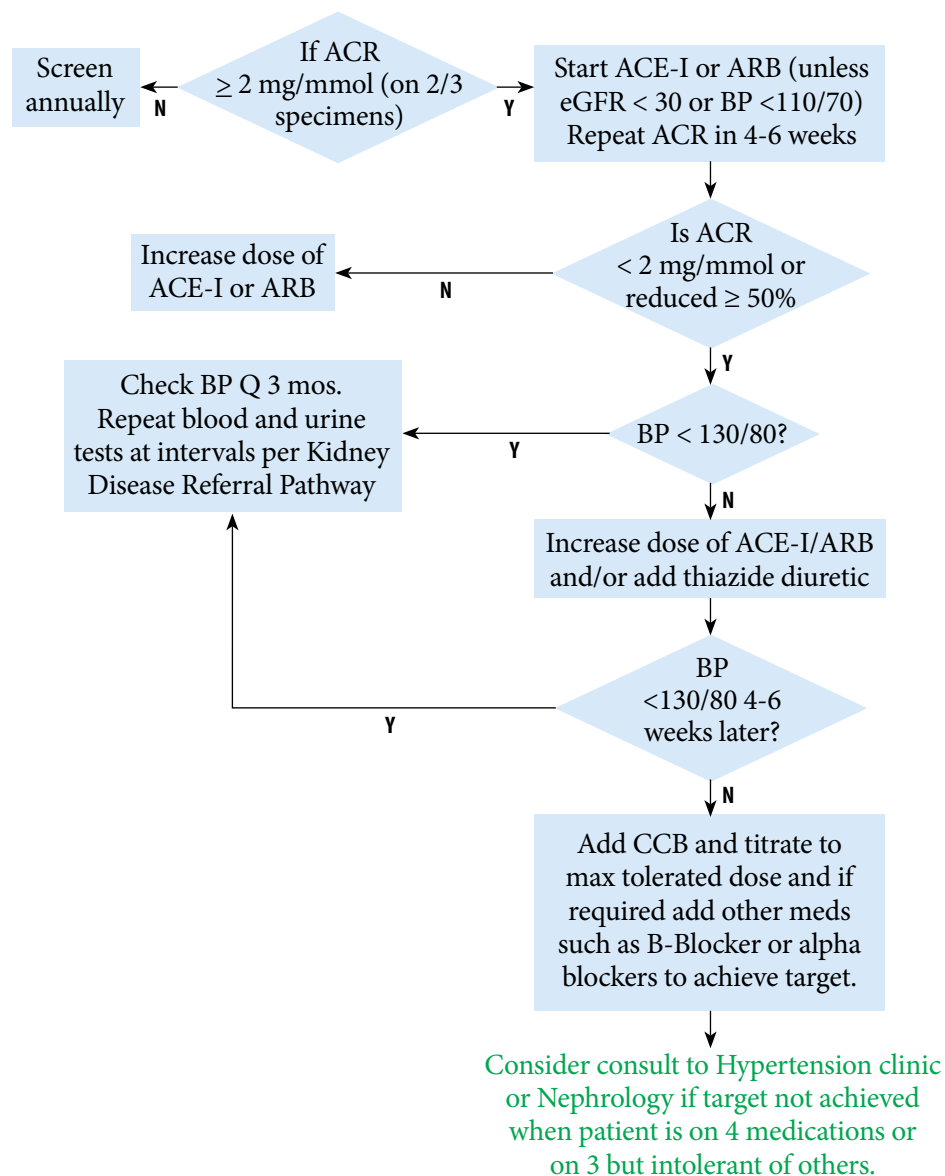


Diabetic Nephropathy Management Guidelines

Use concomitantly with Kidney Disease Referral Pathway



Guidelines for using ACE-I and ARB:

- ◆ ACE-I/ARB are absolutely contraindicated in pregnancy. Any pre-menopausal woman on and ACE-I/ARB should be on an appropriate contraceptive method.
- ◆ **Always check eGFR and serum K prior to and in 1-2 weeks of initiation or increasing dose of ACE-I/ARB.**
- ◆ Expect up to a 15% decrease in eGFR. If eGFR decreases repeat again in 1-2 weeks and if eGFR decrease is stable continue ACE-I/ARB; if not, repeat eGFR again in 1-2 weeks. If eGFR continues to decrease, STOP ACE-I/ARB.
- ◆ If serum K > 5 advise dietary K restriction.
- ◆ If serum K > 6 advise dietary K restriction +/- prescribe diuretic if tolerated, +/- prescribe K resin binder. If unsuccessful in lowering serum K to < 5.5, DECREASE OR STOP ACE-I/ARB,
- ◆ HOLD ACE-I/ARB if patient has severe vomiting/ diarrhea, or volume depletion

Interventions and Targets for Diabetic Nephropathy:

- ◆ Regular exercise program
- ◆ Weight loss if obesity
- ◆ Cessation of smoking
- ◆ Low Sodium Diet (Advise check food labels)
- ◆ Avoid NSAIDs & other nephrotoxins
- ◆ Target BP < 130/80
- ◆ Target HgbA1C < 7% (check Q 3 mos)
- ◆ Consider statin treatment
- ◆ Assess medications for potential contraindication in CKD
- ◆ Adjust medication dosing for level of eGFR
- ◆ Discontinue metformin for eGFR < 30. Use with caution or discontinue for eGFR < 60.
- ◆ Monitor glucose closely and consider stopping long acting sulfanylurea (eg glyburide) in patients with declining eGFR.

N.B. See 'Assessment of Proteinuria'

Disclaimer: MRP pathways and guidelines are not a substitute for the healthcare provider's clinical judgement in providing the most appropriate care to meet the unique needs of his/her patient.