



Strong Kidneys

Protect your kidneys, protect your future

Can we reduce the global burden of chronic kidney disease?

Discover the top 10 takeaways from *The Lancet Seminar** on chronic kidney disease (CKD).¹



*With thanks to Professor Christoph Wanner for his support in drafting these key takeaways.

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Reference:
1. Herrington, W. G., Judge, P. K., Grams, M. E., & Wanner, C. (2025). Chronic kidney disease. *The Lancet*. Available at: www.sciencedirect.com/science/article/pii/S0140673625019427

The global challenge:

- 1 CKD affects around 850 million people globally, with about 4 million receiving kidney replacement therapy due to kidney failure.
- 2 CKD spans low-, middle-, and high-income countries, demanding coordinated global healthcare strategies.

Early detection and risk stratification:

- 3 CKD can be screened for, diagnosed, and staged using two simple measures:
 - Estimated glomerular filtration rate (eGFR).
 - Urine albumin-to-creatinine ratio (uACR).
- 4 Kidney failure risk equations estimate absolute kidney failure risk, supporting patient counselling, shared decision-making, and prioritisation of high-risk patients.



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When to refer to nephrology:

- 5 Referral is recommended when:
 - 5-year kidney failure risk exceeds 5%.
 - Non-diabetic intrinsic kidney disease is suspected.
 - CKD complications require specialist management.

Cardiovascular risk matters:

- 6 Many people with CKD die from cardiovascular disease or develop disability before progressing to kidney failure.
- 7 Effective CKD management must address both:
 - Slowing further kidney function decline.
 - Reducing cardiovascular risk.



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2. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. (2024). KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney International*. Available at: [www.kidney-international.org/article/%20S0085-2538\(23\)00766-4/fulltext](https://www.kidney-international.org/article/%20S0085-2538(23)00766-4/fulltext)

Evidence-based treatment:

- 8 The 2024 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines² recommend the use of:
 - Renin–angiotensin system (RAS) inhibitors.
 - Sodium–glucose cotransporter-2 (SGLT2) inhibitors.
 - Statin-based regimens.
 - Intensive blood pressure targets.
 - Lifestyle modification.
- 9 In people with diabetes, additional therapies may include:
 - Glucagon-like peptide-1 (GLP-1) receptor agonists.
 - Non-steroidal mineralocorticoid receptor antagonists (nsMRAs).
 - Individualised glycated haemoglobin (HbA1c) targets.

The opportunity:

- 10 Early identification and timely use of cost-effective treatments by all clinicians could substantially reduce the global burden of CKD complications and kidney failure.