### Date: 23-Aug-19

Dr

Fax:

Re:

As you know we have been following up your patient with Chronic Kidney Disease (CKD) on our Virtual Medical Consultation (VMC) programme. Your patient has completed at least a year of follow up on VMC.

Your patient has been found to have stable renal function with a low risk of progression to renal failure which will require dialysis and or transplantation. In light of this we are discharging them back to your care. Of course patients with any CKD remain at risk of cardiovascular disease (CVD) and also progressing to a more concerning level of CKD. Managing chronic disease like diabetes and hypertension remain important to reduce CVD risk and CKD progression.

As a general guide for patients with Chronic Kidney Disease (CKD) we use the **Kidney Failure Risk Equation (KFRE)\* to appropriately risk stratify these consults. (Link:** <http://www.qxmd.com/calculate-online/nephrology/kidney-failure-risk-equation>**),** as eGFR<30ml/min and uACR>30mg/mmol are not accurate predictors of renal function decline or severity of disease.

Upon review of the patient’s clinical demographics and laboratory characteristics, the overall risks for kidney failure for your patient were **0.% at 2 yrs. and 0.% at 5 yrs**. Risks below 10% are low and a 5 year risk <3% does not require renal specialist follow up. As a result, nephrology referral and tracking may not be indicated at the present time. A useful guideline for prevention of progression of kidney disease is <https://kidney.org.au/health-professionals/prevent/chronic-kidney-disease-management-handbook>.

In your patient we advise an annual Kidney Health Check – urine albumin to creatinine ratio, eGFR estimation by checking a UEC and blood pressure check.

These guidelines in general target the following:

1. Blood pressure target of <130/80 mmHg.
2. Hb A1C target of < 7% for patients with diabetes.

Should you have additional concerns or if there is a precipitous drop in GFR or substantive rise in proteinuria measured by a urine albumin to creatinine ratio (urine ACR), or difficulty controlling risk factors e.g. hypertension then please forward a new consult to the St George Renal Department or contact me directly.

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