KDIGO/KSN Joint Conference

CKD-MBD Management in the CKD Patient

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Disorders in mineral metabolism and bone disease are common complications of chronic kidney disease (CKD), and a significant cause of the morbidity and decreased quality of life of CKD patients. Importantly, there is convincing evidence suggesting that these disorders are associated with the increased risk for cardiovascular calcification, morbidity, and mortality of these patients. The term CKD-MBD, first coined by KDIGO, is defined as a trinity of bone abnormalities, laboratory abnormalities, and vascular calcification, linked to hard outcomes such as fractures, cardiovascular morbidity, and mortality. The goal of the 2009 KDIGO CKD-MBD guideline was to summarize the evidentiary basis for the diagnosis, evaluation, and treatment of CKD-MBD, and to develop guideline recommendations with this framework and outcomes of interest in mind. The 2009 Guideline represented a significant departure from previous guidelines in that prescriptive target ranges (e.g., calcium, phosphorous, PTH) were generally discouraged and that greater emphasis be placed on the trends in laboratory markers as therapeutic goals and on assessment of individual risk-benefit and patient preferences.

Since the publication of the 2009 CKD-MBD Guideline, there have been key trials with results that may have potential impact for altering diagnostic and therapeutic decision-making. Furthermore, new therapeutic agents and meta-analyses have since emerged, which will necessitate revisiting of existing guideline statements. To this end, a formal systematic review on these key topic areas is now underway and the KDIGO CKD-MBD Guideline is currently being updated to reflect this new data. The updated guideline is scheduled for publication in early 2016. Dr Parfrey will review current evidence on interventions to improve CKD-MBD, in particular recent data from the EVOLVE trial on the use of cinacalcet.