PUSHING FOR GOOD KIDNEY CARE IN DIABETES

Leading on from Dr Andrew Frankel’s editorial, Update hears from Sarah Green, who lives with diabetes chronic kidney disease, and Kidney Care UK, the leading charity supporting those with the condition. This series of three articles on kidney disease concludes with Dr Peter Winocour talking about the work of the ABCD-RA Specialty Group and its guidelines on glycaemic management.
LIVING WITH DIABETES & CHRONIC KIDNEY DISEASE

Sarah Green, 33, from Manchester, has Type 1 diabetes and Stage 4 chronic kidney disease (CKD). She is a patient advocate, with a particular interest in diabetes, CKD and mental health. She is passionate about self-management and person-centered, holistic care, particularly for young adults with long-term health conditions. She also helps to run a Facebook support group (young adult kidney group) and activity holidays for people aged 18 to 30 with a renal diagnosis. Here she speaks to Update about living with CKD.

“Diabetes has always been a condition that requires lots of input and decision-making and, with the right support and education, we are able to take a leading role in the management of our condition. This self-management not only makes sense – after all, who knows our bodies better than we do – it’s also essential.

If every decision had to be made by a healthcare professional, we would quickly overwhelm the system. It’s essential that we do all we can to keep people as well as possible for as long as possible, by healthcare professionals and patients working together. We can’t do this unless you educate and support us. Things like blood pressure targets, glomerular filtration rate and albumin-to-creatinine ratio need to be as widely known and understood as blood sugar ranges and HbA1c.

As healthcare professionals, you have trained us well, you’ve taught us how to be a vital part of the team. But, very often, we desperately need to utilise all the weapons we have available to us. When the picture is so dire, it feels absurd that we aren’t warned about the complexities of kidney damage. It’s frustrating because, with the right education, we could be actively working to minimise the risk of our kidney disease developing further.

If we are aware of our reduced kidney function, we are able to make informed decisions about things like the use of nephrotoxic medications and blood pressure control.

I think renal care has been sidelined, because until now there has been very little that healthcare professionals can do about kidney complications. But there are new options available that can slow the progression of diabetic nephropathy. This raises my hopes that, in future, fewer of us will struggle with this complication.

The psychological burden of kidney disease is massive, especially when people reach the stage of dialysis or transplant. It’s essential that we do all we can to keep people as well as possible for as long as possible, by healthcare professionals and patients working together. We can’t do this unless you educate and support us. Things like blood pressure targets, glomerular filtration rate and albumin-to-creatinine ratio need to be as widely known and understood as blood sugar ranges and HbA1c.

As healthcare professionals, you have trained us well, you’ve taught us how to be a vital part of the team. In the fight against diabetic CKD, we desperately need to utilise all the weapons we have available but patients can’t do that, until we know that there’s a fight going on.”

@Sarahlouby1986 on social

Quality in Care Award

An example of the kind of kidney care that Dr Andrew Frankel and Sarah Green are calling for was Highly Commended in the Patient Care Category – Adults in the 2019 Quality in Care Diabetes Awards. East and North Hertfordshire NHS Trust was cited for ‘Supporting Primary Care with Diabetes and Chronic Kidney Disease Management’.

East and North Hertfordshire Clinical Commissioning Group commissioned a pilot service to identify and provide a holistic virtual review of high-risk patients. The team worked with primary care to establish 15 pillars of care. A virtual specialist diabetes consultant review was carried out on each patient, followed by Skype case-based discussions with GP practices, to educate and upskill primary care colleagues to help manage vulnerable patients.

The judges said: “This entry from East and North Herts NHS Trust was an excellent example of a population health management approach, showing an innovative method to targeting. It identified an important unmet need with innovation and new technology.” They continued that this initiative was one that should be copied elsewhere.

There’s more from Dr Peter Wincour (pictured, above right) on page 31.
Kidney Care UK is the national charity working to improve the care and quality of life for everyone affected by kidney disease in the UK. Fiona Loud, Policy Director, introduces the charity's campaigns and resources for healthcare professionals and people living with diabetic kidney disease.

