

## CKD SCRIPT

PAMM (Patient Advocate Medical Manager):

Hello Joe. I am PAMM, your patient advocate medical manager. Your primary care doctor has asked me to accompany you on your visit to see Dr. Kidney because you have chronic kidney disease (CKD).

JOE:

Hi, Pamm. Do I have a kidney problem? Oh my, does that mean I am going to end up on dialysis?

PAMM:

Let's go see Dr. Kidney and we will sort out your chronic kidney disease.

DR. KIDNEY:

Hello, Joe. I am Dr. Kidney. Your PCP has referred you to me because he has detected chronic kidney disease, which we call CKD.

JOE:

I feel fine and I have no trouble peeing so how can I have a kidney problem?

DR. KIDNEY:

Well, a normal person has two kidneys located on either side of the spine. The heart continuously pumps blood to the kidneys, which then filters and cleans the blood. The clean blood is then returned back into the body's general circulation, the waste removed by the kidneys becomes urine, which flows to the bladder through straw like tubes and then expelled out of the body by the bladder.

PAMM:

Joe, the kidneys also regulate the minerals and fluid status of the entire body.

JOE:

Like I said Doctor, I have no problems peeing and my urine looks nice and yellow, how can I have CKD?

DR. KIDNEY:

Unfortunately, most patients with CKD are unaware of it because symptoms do not become noticeable until the two kidneys' combined function is severely impaired, down to less than 15%. Therefore CKD is most often a silent disease detected by routine blood work.

JOE:

It is scary to think that someone could have CKD and be totally unaware of it ... like me.

PAMM:

This problem is a health care crisis because it affects over 25 million people in the US.

DR. KIDNEY:

That's correct. We now have an epidemic of CKD. 1 out of every 2 people over age of 70 have it.

JOE:

Why are there so many people with CKD?

DR. KIDNEY:

There are a variety of reasons, but the main factors include an aging population, and a growth of the number of people with diabetes and hypertension.

PAMM:

Can you explain more about what happens to kidney function as we age?

DR. KIDNEY:

Once a person reaches the age of 50, the kidneys begin to wear down very gradually. Imagine a healthy person whose kidney function is represented by a 100-step staircase. Each year after age 50, the person takes one step down, losing 1% of their kidney function. So an average, healthy 70-year-old would have a kidney function of approximately 80% and would be standing on step number 80.

PAMM:

Many patients who have chronic medical problems, like diabetes and/or hypertension, have weakened kidney function well before they reach age 50 and wouldn't start at the top of the 100-step staircase.

DR. KIDNEY:

Correct. To make matters worse, these are the same patients who often have a much faster rate of kidney weakening and can lose 5-10% of kidney function per year.  
*(animation shows patient going down 5-10 stairs per year)*

PAMM:

Dr. Kidney, can you explain to Joe at what point a person with CKD needs to begin becoming concerned with needing dialysis?

DR. KIDNEY:

Sure. When a patient's combined kidney function is below 20%, we need to begin preparing them for what we call kidney replacement therapy. *(animation of staircase reflecting time at which we begin preparing patient.)* The patient will need to understand that in order to survive and not die from kidney failure, he/she will most likely need to eventually go on either dialysis or receive a kidney transplant. Dialysis is often referred to as an artificial kidney as it allows us to clean the blood and regulate the fluids and minerals.

JOE:

At what point does a person with CKD need to go on dialysis?

DR. KIDNEY:

In most cases, when their kidney function is at 10% or below.

JOE:

Now I understand how the normal kidney ages after age 50, but I still do not understand exactly what it means to have CKD.

PAMM:

Dr. Kidney, can you explain how we actually measure kidney function, as this will help Joe to understand what CKD is?

DR. KIDNEY:

Of course I can, PAMM. When your doctor sends you to the lab to get general blood tests, they almost always order a kidney panel. This panel will include blood levels of creatinine and BUN. Those are waste products that are continuously created by cells, tissues and organs as a byproduct of their normal metabolism. The test results reflect how well or poorly the kidneys are filtering out these waste products.

PAMM:

So Joe the higher the levels of BUN and creatinine, the weaker the kidney function is.

JOE:

OK, Doctor, but how does this help me know at what percent my kidneys are working?

PAMM:

It is now standard practice for all labs to report a person's eGFR whenever they perform a kidney panel. The eGFR is automatically calculated by using the BUN and creatinine results. The eGFR can be thought of as a person's percent kidney function.

DR. KIDNEY:

Very good, PAMM. The eGFR stands for estimated glomerular filtration rate and is simpler for patients to see it as an estimate of their percent kidney function. If the number is less than 60%, that patient has CKD. The higher the creatinine and BUN counts, the dirtier the blood, the lower the kidney function is.

JOE:

Dr. Kidney, why do I have CKD?

DR. KIDNEY:

That is an excellent question and will require a comprehensive evaluation. This includes a list of all your chronic medical problems, a family medical history, a list of all your current medications, a detailed physical exam, and laboratory testing of blood and urine, and in most cases, a kidney ultrasound. With all this information, we will be in a better position to make a diagnosis as to the cause of your CKD.

JOE:

Are there medications that can cure my CKD ?

DR. KIDNEY:

Unfortunately the answer is No. There are currently no drugs that make the kidney stronger. Instead, our goal is to create a Kidney Care Team for our patients, which does everything it can to slow the progression of CKD. This involves attention to modifiable risk factors, like strict blood sugar and blood pressure control, a low salt diet and weight loss for many patients. If untreated, these things can accelerate the rate of kidney function loss. Avoidance of certain meds that can be harmful to the kidneys is also very important.

PAMM:

Especially pain meds called nonsteroidal anti-inflammatories which are available both as prescription and over the counter. They MUST be avoided in all CKD patients because of their high risk of damaging the kidneys. The names of some of these NSAIDS are: ALEVE, motrin, ibuprofen, Naprosyn and Celebrex.

JOE:

I am feeling overwhelmed by all this information and the things I have to do.

DR. KIDNEY:

We understand that having CKD can feel overwhelming. We are here to help you to cope with this problem and do everything we can to keep it from getting worse. As part of our Kidney Care Team, we have a dietician, a nurse educator, and a social worker that all work with you and your doctors to create an individualized treatment strategy.

PAMM:

Dr. Kidney, you have done a great job in educating us about CKD. Every patient with CKD should be educated such that working with their kidney doctor they can answer these 3 questions:

At what percent are my kidneys working?

What caused my kidneys to get weak?

What can my Kidney Care Team and I do to slow the progression of my CKD?

JOE:

Thank you, Dr. Kidney and PAMM. I have a much better understanding of CKD and I am now ready to go through my comprehensive evaluation concerning my CKD. I am comforted by the fact that I will have a Kidney Care Team working with me to do everything possible to slow the progression of my CKD.