

CKD Management Outline

Presence of CKD?

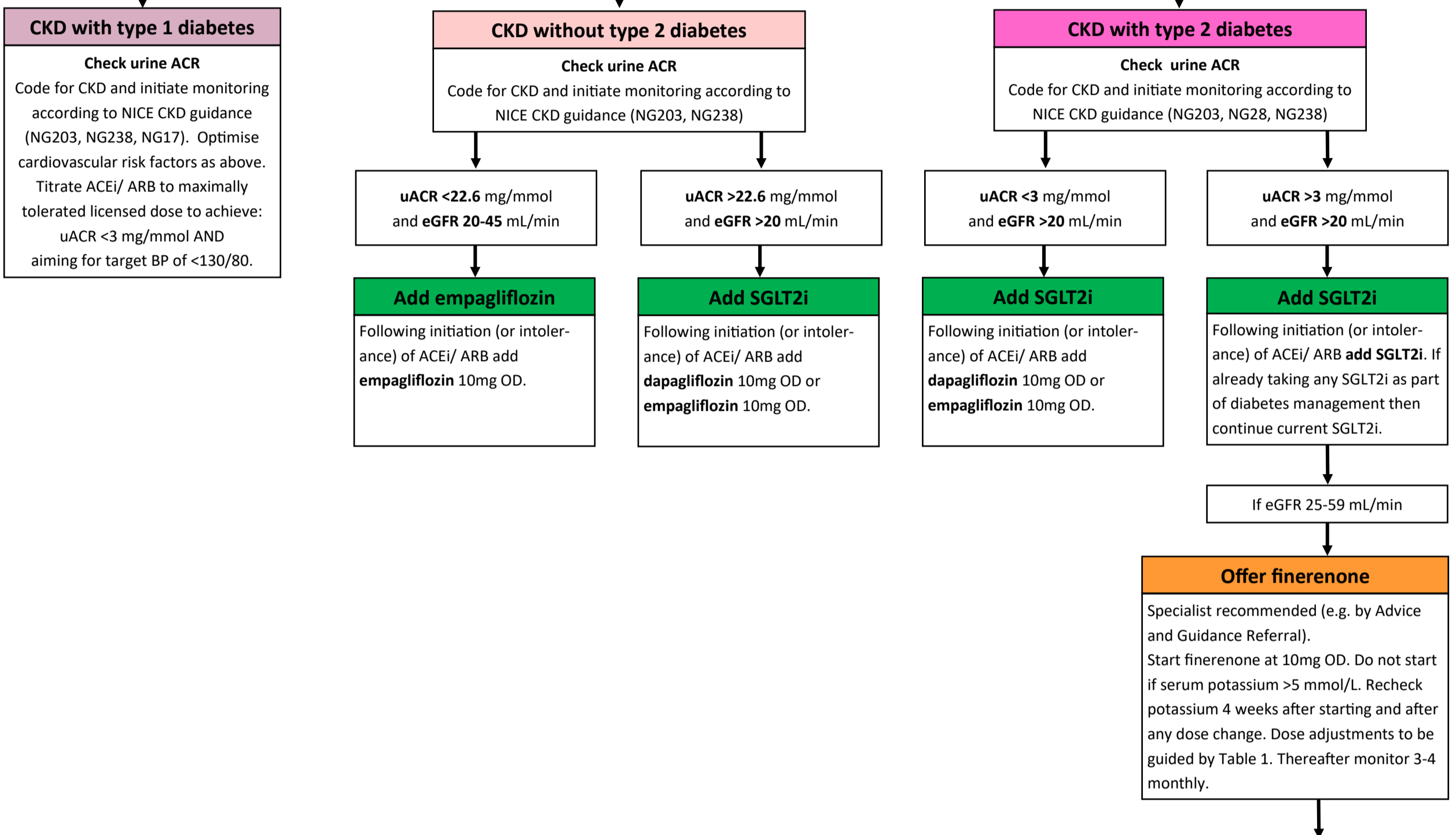
- eGFR <60 mL/min **OR** evidence of kidney damage/ abnormalities of kidney structure
- Persistent for >3 months

Optimisation of cardiovascular risk factors

Lifestyle advice	Smoking cessation, encourage physical activity, low salt, heart-healthy diet
Optimise BP	ACEi/ ARB titrated to maximally tolerated dose (unless contraindicated)
Prescribe statins	Offer atorvastatin 20mg OD to all people with CKD, follow BNSSG Lipid Management guidance
Optimise diabetes	Aiming for HbA1c targets as per NICE guidance

Add ACEi/ ARB

If not already prescribed, start an ACEi or ARB and titrate to the maximally tolerated licensed dose aiming for target BP of <130/80. Check creatinine and U&Es 2 to 3 weeks after starting and accept a <25% reduction in eGFR, and potassium <6.0 mmol/L. Reduce, or stop, other antihypertensives to allow up titration of ACEi or ARB. Consider the use of a [potassium binder](#) (Specialist initiated e.g. by Advice & Guidance Referral) to allow optimisation if potassium ≥ 6.0 mmol/L (see below).



