

Type 2 Diabetics miss out on a recommended annual kidney test which can signal irreversible damage that may lead to fatal complications, survey reveals

Submitted by: Clark Health Communications

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- The urine test, which identifies early markers of kidney damage, is not routinely carried out by GPs and nurses in annual reviews, mainly because many patients are reluctant to provide a urine sample(1)

CAMBRIDGE, UK: 24.02.20 – A new UK-wide survey, conducted by Napp Pharmaceuticals, suggests that over half (54%, n=403) of GPs and nurses who treat patients with type 2 diabetes (T2D) do not carry out a vital routine test annually, which is used to identify early markers of kidney damage.(1,2) The Urine Albumin-to-Creatinine Ratio (UACR) test is used to detect protein in the urine, signalling kidney damage which can lead to fatal complications.(2) According to survey respondents, the UACR test, which is recommended by UK guidelines for diabetes management (NICE and SIGN),(3,4) is not being administered annually to all patients as it should be because many patients are unwilling to provide a urine sample (38%, most frequent reason given by healthcare professionals [HCPs]).(1)

Chronic kidney disease (CKD), the progressive and irreversible destruction of the kidneys, has far reaching effects on the body, particularly the heart.(5) Kidney function naturally declines with age, however this decline is accelerated in 1.9 million patients who also live with T2D in the UK.(6,7) In these patients, any kidney damage results in a 23% increased likelihood of death over 10 years, compared to only 12% for T2D alone.(6) Early identification of kidney damage, as identified through the vital UACR test, can help provide a 'window of opportunity', where rate of damage can be slowed or even halted with the right treatment and lifestyle changes.

Diagnosis, prevention and slowing the rate of decline in kidney disease is critical to the successful management of the known co-morbidities in T2D. It is also an important factor in reducing the strain on services used to manage T2D. Diabetes is estimated to cost the NHS GBP14 billion per year,(8) and over 80% of those costs are the result of managing complications of the disease, including those associated with the kidney and the heart.(9) Routine kidney function testing is an important way of identifying those people who are at risk of disease progression.(10)

Dr Kevin Fernando, GP with Specialist Interests in Diabetes & Medical Education, North Berwick Health Centre said: "The kidneys are often overlooked in favour of the heart in the treatment of T2D. However, if you protect the kidneys, you can help protect the heart. Any sign of accelerated kidney damage, no matter how early, multiplies the risk of death. By making a small change to clinical practice to routinely measure kidney function and motivate patients to provide samples, doctors and nurses have an opportunity to spot damage early and positively intervene in those patients who are identified as being at risk."

According to the HCPs surveyed, the most frequent reason given for not conducting the UACR test is that patients are unwilling to provide a urine sample.(1) This may be because patients are unaware of the impact of kidney damage on their health, as the vast majority of patients do not ask about it in their annual diabetes review.(1)

Awareness and action on kidney damage are a partnership between the healthcare professional and patients. Despite 79% of HCPs surveyed admitting that they knew the UACR test should be used as best practice, 75% underestimated the impact of kidney disease on cardiovascular mortality.(1) Once they were told the level of risk, 85% responded that their colleagues would be more likely to conduct kidney function testing if they were aware of the true increase in risk of death.(1)

A spokesperson from the National Kidney Federation said: “Effective diabetes management means more than just blood sugar control. So many patients and doctors are unaware that kidney damage is occurring and just how serious it can be for someone with diabetes. If patients knew the true impact of kidney disease, they may be more willing to provide a urine sample to help prevent further decline. We call on patients to learn about their health and for doctors and nurses to take the time to explain that by giving a urine sample we can identify any kidney disease, to monitor its progression and predict future health.”

Dr Aisling McMahon, Executive Director for Research, Innovation & Policy at Kidney Research UK said: “These survey results are sadly unsurprising, indeed they bear out findings from our own research among people with diabetes. Large numbers of people within this patient group are unaware that they are at increased risk of developing kidney problems, and how life-limiting those kidney problems can become. Having a simple urine test can help diagnose kidney problems early, and treatment and adjustments to lifestyle can make an enormous difference.”

