Driving Better Outcomes in CKD & T2DM Through Evidence-Based Treatments

Slowing the progression of CKD using ACEi/ ARB and SGLT2i

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Aim

Identify adult patients with Chronic Kidney Disease (CKD) and Type 2 Diabetes Mellitus (T2DM) , belonging to Black and South Asian ethnic groups, and initiate **70%** of eligible patients on an ACEi/ARB and SGLT2i by end October 2025.

Method

EMIS searches and the CEG APL-Renal Tool, were utilised to extract relevant patient data and identify the target group who were not on an ACEi/ ARB or SGLT2i. A paper review was conducted for these patients, to ensure CKD had been correctly coded and relevant monitoring including bloods, BP and urine ACR had been completed. Telephone consultations were booked to offer eligible patients ACEi/ARB and SGLT2i where appropriate. Patients initiated on new treatments, were given follow-up appointments for review/ monitoring.

Summary of Results

ACEi/ARB:

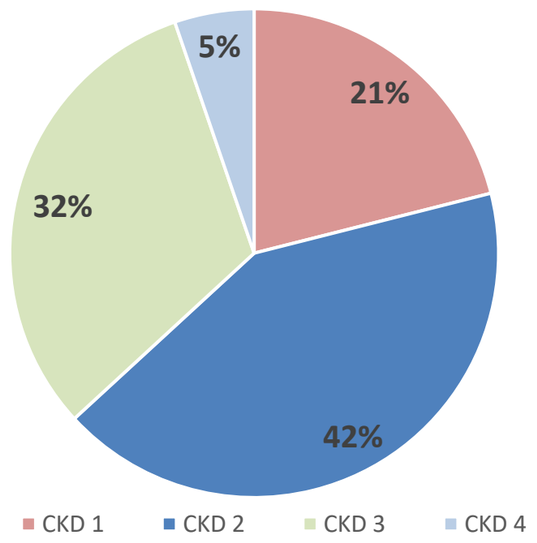
- 33 patients identified by search as being suitable for ACEi/ ARB initiation – 7 patients excluded due to contraindications.
- **19 patients initiated on ACEi/ARB (73%)**
- 7 patients declined ACEi/ ARB (27%)

SGLT2i:

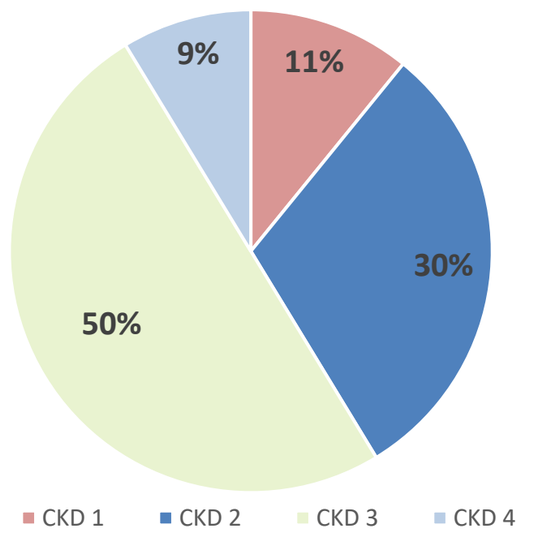
- 73 patients identified by search as being suitable for SGLT2i initiation – 9 patients excluded due to contraindications.
- **46 patients initiated on SGLT2i (72%)**
- 18 patients declined SGLT2i (28%)

3 patients were referred to the Virtual CKD clinic for further input.

Distribution of CKD Stages Among Patients Initiated On ACEi/ ARB (N = 19)



Distribution of CKD Stages Among Patients Initiated On SGLT2i (N = 46)



Sustaining the Change

- Continued utilisation of digital tools, such as the APL-Renal Tool, to aid provision of more inclusive care in CKD and reduce health inequalities.
- Monitor outcomes such as improvements in uACR and GFR stabilisation.
- Share education with clinicians on the latest guidance for optimising treatment in CKD, thus increasing prescribing confidence.
- Review practice process for monitoring and identifying patients for referral to the Virtual CKD clinic.
- Collaboration with secondary care renal clinic to further the impact of the project and improve clinical outcomes in CKD.

Learnings

- Important to identify patients at earlier stages of CKD, to provide patient education and optimise treatment for better outcomes. Many patients were unaware of their renal impairment.
- Manage patients with CKD holistically to ensure optimal control of comorbidities such as hypertension, diabetes, elevated cholesterol, to reduce disease progression and prevent cardiovascular disease.
- Relevance of patient demographics e.g. ethnicity to aid prescribing and collate data to highlight and address health inequalities.

Patient feedback

"Finding out I have kidney disease was frightening. I appreciated the pharmacist taking her time to explain the diagnosis & medicines in detail. I'm grateful my kidney disease is at an early stage. I feel well informed to take more control over it."

Stakeholder feedback

"It's been useful having an education session for clinicians on updates of the latest guidance. CKD has had detrimental effects on many of our patients. This is an important project to tackle a challenging condition, the outcomes of which may be significantly changed and managed with early intervention."

KEY: BP – Blood Pressure; CEG – Clinical Effectiveness Group; APL – Active Patient Link; ACEi - Angiotensin-Converting Enzyme inhibitors, SGLT2i - Sodium-Glucose Cotransporter-2 Inhibitors; uACR - Urine Albumin-Creatinine Ratio

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