SCOPE

1 Guideline title

Chronic kidney disease: early identification and management of adults with chronic kidney disease in primary and secondary care

1.1 Short title

Chronic kidney disease

2 Background

(a) The National Institute for Health and Clinical Excellence (‘NICE’ or ‘the Institute’) has commissioned the National Collaborating Centre for Chronic Conditions to develop a clinical guideline on chronic kidney disease for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.

(b) The Institute’s clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework. The NSF for Renal Services (2005) is of particular relevance to this guideline.

(c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, where appropriate) can make informed decisions about their care and treatment.
3 Clinical need for the guideline

a) Chronic kidney disease (CKD) implies some abnormality of kidney structure and/or function, may sometimes be progressive and is often long-term and irreversible. In an important minority of people, CKD will develop into established renal failure, necessitating treatment by dialysis and/or a kidney transplant (collectively known as renal replacement therapy, RRT) for continued survival. For a small minority of patients with significant associated comorbidity, conservative management (that is, all supportive treatment up to but not including RRT) may be more appropriate.

b) There is increasing evidence that if CKD is detected early, the complications associated with CKD and progression to established renal failure can be delayed or even prevented by appropriate interventions. Regular testing of high-risk groups (people with diabetes, hypertension, cardiovascular disease or known kidney disease, and the elderly) can give an early indication of renal damage, thus allowing the delivery of interventions at an early stage. However, the diagnosis is often delayed or missed because of a lack of specific symptoms until CKD is at an advanced stage.

c) The majority of people with CKD do not progress to end-stage renal failure, but they are at an increased risk of developing cardiovascular disease, and of hospitalisation and death. Factors associated with progression of CKD and with increased cardiovascular risk are similar and targeting of these risk factors may both reduce cardiovascular disease in patients with CKD and reduce progression of CKD to end-stage renal failure.

d) The most recent Renal Registry Report (2005) shows that in 2004 the number of patients in England receiving RRT was estimated as more than 30,700 (620 per million population) 45% of whom have a functioning kidney transplant. Since 2000 there has been a 22% increase in the number of patients receiving RRT (an average increase
of 4.9% every year). Despite a wealth of literature detailing the increased hospitalisation, cost and mortality associated with late referral of patients with advanced CKD to a nephrology service, late referral from both primary and secondary care is still at least as high as 30%. Late referral also precludes adequate assessment and preparation of the small minority of patients for whom conservative management is more appropriate.

e) Treatment with dialysis or kidney transplantation is very expensive; more than 2% of the total NHS budget is spent on RRT. Significant costs and poor clinical outcomes are associated with the late referral of patients with end-stage renal failure needing RRT. Therefore, identification of patients at earlier stages of CKD, appropriate management and earlier referral of those who would benefit from specialist renal services would lead to an increase in both economic and clinical effectiveness.

4 The guideline

a) The guideline development process is described in detail in two publications that are available from the NICE website (see ‘Further information’). ‘The guideline development process: an overview for stakeholders, the public and the NHS’ describes how organisations can become involved in the development of a guideline. ‘The guidelines manual’ provides advice on the technical aspects of guideline development.

b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health (see appendix).

c) The areas that will be addressed by the guideline are described in the following sections.
4.1 Population

4.1.1 Groups that will be covered

a) People with a diagnosis of CKD resulting from a variety of causes including:

- diabetes
- hypertension
- glomerulonephritis
- renovascular disease
- genetic causes
- obstructive uropathy
- drug-induced renal disease.

4.1.2 Groups that will not be covered

a) Children younger than 16 years old.

b) People receiving RRT (management of end-stage renal failure by dialysis or kidney transplant).

c) People with acute kidney injury and rapidly progressive glomerulonephritis.

d) People with anaemia and chronic kidney disease. This has been covered in detail in a separate NICE guideline (‘Anaemia management in chronic kidney disease’, expected date of publication September 2006).

e) Women with CKD who are pregnant.

4.2 Healthcare setting

a) Primary and secondary NHS healthcare, including referral to tertiary care.
4.3 **Clinical management**

The guideline will cover:

a) Early detection/identification of patients with CKD (including diagnostic tests).

b) Management of chronic kidney disease. This will include management of:

- hypertension and lipids (relating specifically to CKD)
- proteinuria
- progressive kidney disease
- renal bone disease
- acidosis
- hyperuricaemia

and will incorporate:

- the utility of specific pharmacological interventions in preventing progression of CKD
- non-pharmacological interventions (such as dietary intervention, smoking cessation and exercise) in preventing progression of CKD.

And will encompass:

- monitoring of CKD
- special conditions, such as diabetes.

c) Timely referral to specialist services such as specialist nephrology services (including criteria for referral).

d) Models of and tools for community management of CKD.

e) Support for patients in managing CKD through the provision of information, advice and education.

The guideline will not cover:
f) The treatment of each of the specific causes of CKD, such as glomerular and tubulointerstitial disease or nephrotic syndrome.

4.4 Status

4.4.1 Scope

This is the consultation draft of the scope. The consultation period is 30 August to 27 September 2006.

The guideline will incorporate the following NICE guidance.


The guideline will cross-refer where appropriate to the following NICE guidance.

- ‘Osteoporosis: assessment of fracture risk and the prevention of osteoporotic fractures in individuals at high risk’. NICE clinical guideline. Publication date to be confirmed.
4.4.2 Guideline

The development of the guideline recommendations will begin in October 2006.

5 Further information

Information on the guideline development process is provided in:

- ‘The guideline development process: an overview for stakeholders, the public and the NHS’
- ‘The guidelines manual’.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesprocess). Information on the progress of the guideline will also be available from the website.
Appendix – Referral from the Department of Health

The Department of Health asked the Institute to develop a guideline:

‘To prepare a clinical guideline for the NHS in England on the early identification, early management and timely referral of adult patients with chronic kidney disease in primary and secondary care.’