

### Guest Editorial



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### Managing Chronic Kidney Disease in Patients with Diabetes

The American Diabetes Association has recently released the 2022 Standards of Medical Care in Diabetes. Diabetes is the most common cause of kidney disease in the United States. Unfortunately, chronic kidney disease is an asymptomatic disease, so symptoms only appear very late in the disease when people are already needing dialysis or transplantation.

Therefore, screening for chronic kidney disease in high-risk populations, such as those who have diabetes, hypertension, or a family history of kidney disease, is of vital importance. Unfortunately, not everybody who is at high risk is being screened;

There are two tests. One is a blood test to measure creatinine, which we use to estimate glomerular filtration rate, or GFR for short. The second is to measure albumin in the urine, or albuminuria, to see how much protein is coming down in the urine, which tells us how much damage the kidney has.

#### ***When is a good time to refer to a kidney specialist?***

- (a) Refer patients when the diagnosis is uncertain or it's not behaving like diabetic kidney disease. For example: The disease is rapidly progressing, there's blood in the urine, or there are systemic symptoms that point toward a different disease and that patient may need a kidney biopsy.
- (b) There are patients who may need referral because they need dialysis or transplantation. Those patients have kidney function that is relatively low, where their GFR < 30. Those patients need to be seen by a specialist.
- (c) One should always refer when there are any questions that a kidney specialist could help with, such as management of blood pressure, electrolyte imbalances, high potassium, low calcium, or high phosphorus. Those are all complications of kidney disease that a kidney specialist is able to handle with ease.