Many of the people we support are also living with diabetes. Diabetes-related kidney disease accounts for 27.5% of new cases of kidney failure, which is why people with diabetes should be screened regularly for kidney disease. NICE guidelines state that GPs should ensure those at risk have both blood tests and urine tests annually. However, the National CKD Audit published in January 2017 highlighted that only 54% of people with diabetes are having these regular urine tests.

Delays in identifying kidney disease can result in poorer health outcomes, with people dying unnecessarily. Healthcare professionals need to spot the signs of kidney disease early and work with patients to maintain kidney health. People with diabetes can be empowered to do more for themselves, if they understand their risks.

Healthcare professionals have a key role in helping to spot the signs before the damage is done, helping patients preserve their kidney function and supporting those who do develop diabetic kidney disease. The CKD Audit identified that more needs to be done in primary care to ensure those who are at risk of developing chronic kidney disease are tested every year, in line with NICE Guidelines.

There is clear evidence of the need for improved identification of those with early stage CKD, especially the at-risk groups of those with diabetes and/or high blood pressure, each of which is a multiplier for the other. We will be supporting the work on CVDPrevent, a new national audit for primary care, starting in March 2020. This will routinely extract data from primary care covering the management of six harmful high-risk conditions, including kidney disease, diabetes and hypertension.

"People with diabetes can be empowered to do more for themselves if they understand their risks."

Bringing together renal and diabetes specialists in the care of people already on dialysis is vital for improving their outcomes. However, the earlier identification and empowerment of people at risk of either condition is vital for their quality of life, whether that is in giving them better nutrition choices, more education and information, peer support or counselling. Kidney Care UK has its part to play in this challenge.

Kidney Care UK has worked with Diabetes UK to organise joint specialty presentations on diabetes and acute kidney injury and new SGLT-2 inhibitor drugs at annual conferences, bringing together specialists in primary and secondary care. In future, we look forward to collaborating with Dr Frankel through his working group on diabetic kidney disease.

It would be encouraging to see more strategic focus on link-ups between diabetes and dialysis teams in terms of patient care, sharing knowledge and good practice. It’s vital that any issues can be picked up early and renal teams are aware of special considerations when treating people with diabetes: for example, providing heel support for people with diabetes who are on their dialysis sessions.
Our resources
Patient information
Kidney Care UK produces and maintains high-quality, trusted and easily understood patient information specifically for kidney units, patients and their families. Working in partnership with patients and professional bodies, such as the Renal Association, the leaflets help to inform patients and answer the many questions raised about treatments, decision-making, medications, welfare and benefits. You can see our full selection of leaflets and an overview of our support services in our Free Patient Information leaflet: www.kidneycareuk.org/documents/293/FREE_Patient_Information.pdf

Kidney Kitchen
Working in partnership with the British Dietetic Association Renal Nutrition Group, Kidney Care UK has created the Kidney Kitchen – a healthy living destination for kidney patients, their families and friends. Accompanying a comprehensive and colourful series of video demonstrations on how to cook exciting kidney-friendly recipes, there are downloadable recipe cards and articles on how to keep well with kidney failure through diet, fluid management and exercise. We have already heard that some hospitals are including information on the Kidney Kitchen in their patient letters. We would welcome feedback from diabetologists as to how we can include this as information for people with diabetes who also have kidney disease.

Ways to prevent and slow kidney disease

Stop smoking
Smoking is a health risk for everyone, but for people with diabetes the risk is even greater. There are plenty of resources available for those wanting to give up.

Take blood pressure tablets
Drugs used to lower blood pressure can slow the progression of kidney disease significantly. Two types of drugs, angiotensin-converting enzyme inhibitors (ACEI) and angiotensin receptor blockers (ARB), are effective in slowing the progression of kidney disease. Patients with even mildly elevated blood pressure or persistent microalbuminuria (first stage of diabetic kidney disease), should take an ACEI or ARB.

