also able to implement self-management strategies to help slow that progression to kidney failure.

**Dr. Cheeley:**

Before we close, are there any take-home messages you'd like to leave our audience with today?

**Dr. Iroegbu:**

I would just like to say that March is Kidney Disease Awareness Month, and so we would like any of you who have family members, friends that have been affected by kidney disease to just share awareness of the topic. And if you have kidney disease, share your journey with someone of how you got there because that's also how we can raise awareness of the causes of kidney disease and help people slow the progression.

**Dr. Cheeley:**

This has been such an incredible discussion. I love how you were able to dig into not only what is occurring but how you're looking into how to prevent it from occurring or how to make it better for these patients. So thank you for our discussion that we had on social determinants of health equities with chronic kidney disease. Dr. Christin Iroegbu, I am so grateful for your time today. It was a pleasure.

**Dr. Iroegbu:**

Likewise. Thank you for having me.

**Dr. Cheeley:**

I'm Dr. Mary Katherine Cheeley. To access this and other episodes in our series, visit *Clinician's Roundtable* on reachmd.com, where you can Be Part of the Knowledge. Thanks for listening.