Dear Service User,

For chronic kidney disease (CKD), the latest NICE guidance suggests the use of a different equation to calculate the eGFR from Creatinine and patient's age and gender. This means that the current equation (MDRD) will be replaced by the new equation (CKD EPI). Worcestershire Acute Hospitals Pathology Department will introduce this change by the 1st of July 2018

How will this affect me?

Previously, abnormal eGFR was only reported below 60 and excluded some areas. Now you will see results reported for eGFR < 90 for all creatinine requests.

Why change the equation?

The old equation only gave reliable results for eGFR < 60. Therefore, all other results were reported as eGFR > 60.

The newer equation gives a more accurate result for eGFR between 60 to 90.

Although not every result in this range means renal disease, earlier detection of people with renal disease helps to take appropriate action (eg CKD monitoring and blood pressure control) so as to prevent or delay endstage kidney disease.

What else has changed?

Apart from checking the eGFR, it is important to also check for proteinuria in every patient with CKD by testing the urine albumin-creatinine-ratio ("urine micro-albumin"). This is a spot urine sample sent to biochemistry in a white top container or ideally yellow sampling tube (= NOT boric acid containers).

Proteinuria predicts renal decline and requires tighter blood pressure control.

Where can I find more information?

For further information on managing chronic kidney disease and the new eGFR equation, please visit:

<http://www.treatmentpathways.worcsacute.nhs.uk/medicine/renal/worcestershire-chronic-kidney-disease/>

How can I obtain clinical advice for patients?

If you don't think that you need to refer the patient to the renal clinic, but would like advice to manage a patient with an abnormal result eGFR < 90 and / or with albumin-creatinine ratio > 3, you could place your query through the Advice and Guidance system on Choose&Book to the renal consultants.