The Physician Learning Program and the Office of Lifelong Learning

Beyond Blood Sugar: Improving Kidney and Lipid Care in Diabetes
Pearls For Practice

Team Up for Health: Integrating Diabetes and Kidney Care

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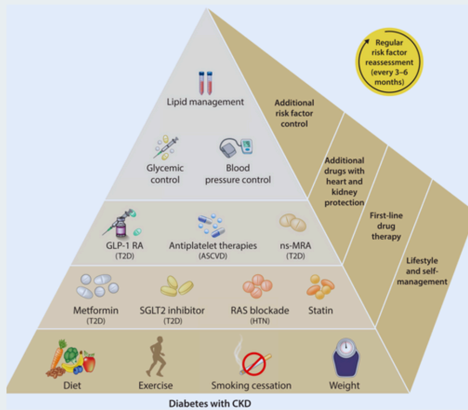
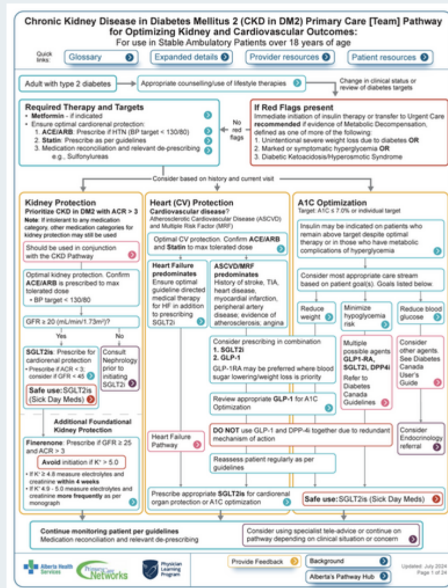
Key Messages:

- Adults with diabetes and CKD have substantial kidney and heart risk despite therapy with ACEi / ARB
- Healthy lifestyle measures remain foundational to reducing kidney and heart risk in diabetes.
- ACEi/ARB, SGLT2i, finerenone, and semaglutide are medications with kidney and heart benefits in adults with diabetes and CKD.
- The Diabetes Canada CKD guidelines (forthcoming in early 2025) and the Alberta CKD in Diabetes Mellitus Type 2 (CKD DM2) clinical pathway (pending update for semaglutide in late 2025) offer guidance and practical prescribing and monitoring information.
- Monitoring of potassium (finerenone) is important; otherwise, we can expect and tolerate an eGFR dip < 20-30%
- Tailor medications to the individual: Consider deprescribing or dose adjustments (e.g.: sulfonylureas, insulin, DPP4i, other medications), including review of appropriate dosing with lower eGFR.
- Consider referral to a kidney specialist - per Alberta general CKD Pathway (www.ckdpathway.ca).
- Monitoring quality of kidney care in your practice may be an accessible CPSA quality improvement project!

KDIGO pyramid of care.
Patients should be treated with a comprehensive strategy to reduce the risks of kidney disease progression and CV disease



The **CKD in Diabetes Mellitus 2 (CKD in DM2) Primary Care Team Pathway** provides guidance for guideline concordant therapy for kidney and heart disease risk reduction.



The **Diabetes Canada ABCDESS** resource can provide an actionable care plan for teams and patients

My Diabetes Vital Signs: ABCDESSS	Current Status		
A 1C 7% or less or personalized target of ______ %			
B lood pressure less than 130/80 mmHG			
C holesterol (LDL) less than 2.0 mmol/L			
D rugs for decreasing heart disease risk (if applicable)	Prescribed	Taking	Recommended
• ACEi/ARB:	☐	☐	☐
• Statin:	☐	☐	☐
• ASA:	☐	☐	☐
• SGLT2i or GLP1ra:	☐	☐	☐
E xercise goals and healthy eating			
S elf-management support • Set a personalized goal • Identify barriers to achieving goals (pain, stress, mental health, financial and/or other concerns)			
S creening or monitoring for complications	Date last completed		Overdue
• Heart: ECG every 3-5 years if required	______		☐
• Foot: Yearly exam or more if required	______		☐
• Kidney: Yearly blood/urine tests or more if required	______		☐
• Eye: Yearly exam or more if required	______		☐
S moking cessation (if applicable)			

Join NAPCReN (Northern Alberta Primary Care Research Network) to learn more about how you can contribute to primary care research in a meaningful way.

Consider using **MyL3Plan**, a free online tool developed by the Office of LIfelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits. by completing the following cycles:

- Practice-driven quality improvement using objective data (CQI)
- Personal Development (PD
- Standards of Practice Quality Improvement (SOP).

Learn more here!

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