



Kidney conditions: CKD - ACEi and ARB

NICE indicator

Published: 21 August 2023

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Indicator

The percentage of patients on the CKD register and with an albumin to creatinine ratio (ACR) of 70 mg/mmol or more, without diabetes, who are currently treated with an ARB or an ACE inhibitor.

Indicator type

General practice indicator for use outside the Quality and Outcomes Framework (QOF). Assessment of available data during development and testing showed less than 5 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Chronic kidney disease (CKD) is a long-term condition characterised by abnormal function or structure (or both) and is an important public health problem associated with significant morbidity, premature mortality and high healthcare costs. Management of CKD aims to prevent or delay disease progression and the development of complications. Treatment with renin-angiotensin system antagonists such as ACE inhibitors or angiotensin II receptor blockers (ARB) for people with CKD can prevent or delay the progression of CKD, reduce or prevent the development of complications and reduce the risk of cardiovascular disease. People with diabetes have been excluded from the indicator. People with diabetes and with a diagnosis of nephropathy or microalbuminuria are included in NICE menu indicator IND134 on treatment with an ACE inhibitor or ARB.

Source guidance

[Chronic kidney disease: assessment and management. NICE guideline NG203 \(2021\), recommendation 1.6.11](#)

Specification

Numerator: The number of patients in the denominator who are currently treated with an ARB or an ACE inhibitor.

Denominator: The number of patients on the CKD register and with an ACR of 70 mg/mmol or more, without diabetes.

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions:

- Current treatment is defined as a prescription in the last 6 months of the reporting period.
- The CKD register includes patients aged 18 and over with CKD stages G3a to G5.
- The last recorded reading of ACR should be used for inclusion in the denominator.

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if prescription of ARBs or ACE inhibitors are not appropriate.

Expected population size: CPRD Aurum data (March 2022; on file, approved study protocol 23_002668) shows that less than 0.1% of people in England are on the CKD register and with an albumin to creatinine ratio (ACR) of 70 mg/mmol or more, without diabetes: less than 5 patients for an average practice with 10,000 patients. There is no minimum number of patients required for general practice indicators intended for use outside the QOF. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

Note on data from CPRD Aurum: This study is based in part on data from the Clinical Practice Research Datalink obtained under licence from the UK Medicines and Healthcare products Regulatory Agency. The data is provided by patients and collected by the NHS as part of their care and support. The interpretation and conclusions contained in this study are those of the authors alone.

ISBN: 978-1-4731-5798-9