Other treatments
Keeping blood glucose well controlled may help, especially for those in the early stages of kidney disease. Lowering cholesterol to <5.0 mmol/l by taking statins may also be of benefit.
WORKING TOGETHER TO IMPROVE THE CARE OF PEOPLE WITH DIABETES AND KIDNEY DISEASE

Dr Peter Winocour, Consultant Physician and Clinical Director of Diabetes and Endocrinology Services, East and North Hertfordshire NHS Trust, introduces the ABCD-RA Clinical Specialty Group, which was established in 2010 to improve the care of people with diabetes and kidney disease.

The group brings together the Association of British Clinical Diabetologists (ABCD) and the Renal Association (RA). It has focused on developing clinical guidelines and the organisation of joint meetings, designed to encourage non-consultant and other non-medical healthcare professional upskilling and to provide state of the art education for diabetologists and nephrologists.

Since 2010, we have organised four successful biennial meetings and published four national guidelines. We have produced clinical quality standards and identified areas for future clinical and operational research.

Our 2019 to 2020 programme is focused on working with our partner organisations to develop guidelines for the identification and management of post-transplantation diabetes and to roll out a quality improvement package for diabetes haemodialysis care. This, when evaluated, can link into ongoing quality improvement strategy and the Getting It Right First Time visits for both diabetes and renal services.

We have also agreed priorities for further research that we would want to progress in collaboration with NIHR and diabetes and renal grant-awarding charities. Interest in diabetes and kidney disease has grown, as a result of recent outcome studies with new therapies, and we are currently updating all the clinical guidelines to reflect this new information.

Working with Diabetes UK

We need to ensure that the guidelines are effectively communicated to relevant clinical groups. We agreed we would wish to ensure a continued active educational role in ABCD and other diabetes meetings, as well as a regular session at the annual UK Kidney Week meetings. It is most heartening that Diabetes UK has also supported a further joint session at its Annual Professional Conference 2020 in Glasgow.

We are working with Diabetes UK (which has already endorsed the most recent guidelines), along with other key diabetes stakeholder groups, such as the Primary Care Diabetes Society and TREND-UK, to ensure consistency in advice to healthcare professionals.

We also support the wider healthcare workforce in the management of diabetes in the context of kidney disease through our work with the Royal College of General Practitioners and the Royal College of Physicians London (RCPL).

Looking forward

The ABCD-RA Clinical Specialty Group is also engaged in ongoing discussions with other groups, notably the British Cardiovascular Society, to enable the safe introduction of new therapies in cardiology and renal clinic settings. Going forward, we need to promote more effective patient-focused complex multi-morbid care for people with diabetes and cardio-renal disease.

We plan to submit summaries of the updated guidelines to the RCPL's Clinical Medicine, and to appropriate diabetes and renal journals.

Since the establishment of the Clinical Specialty Group in 2010, I have led the group informally, with support from a band of brilliant and enthusiastic nephrologists and diabetologists. We now have agreement from the ABCD Chair and the RA President to formalise the structure of this important work with nominated diabetes (Professor Steve Bain, Swansea) and renal (Professor Indranil Dasgupta, Birmingham) Co-Chairs with agreed tenure of three to five years, operational from 2020. In addition, we are going to formally expand the compact CSG to include a new consultant in both disciplines and a senior trainee to support the agreed updating of the completed clinical guidelines as well as future projects.

Glycaemic management

One example of our work is our guidelines on managing hyperglycaemia in patients with diabetes and kidney disease (DM CKD). These are evidence based with recommendations graded accordingly. Audit standards and areas for further research are proposed. Glycaemic targets should vary according to the type of diabetes and the stage of kidney disease. All anti-hyperglycaemic agents can be used in DM CKD, but dosage will vary according to the degree of renal disease and certain therapies are currently contraindicated in advanced renal disease.

Therefore, surveillance for changes in renal function is vital to pre-emptive changes in therapy. Certain combination therapies are either inappropriate or illogical in DM CKD and all with DM CKD should be made aware of Sick Day Guidance to afford temporary withdrawal of certain therapies. Newer classes of anti-hyperglycaemic agents appear to have renal benefits that are independent of blood glucose lowering effects (CREDENCE), but these have not yet been translated into licence extension by May 2019.

See page 18 for links to guidelines.