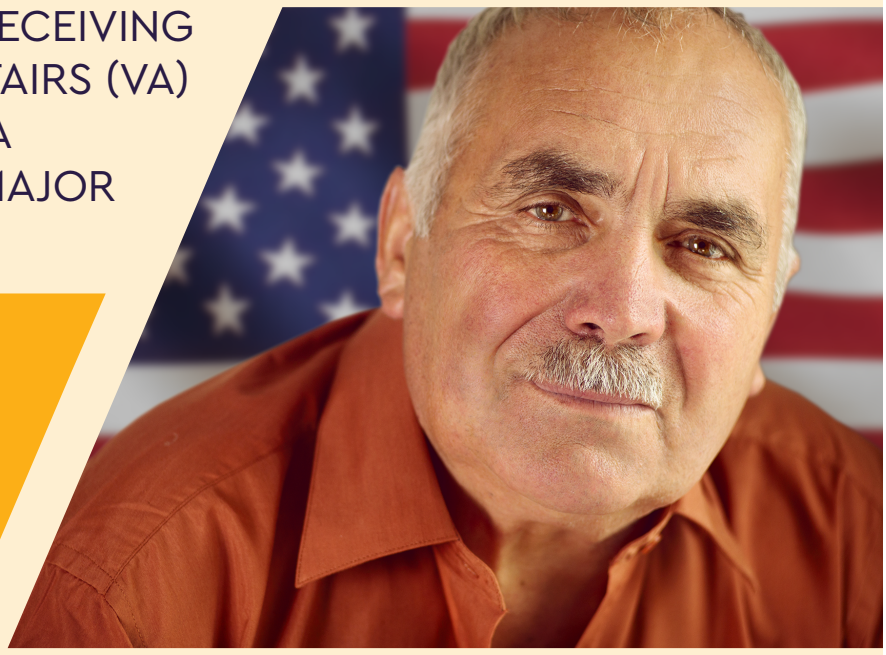
They Are Protecting Our Country. Are You Protecting Their Kidneys?

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

NEARLY 1 MILLION VETERANS RECEIVING CARE THROUGH VETERANS AFFAIRS (VA) **MEET THE CRITERIA FOR CKD**, A DISEASE FOR WHICH T2D IS A MAJOR RISK FACTOR[1,2]



However, among veterans, only ~1/3 of projected CKD cases have been diagnosed, indicating an opportunity to improve patient and provider awareness of this disease[1]

The 2019 VA and Department of Defense Clinical Practice Guidelines for the Management of Chronic Kidney Disease provide current, evidence-based guidance on CKD management. The guidelines recommend that when screening or stratifying risk, providers are to include **albuminuria (UACR) testing in addition to eGFR** in order to optimize the diagnosis and staging of CKD[3]

While 82% of veterans with major risk factors for CKD are screened for kidney function using eGFR,

54% of these at-risk veterans did not receive the albuminuria (UACR) test for kidney damage[3,4,*]

CKD PROGRESSION MAY GO UNDETECTED BECAUSE **MANY PATIENTS DO NOT RECEIVE THE RECOMMENDED SCREENING TESTS** FOR KIDNEY FUNCTION AND DAMAGE[5–7]

In patients with T2D, onset of albuminuria (UACR ≥30 mg/g) is associated with increased mortality and can occur years before eGFR decline (<60 mL/min/1.73 m²) and CKD progression[8-10]

Assessing both eGFR and albuminuria (UACR) allows for a more complete evaluation of risk for CKD disease progression[3]

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

*As evidenced by a retrospective cohort study conducted using data collected from patients who were seen in the same primary care clinic of Veterans Integrated Service Network 17 at least twice within an 18-month period, with encounters at least 90 days apart. The study evaluated the CKD screening and recognition rate in 270,170 at-risk veterans, defined as patients with diabetes, hypertension, or both.[4]

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