

Updated classification of CKD

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In 2002, the Kidney Disease Outcomes Quality Initiative (KDOQI) group published a guideline on definition, classification and evaluation of chronic kidney disease (CKD). The guideline proposed uniform definitions of CKD together with a staging system and described issues related to measurement of kidney function. This publication revolutionized the concept and management of CKD, generating substantial research and controversy, stimulating discussion, and influencing public policy and laboratory practice. Since then, tremendous amount of data generated and following a decade of focused research and clinical practice in CKD had led to new insights which require reevaluation in the current era to provide the updating evidence for defining, diagnosing, staging and managing CKD. Therefore, the Kidney Disease: Improving Global Outcomes (KDIGO) 2012 Clinical Practice Guideline for the Evaluation and Management of CKD serves to update the 2002 KDOQI Clinical Practice Guidelines for CKD.

CKD is defined as abnormalities of kidney structure or function, present for more than 3 months, with implications for health. KDIGO recommend that CKD is classified based on cause, GFR category (GFR is estimated with the CKD-EPI equation and standardized serum creatinine), and albuminuria category (CGA), which is different to which included staging only by level of GFR. This is because a classification encompassing cause and severity, as expressed by the level of GFR and the level of albuminuria, links to risks of adverse outcomes including mortality and kidney outcomes. This recommended staging with inclusion of two additional domains represents a revision of the previous CKD guidelines. Cause of disease is included because of its fundamental importance in predicting the outcome of CKD and choice of cause-specific treatments. Albuminuria is included as an additional expression of severity of disease not only because it is a marker of the severity of injury but also because albuminuria itself strongly associates with progression of kidney disease. Numerous studies have identified the adverse prognostic implication of albuminuria irrespective of level of kidney function. Also, in specific circumstances, KDIGO suggests using additional tests (such as cystatin C or a clearance measurement) for confirmatory testing when eGFR based on serum creatinine is less accurate.

The updated classification of KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of CKD aims to provide state-of-the-art guidance on

the evaluation, management and treatment for all patients with CKD.