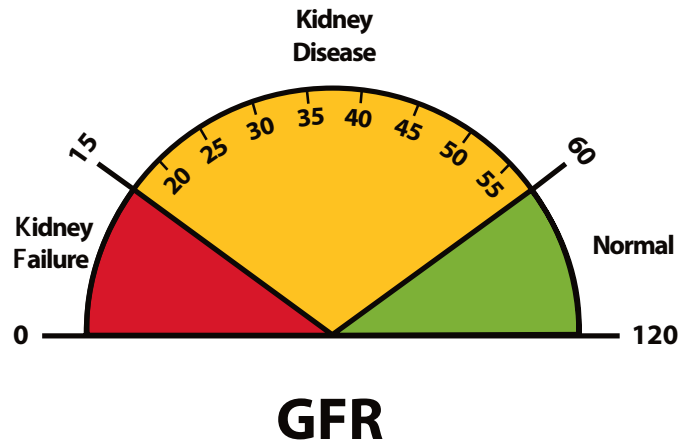


How well are your kidneys working?

Your kidney test result

On _____, your GFR was _____.
Date

- A GFR of 60 or higher is in the normal range.
- A GFR below 60 may mean kidney disease.
- A GFR of 15 or lower may mean kidney failure.



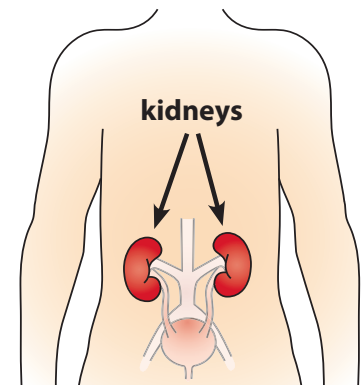
Your GFR should be checked again on _____.
Date

What your kidneys do

You have two kidneys. Their main job is to filter waste and extra water out of your blood and make urine.

How your kidneys are checked

A blood test helps to measure your glomerular filtration rate or GFR. This tells how well your kidneys are filtering. Your health care provider should also do a urine test to check your kidneys.



Why your kidneys are being checked

You can't feel kidney disease. That's why you need to have your kidneys checked. This is very important for people who have diabetes, high blood pressure, or heart disease.

See next page for steps you can take to keep your kidneys healthy.

For more information, visit www.nkdep.nih.gov or call 1-866-4 KIDNEY (1-866-454-3639).

The National Kidney Disease Education Program is an initiative of the National Institutes of Health.

No matter what your GFR result is:

- Keep your blood pressure below 130/80 mmHg.
- Keep your blood glucose and blood cholesterol in your target range.
- Eat healthy and cut back on salt.
- Be physically active.
- Stop smoking.
- Take medicines the way your provider tells you to.

□ If your GFR is 60 or higher

A GFR of *60 or higher* is in the normal range. You should:

- Keep getting checked for kidney disease because you are still at risk.

Two tests for kidney disease

1. A blood test to measure GFR.
2. A urine test to check for protein. Protein can leak into the urine when the kidneys are damaged.

□ If your GFR is below 60

A GFR *below 60* may mean kidney disease. You can't raise your GFR, but you can take these steps to try to keep it from getting lower.

- Ask about medicines that can help protect your kidneys.
- Follow a diet that can help slow down kidney disease. Ask to see a dietitian or nutritionist.
- Keep getting blood and urine tests to monitor your kidneys.

It's important to take steps to slow kidney disease *before* a lot of damage is done.

If your kidneys fail, dialysis and a kidney transplant are the only options. Work with your provider on the best treatment plan for you.

Notes: _____

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U.S. Department of Health
and Human Services
National Institutes of Health

For Providers

Educating Patients About Chronic Kidney Disease

Four Key Concepts and Talking Points

1 Talk to patients about their kidneys, CKD, and their risk.

What is CKD? CKD (chronic kidney disease) means the kidneys are damaged and may no longer filter blood well. This damage happens over many years. As more damage occurs, the kidneys are unable to keep the body healthy—then dialysis or a kidney transplant may be needed.

How can I lower my risk for CKD? The steps you take to manage your diabetes and high blood pressure also help protect your kidneys. Diet, quitting smoking, and exercise are all important steps.

2 Communicate the importance of testing and how CKD is diagnosed.

What are the symptoms of CKD? Most people with CKD have no symptoms until their kidneys are about to fail. The only way to know if you have kidney disease is to get tested. The sooner kidney disease is found, the sooner you can take steps to begin treatment and keep your kidneys healthier longer.

How do you check for CKD? A blood test and a urine test are used to find kidney disease. Because you are at risk, you should get these tests regularly:

GFR—A blood test measures how much blood your kidneys filter each minute, which is known as your glomerular filtration rate (GFR).

Urine Protein—A urine test checks for protein in your urine. Protein can leak into the urine when the filters in the kidneys are damaged.

3 Explain the progressive nature of CKD and the basics of treatment.

Can CKD get better? CKD usually will not get better and is likely to get worse. Treatment helps slow kidney disease and keep the kidneys healthier longer.

How is CKD treated? Treatment includes keeping blood pressure below 130/80 mmHg, diet counseling to reduce salt and excessive protein, and controlling blood sugar if you have diabetes.

Are there medications for CKD? People with CKD often take medicines to lower blood pressure, control blood sugar, and lower blood cholesterol. Two types of blood pressure medications—ACE inhibitors and ARBs—can slow CKD and delay kidney failure, even in people who do not have high blood pressure.

4 Begin to speak about dialysis and transplantation.

Will I ever need dialysis? With proper management, you may never need dialysis or, at least, not for a very long time. But if your kidneys fail, we will need to choose a treatment that can replace the job of your kidneys. There are two types of dialysis—one is done at home daily and the other is done in a dialysis center three times a week.

Is kidney transplant an option? You may be able to receive a kidney transplant. The donated kidney can come from an anonymous donor who has recently died or from a living person. A kidney transplant is a treatment—not a cure.

For a more detailed version of these talking points or to order this tear-off pad, visit www.nkdep.nih.gov or call 1-866-4 KIDNEY (1-866-454-3639).

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