



# THE HERTEL REPORT

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The **BIG** Idea

## FIGHTING A SILENT KILLER: IDENTIFYING CHRONIC KIDNEY DISEASE AT STAGE 2



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Many patients are horrified when they come to my office after learning for the first time that they have Stage 3 or Stage 4 chronic kidney disease (CKD)

They are bewildered about why they never knew they had a diagnosable illness when they were in Stages 1 and 2. Patients are more likely to present with symptomatic complaints like diabetes and heart disease, but identifying CKD at an early stage in these patients should be a priority and can be life-changing and life-saving.

The information needed to identify CKD is often available in routine lab work, but often the diagnosis is not confirmed, and the Stage 1 CKD box is not checked in the patient's record. Sadly, as a transplant nephrologist, my first encounter with patients with CKD is usually in the late or even end-stage, when catastrophic kidney failure is looming.

The Centers for Disease Control and Prevention estimates that 15 percent of U.S. adults—37 million people—have CKD, and an astounding 90% of them have no idea that they have it. In fact, half of people with very low kidney function who are not already on dialysis do not know that they have CKD. In 2016, the treatment cost for Medicare beneficiaries with CKD reached more than \$79 billion and the cost for end-stage kidney disease was an additional \$45 billion.

The five stages of kidney disease were identified in 2002 as part of clinical practice guidelines established by the National Kidney Foundation. This categorization enhances early detection, creating an opportunity to educate patients, slow the progress of CKD, and prevent serious complications. But this can only occur if the disease is identified in its earliest stages.

The benefits of early diagnosis for patients and for society are tremendous. Patients who are diagnosed in the early stages have the chance to make lifestyle changes, learn

how to manage their disease and extend their own lives while avoiding or postponing the need for dialysis or transplant. Society benefits because of the reduced cost of caring for patients with late-stage kidney disease.

Chronic kidney disease is particularly dangerous because the symptoms emerge slowly and silently, often detected only when it has reached Stage 3 or later, when damage is already severe and irreversible. Patients can lose 30 to 40 percent of kidney function without showing symptoms. A simple test can detect protein in the urine, the first sign of trouble. But these tests are not routinely ordered, and when they are, protein in the urine is frequently not flagged as CKD, partly because patients without symptoms are not pressing for a diagnosis.

The National Kidney Foundation recommends routine screening for those at higher risk—people over age 60 and those with hypertension, diabetes, coronary artery disease, family history of CKD, or morbid obesity. African Americans, Asians, and Hispanics are also at higher risk.

A single positive urine test requires follow up; and three consecutive monthly urine tests detecting albuminuria should trigger a stage 1 chronic kidney disease diagnosis, even if the blood test is normal. This early diagnosis should be followed by a clinical action plan for chronic kidney disease, which can be co-managed with a nephrologist, and hopefully slow or prevent progression to more advanced stages of the disease.

Those of us who treat late-stage chronic kidney disease applaud this long-overdue attention to kidney health in Washington, and we hope that patients and physicians will receive this wake-up call so that more people don't find themselves in my office, discussing kidney disease for the first time in terms of options of late-stage disease.

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