

## For adult patients

This one-page tool provides a standardised patient–pharmacist conversation flow to support early identification of those at risk of chronic kidney disease (CKD) and counselling/education on the following: risk factors for CKD, the importance of early screening and the requirement for blood and urine tests.\*

Offer the patient a private space to talk if they wish

### \*\*Triggers for conversations about CKD and testing



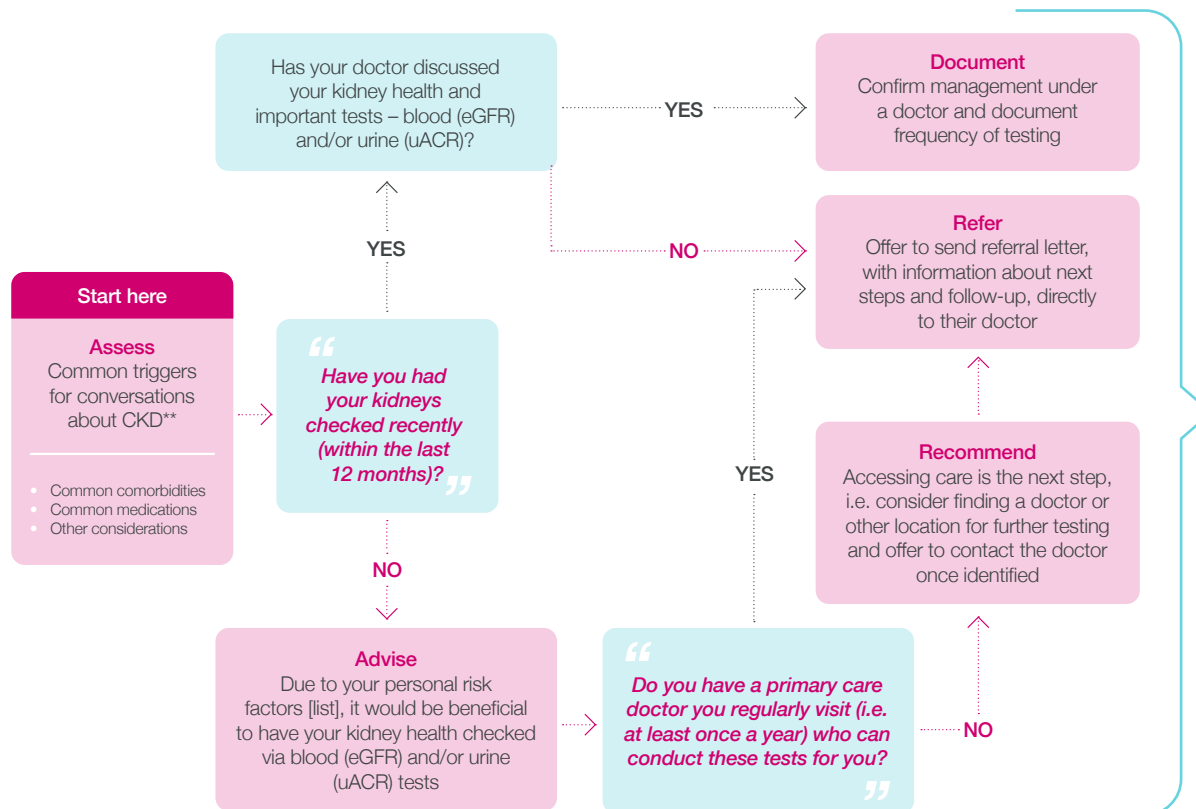
**Common comorbidities:**<sup>1</sup>  
e.g. diabetes, hypertension, cardiovascular disease



**Common medications:**<sup>1-3</sup>  
anti-diabetic agents, RAASI, beta blockers, statins, diuretics



**Other considerations:**<sup>1,4,5</sup>  
e.g. family history of ESRD, age >60, lifestyle factors (i.e. obesity, smoking)



### Patient leaflet | Document personal risk factors



Always share balanced information about kidney function testing with the patient



Inform them about your collaborative role in their ongoing chronic kidney disease testing and management

### Additional advice

- Take medication regularly, as prescribed, and discuss over-the-counter medicines (e.g. NSAIDs and potentially nephrotoxic herbal medicines)<sup>1</sup> to avert any further risk to kidney health
- For patients with diabetes – emphasise active management of their blood glucose (diabetes is a leading cause of CKD)<sup>6</sup>
- For patients with hypertension or heart failure, remind them how to monitor and help control their blood pressure<sup>1</sup>
- Keep cholesterol under control to prevent potential further damage to blood vessels<sup>6</sup>
- Eat a kidney-friendly diet and keep hydrated (e.g. lower salt intake)<sup>6</sup>
- Recommend regular exercise (consult with doctor first); aim for a healthy weight<sup>6</sup>
- Try to reduce or give up smoking; smoking can worsen kidney damage<sup>6</sup>
- See your doctor regularly, who may recommend treatment if you have kidney disease or to control risk factors that put you at risk of kidney disease<sup>1</sup>

For additional resources and guidance visit [www.diagnose-ckd.com](http://www.diagnose-ckd.com)

CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; ESRD, end-stage renal disease; RAASI, renin-angiotensin-aldosterone system inhibitor; uACR, urine albumin–creatinine ratio \*This does not replace the advice of a primary care provider

1. National Institute for Health and Care Excellence (NICE). Chronic kidney disease: assessment and management. Available at: <https://www.nice.org.uk/guidance/ng203> (Accessed May 2022). 2. Zanchi A *et al.* *Swiss Med Wkly* 2012;142:w1329. 3. Ram CVS. *Am J Cardiol* 2010;106:1819-1825. 4. National Kidney Foundation. Aging and kidney disease. Available at: [https://www.kidney.org/news/monthly/wkd\\_aging](https://www.kidney.org/news/monthly/wkd_aging) (Accessed May 2022). 5. Kidney Research UK. Am I at risk? Available at: <https://www.kidneyresearchuk.org/kidney-health-information/about-kidney-disease/am-i-at%2520risk> (Accessed May 2022). 6. National Kidney Foundation. Kidney disease: the basics. Available at: [https://www.kidney.org/sites/default/files/web\\_kidneybasics\\_v4.pdf](https://www.kidney.org/sites/default/files/web_kidneybasics_v4.pdf) (Accessed May 2022).

Obtain local nominated signatory approval before use

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