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ASN EMPHASIZES NEED FOR EARLY DETECTION OF KIDNEY DISEASE, A SILENT KILLER

Chronic kidney disease can be prevented and progression slowed if detected early

Highlights

- The American Society of Nephrology (ASN) strongly recommends regular screening for kidney disease, regardless of an individual's risk factors.
- Early detection and intervention can prevent and slow progression of kidney disease, the 8th leading cause of death in the U.S.
- Screening for kidney disease is a simple, low-cost procedure that can help improve and save countless lives.

Kidney disease affects more than 20 million Americans

Washington, DC (October 22, 2013) — The American Society of Nephrology strongly recommends that all adults undergo routine screening for chronic kidney disease (CKD), the 8th leading cause of death in the U.S. This contradicts screening guidelines recently released by the American College of Physicians (ACP).

"If detected early in its progression, kidney disease can be slowed and the transition to dialysis delayed. This evidence-based fact is why regular screening and early intervention by a nephrologist is so important to stemming the epidemic of kidney disease in the United States and why ASN strongly recommends it," said ASN President Bruce A. Molitoris, MD, FASN.

The ACP clinical practice guideline *Screening, Monitoring, and Treatment of Stage 1 to 3 Chronic Kidney Disease* made several recommendations, some of which reflect current clinical practice.

However, ACP recommended against screening for CKD in asymptomatic adults without risk factors. Because CKD is largely asymptomatic in its early stages, early detection and intervention can slow progression of the disease and help patients maintain vital kidney function and quality of life.

“Early detection is the key to preventing patients from progressing to relying on dialysis to stay alive,” said ASN Executive Director Tod Ibrahim. “ASN and its nearly 15,000 members—all of whom are experts in kidney disease—are disappointed by ACP’s irresponsible recommendation.”

“Stage 1–3 CKD increases the risk for developing acute kidney injury (AKI) from nephrotoxic medications, sepsis, surgery, or contrast dyes for medical imaging. AKI, which occurs in 23% of hospitalized patients, accelerates CKD to end-stage renal disease,” said ASN President Molitoris. “This vicious cycle must be stopped.”

ACP also recommended not testing adults with or without diabetes being treated with antihypertensive medications that include either an angiotensin-converting enzyme inhibitor or an angiotensin receptor blocker for proteinuria, an indicator of kidney function. High blood pressure and diabetes are the top two leading risk factors for developing CKD. The Centers for Disease Control and Prevention estimates more than 20% of adults over 20 years of age with hypertension have CKD, and more than 25 million people in the U.S. have diabetes, nearly 180,000 of whom are living with kidney failure as a result. Given the relationship between either high blood pressure or diabetes and kidney disease, ASN emphasizes the importance of testing the kidney health of adults being treated with antihypertensive medications for proteinuria.

While acknowledging the need for further and larger scale clinical research into CKD and how the disease progresses in its early stages, ASN believes current evidence strongly supports the value of early detection of, and screening for, chronic kidney disease.

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Founded in 1966, and with more than 14,000 members, the American Society of Nephrology (ASN) leads the fight against kidney disease by educating health professionals, sharing new knowledge, advancing research, and advocating the highest quality care for patients.

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