# Your Patient's Kidney and Cardiovascular Health May Be at Risk

## *Are You on the Case?*

### Detecting Early Signs of Chronic Kidney Disease (CKD) in Patients With Type 2 Diabetes (T2D) Is Crucial to Delay End-Organ Damage

**THE MAJORITY OF PRIMARY CARE PHYSICIANS (95%) RECOGNIZE T2D AS A MAJOR RISK FACTOR FOR CKD**[1-3]

**YET 88% OF PATIENTS WITH CKD ASSOCIATED WITH T2D GO UNDIAGNOSED**[4,*]

**WHILE PATIENTS' KIDNEY FUNCTION (eGFR) IS MONITORED MORE FREQUENTLY, THE RECOMMENDED ALBUMINURIA (UACR) TEST TO MONITOR KIDNEY DAMAGE IS UNDERUTILIZED**[4-6,*]:

**85%**

**OF PATIENTS WITH T2D RECEIVE TESTING FOR KIDNEY FUNCTION (eGFR)**[*,†]

**47%**

**OF PATIENTS WITH T2D RECEIVE ALBUMINURIA (UACR) TESTING FOR KIDNEY DAMAGE**[*,†]

The American Diabetes Association (ADA) recommends that patients with T2D be monitored **at least once a year** for early detection of CKD using **both** albuminuria (UACR) and eGFR tests[6]

**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**[7-9]

Patients with CKD and T2D are **3X MORE LIKELY TO DIE OF CARDIOVASCULAR-RELATED CAUSES THAN THOSE WITH T2D ALONE**[9]

Albuminuria (UACR) is a marker of kidney damage and a **critical risk factor for CKD progression and cardiovascular events**[10,11]

**Early detection of CKD through annual screening for albuminuria (UACR) and kidney function (eGFR) can help you stay ahead of CKD progression in patients with T2D**[4-6]


Encourage your patients to learn more about CKD associated with T2D by visiting

**www.ckdandt2d.com**

eGFR, estimated glomerular filtration rate; HbA1c, hemoglobin A1c; UACR, urine albumin-to-creatinine ratio.

*As evidenced by the ADD-CKD trial, a multicenter, observational study conducted in 466 primary care practices in the US that assessed CKD prevalence within an adult, T2D population between 2011 and 2012. Investigators assessed the rate of appropriate CKD diagnosis, which was determined by conducting eGFR tests; HbA1c evaluations, a urine analysis to detect proteinuria, a urine measurement for UACR, 2 patient health-related quality-of-life questionnaires, and a 15-month medical review were also performed.[4]

†In the 15 months prior to participation in the ADD-CKD study.[4]

**References: 1.** Chronic Kidney Disease Surveillance System. Centers for Disease Control and Prevention. Accessed November 4, 2021. https://nccd.cdc.gov/ckd/detail.aspx?Qnum=Q114 **2.** National diabetes statistics report, 2020. Centers for Disease Control and Prevention. Accessed November 4, 2021. https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf **3.** Chronic kidney disease in the United States, 2021. Accessed November 4, 2021. https://www.cdc.gov/kidneydisease/pdf/Chronic-Kidney-Disease-in-the-US-2021-h.pdf **4.** Szczech LA et al. *PLoS One*. 2014;9:e110535. **5.** Kidney Disease Improving Global Outcomes. *Kidney Int Suppl*. 2013;3(1):19-62. **6.** American Diabetes Association. *Diabetes Care*. 2021;44(suppl 1):S1-S232. **7.** Alicic RZ et al. *Clin J Am Soc Nephrol*. 2017;12(12):2032-2045. **8.** Afkarian M. *Pediatr Nephrol*. 2015;30:65-74. **9.** Afkarian M et al. *J Am Soc Nephrol*. 2013;24(2):302-308. **10.** Cravedi P, Remuzzi G. *Br J Clin Pharmacol*. 2013;76(4):516-523. **11.** Jun M et al. *Diabetes Care*. 2018;41(1):163-170.