CKD: Definition Revised & Multidisciplinary Approach of Total Renal Care

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Chronic kidney disease is a general term for heterogeneous disorders affecting kidney structure and function. The 2002 guidelines for definition and classification of this disease represented an important shift towards its recognition as a worldwide public health problem that should be managed in its early stages. The prevalence of pre-dialysis chronic kidney disease (CKD) can be as high as 13.1% in U.S., 11.9% in Taiwan and 10.8% in China. The fact suggests a coming challenge in preventing and managing CKD all over the world.

However, several controversies appeared 10 years after the classification. The high prevalence estimates of early stages of disease may represent over-diagnosis of chronic kidney disease, particularly in the elderly. Many of these patients might not progress to later stage of CKD. Use of the term ‘disease’ to describe asymptomatic laboratory conditions, rather than ‘pre-disease’ or ‘risk factor’ may cause unnecessary concern in patients and clinicians. Stages according to eGFR alone might not reliably predict prognosis. Albuminuria is a predicting marker for the progression of CKD. With this background, revised classification of CKD was announced in 2012. The revised classification takes albuminuria and primary disease into consideration.

The use of treatments to attenuate progressive CKD most notably glycemic control in diabetic CKD and blood pressure treatment with ACE inhibitors and ARBs in almost all forms of CKD, have coincided with a plateau in the incidence of ESRD in many countries over the past few years. However, a stable rate of incidence is not good enough, and the field has not seen a truly new therapy for slowing progression in over a decade. Organized multidisciplinary clinics seem to be an effective means to apply the tools we have. However, these tools are far from perfect. Obviously, futher clinical and basic researches will be critical for the future advance of CKD management.