KDIGO

Comprehensive Treatment Approach

CKM DIALOGUES LIVE

LIFESTYLE

Healthy Diet

Physical Activity

Smoking Cessation

Weight Management

FIRST-LINE DRUG THERAPY

- **SGLT2i** (continue until dialysis or transplant)
- **RAS** inhibitor at maximum tolerated dose (if HTN)
- Moderate or high-intensity statin

TARGETED THERAPIES FOR COMPLICATIONS

- **GLP-1 RA** if needed to achieve individualized glycemic target
- **ns-MRA** in patients with diabetes and an indication for use
- Dihydropyridine CCB and/or diuretic if needed to achieve individualized BP target
  - Steroidal MRA if needed by resistant HTN if eGFR 245 mL/min/1.73 m^2
- ASCVD risk, lipids
  - Antiplatelet agent for clinical ASCVD
    - Ezetimibe, PCSK9i, if indicated based on ASCVD risk and lipids
      - Diagnose and manage ASCVD and atrial fibrillation similarly to those without CKD
  - Manage anemia, CKD-MBD, acidosis, and potassium abnormalities, where indicated

KEY
T2D only
T1D and T2D

ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure; CCB, calcium channel blocker; CKD, chronic kidney disease; CKD-MBD, Chronic kidney disease–mineral and bone disorder; GLP-1 RA, Glucagon-like peptide-1 receptor agonists; HTN, hypertension; ns-MRA, Non-steroidal mineralocorticoid receptor antagonists; PCSK9i, Proprotein convertase subtilisin/kexin type 9 inhibitor; RAS, renin-angiotensin system; SGLT2i, sodium-glucose cotransporter 2 inhibitors; T1D, type 1 diabetes, T2D, type 2 diabetes.

Kumar U, et al Cardiol Clin.2019;37(3):251-265.