Management of Diabetic Kidney Disease

Why Manage?

Decreases risk of CKD progression
Cardiovascular risk reduction

Pillars of Therapy to Reduce Cardiorenal Risk

- RAAS Blockade
- SGLT2-inhibitors
- NS-MRAs (Finerenone)
- GLP-1 RAs

Reduction in Cardiorenal Event

Lifestyle Modification and Diabetes Education

Pharmacological Agents

- ACE inhibitor or an ARB
- GLP-1 RAs (for additional cardiovascular risk reduction)
- SGLT2-inhibitors (for people with type 2 diabetes with CKD + estimated glomerular filtration rate ≥20 mL/min/1.73 m² with normal or elevated urinary albumin)
- NS-MRAs (shown to be effective in clinical trials if estimated glomerular filtration rate is ≥25 mL/min/1.73 m² in people with CKD and albuminuria who are at increased risk for cardiovascular events or CKD progression)

Clinical tips

- Periodically check serum creatinine and potassium levels when ACE-inhibitors, ARBs, and MRAs are used
- Do not discontinue ACE-inhibitors or ARB for ≤ 30% increases in serum creatinine in the absence of volume depletion.
- Aim for an education of 30% or greater in mg/g urinary albumin in people with chronic kidney disease who have ≥300 mg/g urinary albumin to slow chronic kidney disease progression.

ACE-inhibitor = Angiotensin-converting enzyme inhibitors
ARB = Angiotensin receptor blocker
SGLT2-inhibitors = Sodium-glucose cotransporter 2 inhibitor
GLP-1 RAs = Glucagon-like peptide 1 agonists
NS-MRAs = Nonsteroidal mineralocorticoid receptor antagonists
CKD = Chronic kidney disease

Learn more at diabetes.org | 1-800-DIABETES (1-800-342-2383)

American Diabetes Association® (ADA)