The survey, commissioned by Napp Pharmaceuticals, was conducted online via the physician network, SERMO during October and November 2019. Only UK Practice nurses and GPs who confirmed they were actively involved in the management of patients with T2D were able to participate.

Anyone who wants to know if they are likely to be at risk of developing kidney problems can take Kidney Research UK’s quick online health check: <https://kidneyresearchuk.org/kidneyhealthcheck/>

-ENDS-

Notes to editors:

About the kidneys(11)

The kidneys fulfil an important regulatory role in the human body. Humans have two kidneys that filter blood to regulate the salts and minerals in it at the same time as producing urine, enabling the body to get rid of metabolic waste and water it doesn’t need. The kidneys also help to control blood pressure, keep bones healthy and make new red blood cells. The kidneys are vital organs for maintaining an individual’s health and if kidneys become damaged there can be serious complications.

About the UACR test(2)

The UACR test is conducted via urinalysis and measures the level of albumin (a protein) excreted in the urine (albuminuria). Healthy individuals excrete very small amounts of protein in their urine, or less than 3mg/mmol. When kidney damage occurs, the level of albuminuria increases. Moderately increased albuminuria is classified as >3mg/mmol - 30mg/mmol.

About the survey(1)

The online survey was conducted during October and November 2019, through the physician network, SERMO. The survey was eligible to UK HCPs working in primary care who are actively involved in the management of patients with type 2 diabetes mellitus. Both practice nurses and GPs were eligible to participate. Five hundred and one HCPs started the survey, 95 of whom were ineligible to participate at initial screening, and three who did not complete the survey. All 403 HCPs who completed the survey were included in the results, 68% of whom were GPs, and 32% nurses.

About type 2 diabetes

Type 2 diabetes is a metabolic defect resulting in high levels of sugar (glucose) in the blood.(12) Type 2 diabetes is one of the most common long-term health conditions in the UK and typically occurs in older and overweight patients, though it is now being seen in ever-younger patients.(12,13) It is caused by a combination of sedentary lifestyle, unhealthy diet and/or genetic factors.(12,13) A number of factors can increase the risk of developing T2D, including obesity.(12,13) Obesity, specifically excess abdominal fat, can make the body less sensitive to insulin, causing a resistance by disrupting the function of insulin responsive cells and therefore the cells' ability to respond to insulin, leading to higher blood sugar levels (hyperglycaemia).(12,13)

If not well controlled, T2D can lead to long-term complications such as; heart disease, stroke, kidney damage (nephropathy), eye disease (retinopathy) and peripheral nerve damage (neuropathy).(13,14)

About Napp Pharmaceuticals Ltd

Napp Pharmaceuticals Limited is a UK pharmaceutical company established in the 1920's and based in the heart of the Cambridge science community. Focused principally in the areas of diabetes, respiratory, cancer, arthritis and gastroenterology, we have worked side- by-side with the NHS since its inception. As the UK healthcare environment has evolved, so has Napp, ensuring we have the right expertise to mirror what the NHS needs from us, understanding NHS priorities and what influences and drives decision-making.

We are part of a worldwide network of independent companies, which gives us the flexibility to make locally driven decisions quickly. We have developed our working practices to ensure we can be agile, and act fast and efficiently, in order to help our partners deliver sustainable healthcare solutions that ultimately improve patient outcomes. We aim to bring value-added medicines to the NHS by building effective partnerships. This is innate in the way we work because we are a partnership-based organisation, placing it at the heart of everything we do and every relationship, from our wholesale distributors to NHS decision-makers.

We are extremely proud of our heritage in partnership working, which is centred around building and developing mutually beneficial, enduring partnerships that are open and based on respect – this is how we have built our reputation as a partner of choice.

For more information please contact or visit:

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