

Diabetes Management in the CKD Patient

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The prevalence of diabetes around the world has reached epidemic proportions. While diabetes is already estimated to affect more than 8% of the global population (more than 350 million people), this is projected to grow to over 550 million people by 2035. It has been estimated that 40% or more of people with diabetes will develop chronic kidney disease, including a significant number who will develop end-stage kidney disease (ESKD) requiring dialysis and transplantation.

Diabetes is already the leading cause of ESKD in most developed countries, and the growth in the number of people with ESKD around the world over recent decades has been driven primarily by growth in the number of people with diabetes as the underlying cause. In addition, the presence of kidney disease is associated with a markedly increased risk of cardiovascular disease and death in people with diabetes. In fact, data from the FinnDiane study suggest that the excess mortality associated with the presence of type 1 diabetes is observed entirely among those with kidney disease, while people with diabetes who do not have markers of kidney disease had outcomes similar to those observed in the general population.

With a number of new agents targeting a variety of mechanistic approaches to improving outcomes for people with diabetes and kidney disease, KDIGO held a recent international Controversies Conference on the Management of Patients with Diabetes and CKD. The conference reflected on what has been learned from recent clinical trials that have both failed and succeeded, in order to ensure that as much as possible is gained from these studies and to better optimize both the care of affected patients, as well as the design of future research. This presentation will explore these new agents and what has been learned from these studies.