Serum potassium (mmol/L)	Current finerenone dose	
	10 mg OD	20mg OD
<4.8	Increase to 20mg OD	Maintain 20mg OD
4.8 - 5.5	Maintain 10 mg OD	Maintain 20mg OD
>5.5	Withhold finerenone. Consider restarting when serum potassium < 5 mmol/L. Consider use of a potassium binder .	Withhold finerenone. Consider restarting when serum potassium < 5 mmol/L. Consider use of a potassium binder .

Table 1: Continuation of finerenone and dose adjustment

Potassium binders

Sodium zirconium cyclosilicate or **patiromer** are recommended by NICE for optimisation, or to allow initiation of, a renin-angiotensin-aldosterone system (RAAS) inhibitor e.g. ACEi/ ARB/ spironolactone/ finerenone for CKD or heart failure. For people who have had a confirmed serum potassium of at least 6.0 mmol/L. Potassium target range 3.5 - 5.3 mmol/L. Starting doses: sodium zirconium cyclosilicate 5 g OD; patiromer 8.4 g OD. Repeat Creatinine, Urea and Electrolytes, two weeks after dose adjustment of RAAS inhibitor or potassium binder dose. Dose adjustments to be guided by Table 2.

Serum potassium (mmol/L)	Current sodium zirconium cyclosilicate dose			Current patiromer dose			
	5 g Alt days	5 g OD	10 g OD	8.4 g Alt days	8.4 g OD	16.8 g OD	25.2 g OD
3.0 - 3.4	Discontinue	Reduce to 5g Alt days	Reduce to 5g OD	Discontinue	Reduce to 8.4g Alt days	Reduce to 8.4g OD	Reduce to 16.8g OD
3.5 - 5.0	No change	No change	No change	No change	No change	No change	No change
5.1 - 6.5	Increase to 5g OD	Increase to 10g OD	Refer back to specialist	Increase to 8.4g OD	Increase to 16.8g OD	Increase to 25.2g OD	Refer back to specialist
>6.5	Refer to Trust emergency treatment of acute hyperkalaemia guideline						

Table 2: Continuation and dose adjustment of sodium zirconium cyclosilicate or patiromer

Further information/ useful links:

Information on Renal Advice and Guidance, and referral criteria see [REMEDY](#)
UK CKD Guide, [UKKA](#)
Chronic kidney disease: assessment and management NICE guideline, [NG203](#). Please note although current NICE CKD guidelines recommend aiming for a higher target BP for people without diabetes and a uACR <70 mg/mmol, local kidney specialists within BNSSG recommend aiming for a target BP of <130/70.
Cardiovascular disease: risk assessment and reduction, including lipid modification, [NG238](#)
Lipid Management, Summary of National Guidance for Primary and Secondary Prevention of CVD, [NHS England/ Accelerated Access Collaborative](#)
BNSSG Lipid Management guidance, [REMEDY](#)
Type 2 diabetes in adults: management in CKD, NICE [NG28](#)
UK Kidney Association Clinical Practice Guideline: SGLT2 Inhibition in Adults with Kidney Disease, [UKKA](#)
People with Type 1 diabetes, polycystic kidney disease, or kidney transplant were excluded from the definitive trials of SGLT2i.
Dapagliflozin for treating chronic kidney disease, NICE [TA775](#)
Empagliflozin for treating chronic kidney disease, NICE [TA942](#)
Potassium binders: Sodium zirconium cyclosilicate for treating hyperkalaemia, NICE [TA599](#); Patiromer for treating hyperkalaemia, NICE [TA623](#)
BNSSG Adult treatment pathway for potassium binders for persistent hyperkalaemia for patients with chronic kidney disease (stages 3b-5) or heart failure [REMEDY](#)
Finerenone for treating chronic kidney disease in type 2 diabetes, NICE [TA877](#)

Key to BNSSG Formulary traffic light status:

First line drugs	ACEi/ ARB, SGLT2i
Specialist drugs	Finerenone: Specialist recommended (e.g. by Advice & Guidance Referral) Sodium zirconium cyclosilicate/ patiromer: Specialist initiated (e.g. by Advice & Guidance Referral)