CKD.QLD Phase 2 Survey:
Risk Factor Modification for Prevention of Chronic Kidney Disease Progression

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Background:
Management of traditional risk factors for chronic kidney disease (CKD) progression include antiproteinuria therapy, hypertension and diabetes control, diet, exercise and lipid lowering therapy. We investigated the current clinical practice for prevention of CKD progression in Queensland, Australia.

Methods:
Using a web based questionnaire, nephrology medical and nursing staff from each CKD clinic in Queensland were surveyed to assess risk factor modification in CKD management practices.

Results:
The participation rate was 100%. Restriction of salt and fats formed the corner stone (80%) of diet modification. Routine protein restriction was not advised. Dietary potassium and phosphate limitations were used as case by case.

Anthropometric measurements included weight (100%), height (81%), body mass index (61%) and waist circumference (10%). An exercise physiologist was not available in all clinics, though physical activity and exercise was routinely recommended.

Angiotensin converting enzyme inhibitors and angiotensin receptor blockers were routinely prescribed for blood pressure reduction and to slow CKD progression. However, combination therapy was only used in 50% of cases, based on level of proteinuria. Lipid lowering therapy was a frequent practice (90%), with use of statins being the main strategy. Interestingly, statins were used with the aim of reducing cardiovascular mortality and morbidity but not to slow CKD progression.

Diabetes control was routine with HbA1C levels used as the main tool for follow up (85%). Patients are screened for vascular complications related to diabetes with annual follow up.

Conclusions:
Traditional risk factors management was incorporated in CKD practice across renal units in Queensland, Australia. A longitudinal study in this population will determine the impact of these on CKD progression and cardiovascular events and mortality.