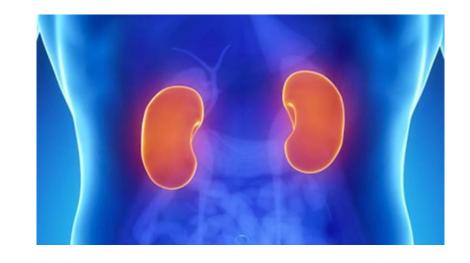
Diabetic Kidney Disease

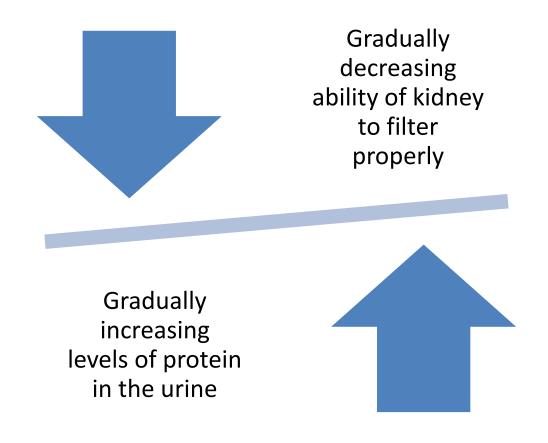
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Diabetic Nephropathy (Kidney Disease)

Almost 1 in 5
 people with
 diabetes will need
 treatment in their
 life time for
 nephropathy



Diabetic Kidney Disease- what is it?



Symptoms of Kidney Disease

- No symptoms at the early stages but can be picked up in your annual urine screening
- Symptoms of later disease (these may also be signs of other conditions so speak to GP if you have any of these regularly):
 - Swollen ankles, feet and hands
 - Blood in urine
 - Nausea/feeling sick
 - Being short of breath



How do you screen for diabetic kidney disease?



- Urine test
- Person should be:
 - free from acute illness (this can increase amount of protein temporarily)
 - Test to be taken when person has stable blood glucose control (acute hyperglycaemia can increase the amount of protein temporarily)
- Sample can be taken at ANYTIME !!
- Urine may be dipped as well as sent off to the lab for testing – this can help us distinguish between types of kidney disease

If I get a test which says I have albuminuria, does that mean I definitely have diabetic kidney disease?

- Further samples should be requested and this may be requested as an early morning sample if protein is present (usually 1-3 months after the first)
- High levels of variation in protein levels in urine

 Usually a diagnosis is only made after 2 out of 3 tests are positive













 How many people get at least an annual urine test to check kidney function? Tell us about your experience with this

(a) Yes

(b) No

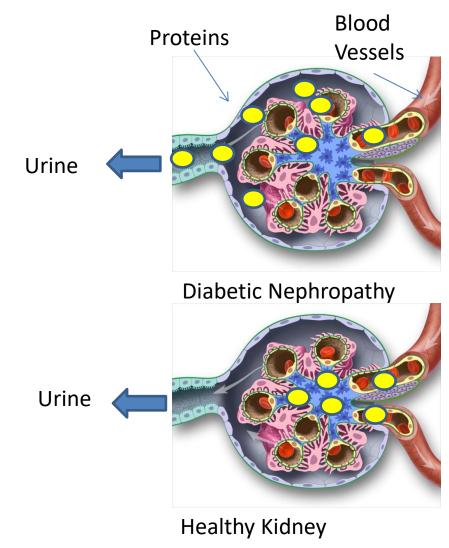
What are we looking for with the urine test?



- Urine Albumin:
 Creatinine ratio this is a marker of how much protein is leaking into your urine
 - eGFR estimated glomerular filtration rate is another marker of how well your kidneys are filtering

What is the main causes of albuminuria (protein in the urine) in diabetic nephropathy?

- 'High sugars' can do damage to the small blood vessels (microvasculature) and filters
- High blood pressure can damage the filters
- This can cause protein to 'leak out' in the urine rather than being reabsorbed



What are Risk Factors For Developing Diabetic Kidney Disease?

Things you might Control	Things you are unable to control
Blood Glucose	Diabetes Duration
Blood Pressure	Genetic factors
Cholesterol levels	Other diabetes complications e.g. cardiovascular disease
Smoking	
Weight	

What do you most associate with good kidney health? Tell us your experiences of trying to achieve good kidney health

- (a) Blood pressure
- (b) Blood glucose control
- (c) Lipids
- (d) Lifestyle e.g. smoking, weight, diet etc.

How do I reduce my risk of developing diabetic kidney disease?



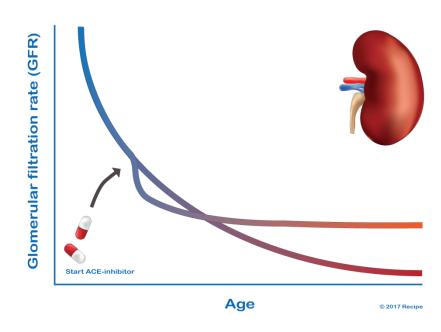
- Keep blood glucose within target range
- Keep blood pressure within target range
- If you are a smoker seek stop smoking services
- Stay active and eat healthily
- Ensure you attend your diabetes reviews and that you bring your urine sample when asked for

There is poor uptake nationally on getting screening done for kidney function? Why do you think this is, tell us your experiences

- (a)People don't like doing urine tests
- (b) People forget to bring a sample in to appointment
- (c) People think it has to be done early in the morning and this is a barrier

How do we manage diabetic kidney disease together?

- We may discuss keeping blood glucose within target range
- We may discuss starting an ACE inhibitor or ARB and controlling blood pressure with other medications
- We may discuss making changes to diet e.g. reducing salt and protein intake
- We may discuss using an SGLT2 (type 1 or type 2)
- We may discuss using a GLP-1 (type 2 only)



Starting an ACE inhibitor e.g. ramipril, enalapril, lisinopril has independent protective benefits to the kidneys above and beyond just blood pressure control:

- (a) True
- (b) False

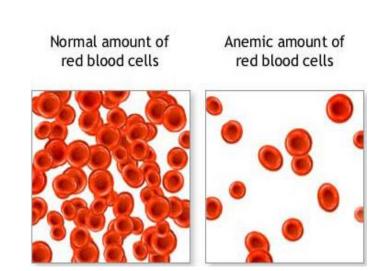
What is a common side effects of ACE inhibitors e.g. Ramipril, Lisinopril, Enalapril?

- (a)Dry eyes
- (b) Cough
- (c) Leg cramps
- (d) Oedema

- What can a common problem be with taking ARB or ACE inhibitors in renal impairment?
- (a) low potassium
- (b) high potassium
- (c) Low calcium
- (d) High calcium

If you have more progressed kidney disease we may also check:

- 1. For anaemia one of the stimulating factors for making red blood cells is made in the kidney
- 2. For bone chemistry- vitamin D which helps the body absorb calcium to make bone is activated in the kidney
- 3. If you need a referral to the specialist nephrologist



Resources

National Kidney Federation



Kidney Care UK



Any other questions?

