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Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond

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Session Topic : What's New in DKD?
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State-of-the-Art Treatment for Diabetic Kidney Disease

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Diabetes affects 537 million people globally and is only expected to increase further. Chronic kidney disease (CKD) develops in 40% of people with type 2 diabetes (510 million) and 30% of those with type 1 diabetes (27 million). Half of CKD worldwide is now attributable to diabetes, making it by far the most common cause. Most people with diabetes and CKD will die, primarily due to cardiovascular causes, with just 10% surviving to reach kidney failure. Therefore, current treatment strategies must address the high mortality and cardiovascular risks as well as prevention of kidney failure. Four pillars of highly effective therapies are now available. Sodium glucose cotransporter 2 (SGLT2) inhibitors, glucagon-like peptide-1 (GLP-1) receptor agonists, a nonsteroidal mineralocorticoid antagonist (nsMRA), and a conventional renin-angiotensin system inhibitor in the form of an angiotensin converting enzyme (ACE) inhibitor or an angiotensin receptor blocker (ARB). However, patients only benefit from treatments they receive. Unfortunately, CKD awareness, detection, and intervention are very low. Both estimated glomerular filtration rate (eGFR) and albuminuria testing by the urine albumin-to-creatinine ratio (UACR) are required to adequately stage and assess CKD risks. Low rates of albuminuria testing map to under-utilization of proven therapies, such as ACE inhibitors and ARBs, as well as the newer agents. Moreover, these agents are commonly stopped and not restarted, leading to even lower rates of persistent use. Many barriers at the patient, healthcare professional, health system, payer, and policy levels must be overcome to increase therapeutic implementation. Increased efforts for CKD detection and access to care are needed to remove barriers to receiving life-kidney-heart-saving therapies.

Keywords: SGLT2 inhibitors, GLP-1 receptor agonists, nonsteroidal MRA, albuminuria, implementation