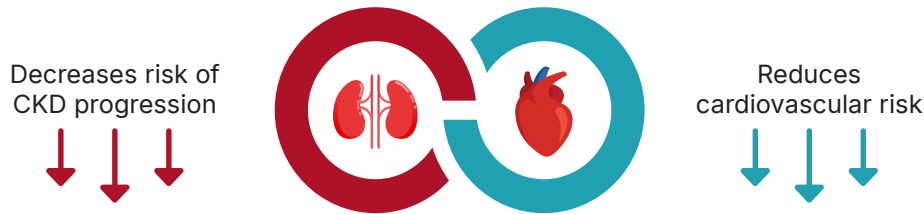
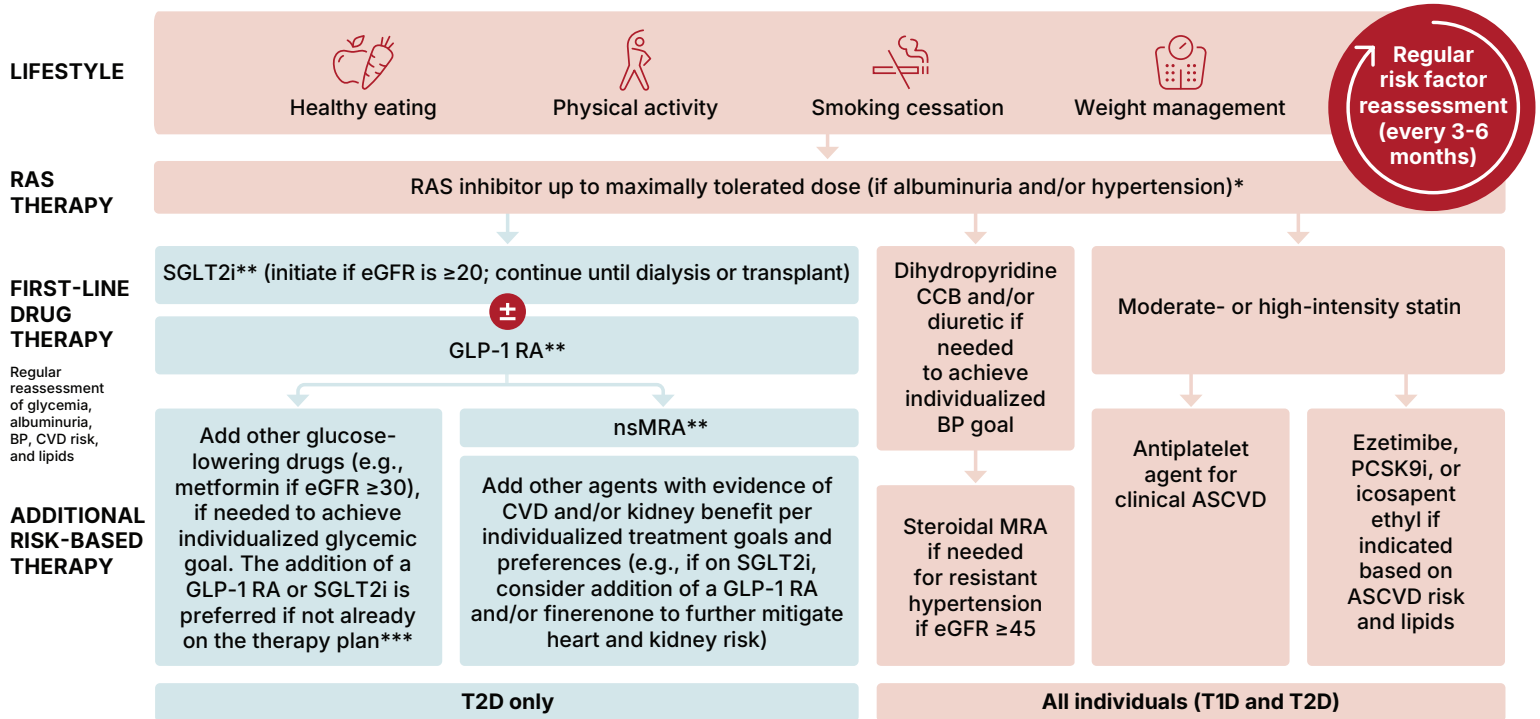


Management of Chronic Kidney Disease in People with Diabetes

Why Manage CKD?



Approach to Managing CKD in Diabetes



*The majority of participants in SGLT2i, GLP-1 RA and nsMRA kidney outcome trials were receiving background optimized RAS inhibitor therapy. **With demonstrated benefit in this population
 ***Glucose-lowering efficacy of GLP-1 RAs is preserved at low eGFR; glucose-lowering efficacy of SGLT2i is diminished at lower eGFR.

Clinical Tips

- Aim for a reduction of 30% or greater in mg/g urinary albumin in people with CKD who have ≥ 300 mg/g urinary albumin to slow CKD progression.
- Periodically check serum creatinine and potassium levels when ACE inhibitors, ARBs, MRAs, and diuretics are used.
- Do not discontinue ACE inhibitors or ARBs for $\leq 30\%$ increases in serum creatinine in the absence of volume depletion.

BP = Blood pressure
 CCB = Calcium channel blocker
 CKD = Chronic kidney disease
 CVD = Cardiovascular disease

eGFR = Estimated glomerular filtration rate
 GLP-1 RA = Glucagon-like peptide 1 receptor agonist
 MRA = Mineralocorticoid receptor antagonist
 nsMRA = Nonsteroidal mineralocorticoid receptor antagonist

PCSK9i = Proprotein convertase subtilisin/kexin type 9 inhibitor
 RAS = Renin-angiotensin system
 SGLT2i = Sodium-glucose cotransporter 2 inhibitor