

Abstract Submission No. : IL-9124

AKI to CKD based on KDIGO's research

Marlies Ostermann
Guy's & St Thomas Hospital, United Kingdom

AKI to CKD based on KDIGO's research

There is increasing evidence that acute kidney injury (AKI) is associated with an increased risk of cardiovascular events, progression to chronic kidney disease (CKD) and mortality. However, not everyone with AKI has a poor outcome, and predictors of poor outcomes have been identified. At present, there is no consensus on the optimal strategy of managing AKI survivors to improve short- and long-term outcomes.

The concept of acute kidney disease (AKD) has been proposed as the phase between AKI and CKD. Emerging evidence has suggested that AKD is common, nearly three times more prevalent than AKI. AKI, AKD and CKD do not of themselves point to the underlying etiology of kidney disease and require individualised diagnostic work-up.

Like AKI, AKD is associated with increased risks of death and development or progression of CKD. Both AKI and AKD may be hospital or community acquired but it is likely that community acquired AKD predominates and often goes undetected.

To date, AKD is not clearly defined. Furthermore, it is not clear how AKI survivors with AKD should be managed to avoid adverse outcomes. KDIGO has organised consensus meetings to define and stage AKD better and to identify evidence-based management strategies.

In this talk, I will summarise current concepts and explore potential future developments as supported by KDIGO.

References

1. James MT, Levey AS, Tonelli M, et al. Incidence and Prognosis of Acute Kidney Diseases and Disorders Using an Integrated Approach to Laboratory Measurements in a Universal Health Care System. *JAMA Netw Open* 2019; 2: e191795
2. Kidney Disease: Improving Global Outcomes (KDIGO) Acute Kidney Injury Work Group. KDIGO Clinical Practice Guideline for Acute Kidney Injury. *Kidney Int Suppl.* 2012; 2: 1– 138
3. Ostermann M, Bellomo R, Burdmann EA, et al. Controversies in acute kidney injury: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Conference. *Kidney Int* 2020;98(2):294-309