

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/spotlight-chronic-kidney-disease-type-2-diabetes/patients-with-chronic-kidney-disease-and-type-2-diabetes-need-earlier-screening/11742/>

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Patients With Chronic Kidney Disease & Type 2 Diabetes Need Earlier Screening

Announcer:

Welcome to *Spotlight on Chronic Kidney Disease in Type 2 Diabetes* on ReachMD. This medical industry feature, titled “Patients with Chronic Kidney Disease and Type 2 Diabetes are in Need of Earlier Screening,” is sponsored by Bayer and is intended for physicians.

Here’s your host, Dr. Eugene Wright.

Dr. Eugene Wright:

Hello. I’m Dr. Eugene Wright, Consulting Associate in the Department of Community and Family Medicine and the Department of Medicine at Duke University Medical Center. I also serve as the Medical Director for Performance Improvement of the Charlotte Area Health Education Center.

One of the biggest unmet needs for CKD in patients with type 2 diabetes is education. Awareness of CKD remains low. On top of this, more than 40% of cases of CKD stages 3 to 5 are undiagnosed.

From my perspective, early detection of CKD with appropriate testing is a major unmet need of patients with type 2 diabetes, but the first step toward addressing this issue is to require explicit testing strategies for asymptomatic individuals, especially those with risk factors for CKD, such as type 2 diabetes. However, in practice we see that patients with CKD and type 2 diabetes are most commonly referred to a nephrologist at later stages of CKD—stage 3 or later.

Earlier stages of kidney disease require laboratory tests for detection. Two guideline-recommended tests to evaluate kidney health are the estimated glomerular filtration rate, or eGFR, and the urine albumin/creatinine ratio, or UACR. The American Diabetes Association recommends that all patients with type 2 diabetes should be screened for CKD at least once a year with both the UACR and eGFR tests. This way, CKD can be detected sooner, allowing for earlier intervention. Despite this recommendation, less than half the patients with diabetes receive the recommended urine albumin/creatinine test annually.

The National Kidney Foundation has developed a new Healthcare Effectiveness Data and Information Set measure, or HEDIS measure, to improve kidney testing in patients with diabetes. The HEDIS measure will evaluate claims data to assess the percentage of adults with diabetes who receive both the eGFR and the UACR test during a 12-month period. Addressing these gaps in testing is the first step toward slowing down the progression of CKD and preventing harmful organ damage.

Announcer:

This program was sponsored by Bayer. If you missed any part of this discussion or to find others in this series, visit reach-m-d-dot-com-slash-chronic-kidney-disease. This is ReachMD. Be part of the knowledge.