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당뇨병콩팥병의 현황, 진단 및 신장전문의 협진

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Chapter 1 Current Status of Diabetic Kidney Disease and End-Stage Kidney Disease 1.1 Global Epidemiology of Diabetes Mellitus, Chronic Kidney Disease, and End-Stage Kidney Disease 1.1.1. Globally, the prevalence of diabetes mellitus is increasing rapidly, whereas the incidence is either declining or remaining stable. This trend is most pronounced in high-income countries. 1.1.2. Worldwide, individuals with diabetes mellitus have approximately twice the risk of developing chronic kidney disease compared with those without diabetes mellitus. Although the prevalence of diabetic kidney disease varies substantially across regions and countries, regional differences in incidence are comparatively less pronounced. 1.1.3. The incidence of end-stage kidney disease attributable to diabetes varies widely by region and country; nevertheless, diabetes mellitus remains the leading cause of end-stage kidney disease globally. 1.2 Epidemiology of Diabetes Mellitus, Chronic Kidney Disease, and End-Stage Kidney Disease in Korea 1.2.1. The prevalence of diabetes mellitus is rising in Korea. 1.2.2. In Korea, individuals with diabetes mellitus have approximately twice the risk of developing chronic kidney disease compared with those without diabetes mellitus. 1.2.3. Diabetes mellitus is the leading cause of end-stage kidney disease in Korea and the primary etiology of dialysis-dependent kidney failure. Chapter 2 Diagnosis of Diabetic Kidney Disease and Timing of Nephrology Referral 2.1 Screening and Monitoring of Diabetic Kidney Disease 2.1.1. Screening for diabetic kidney disease should be initiated 5 years after the diagnosis of type 1 diabetes mellitus. (1B) 2.1.2. Screening for diabetic kidney disease should be initiated at the time of diagnosis of type 2 diabetes mellitus. (1A) 2.1.3. Following the diagnosis of diabetes mellitus, measurement of albuminuria and estimated glomerular filtration rate (eGFR) is recommended at least annually. (1A) 2.1.4. In patients with

albuminuria or an eGFR below 60 mL/min/1.73 m², more frequent monitoring is recommended given the increased risk of diabetic kidney disease progression. (1B) 2.2 Indications for Kidney Biopsy in the Differential Diagnosis of Diabetic Kidney Disease 2.2.1. In patients with diabetes mellitus, kidney biopsy is recommended in the presence of any of the following: (1) a rapidly increasing proteinuria, (2) nephrotic syndrome, (3) significant kidney impairment or a rapid decline in glomerular filtration rate, (4) hematuria or active urinary sediment, (5) short duration of diabetes mellitus, or (6) absence of diabetic retinopathy. (1C) 2.2.2. In patients with diabetes mellitus presenting with clinical features typical of diabetic kidney disease, a clinical diagnosis of diabetic kidney disease may be established without kidney biopsy. (1B) 2.3 Timing of Nephrology Referral 2.3.1. In patients with diabetes mellitus, nephrology consultation is recommended for differential diagnosis and ongoing management when albuminuria is present or eGFR is below 60 mL/min/1.73 m². (1B) 2.3.2. Patients with diabetic kidney disease should be referred to a nephrologist when eGFR is below 60 mL/min/1.73 m² and the 5-year risk of kidney failure is 3% or greater. (2C)

Keywords: Diabetic Nephropathies, Referral and Consultation, Epidemiology, Biopsy, Diagnosis