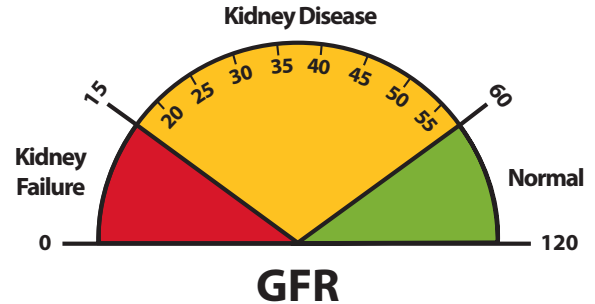


# How well are your kidneys working?

## Explaining Your Kidney Test Results

Your GFR result on \_\_\_\_\_ was \_\_\_\_\_.  
Date

- A GFR of 60 or higher is in the normal range.
- A GFR below 60 may mean kidney disease.
- A GFR of 15 or lower may mean kidney failure.



### What is GFR?

GFR stands for glomerular filtration rate. GFR is a measure of how well your kidneys filter blood.

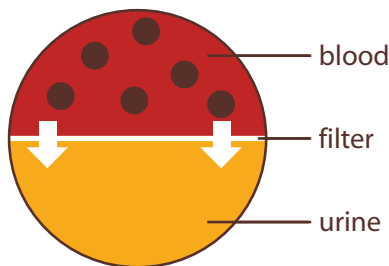
Your urine albumin result on \_\_\_\_\_ was \_\_\_\_\_.  
Date

- A urine albumin result below 30 is normal.
- A urine albumin result above 30 may mean kidney disease.

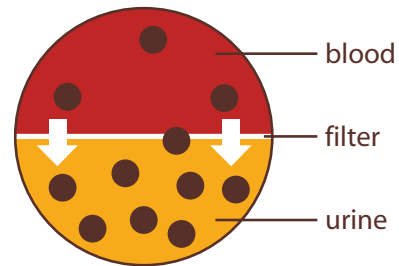
### What is urine albumin?

Albumin is a protein found in the blood. A healthy kidney does not let albumin pass into the urine. A damaged kidney lets some albumin pass into the urine. The less albumin in your urine, the better.

**Inside a healthy kidney**



**Inside a damaged kidney**



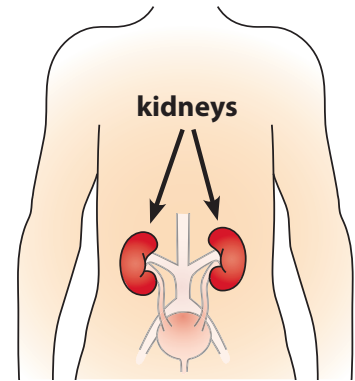
 albumin

Your blood pressure result on \_\_\_\_\_ was \_\_\_\_\_.  
Date

Controlling your blood pressure may help to protect your kidneys.

## What your kidneys do

You have two kidneys. Their main job is to filter wastes and extra water out of your blood to make urine.



## How your kidneys are checked

Two tests are used to check for kidney disease.

- A blood test checks your GFR, which tells how well your kidneys are filtering.
- A urine test checks for albumin in your urine, a sign of kidney damage.

## Why your kidneys are being checked

You need to have your kidneys checked because you can't feel kidney disease. Kidney tests are very important for people who have diabetes, high blood pressure, or heart disease. These conditions can hurt your kidneys.

## What happens if you have kidney disease

Kidney disease can be treated. The sooner you know you have kidney disease, the sooner you can get treatment to help delay or prevent kidney failure. Treating kidney disease may also help prevent heart disease.

Treatment goals are to:

- Keep your GFR from going down
- Lower your urine albumin

### No matter what your results are:

- Keep your blood pressure, blood glucose, and blood cholesterol in your target range.
- Choose foods that are healthy for your heart and cut back on salt.
- Be more physically active.
- If you smoke, take steps to quit.
- Take medicines the way your provider tells you to.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For more information, visit [www.nkdep.nih.gov](http://www.nkdep.nih.gov) or call 1-866-4 KIDNEY (1-866-454-3639). The National Kidney Disease Education Program (NKDEP) is an initiative of the National Institutes of Health (NIH).



U.S. Department of Health  
and Human Services  
National Institutes of Health

# For Providers

## Educating Patients About Chronic Kidney Disease

### Four Key Concepts and Talking Points

#### **1** Talk to patients about their kidneys, CKD, and their risk.

**What is CKD?** CKD (chronic kidney disease) means the kidneys are damaged and may no longer filter blood well. This damage happens over many years. As more damage occurs, the kidneys are unable to keep the body healthy—then dialysis or a kidney transplant may be needed to maintain health.

**How can I lower my risk for CKD?** The steps you take to manage your diabetes and high blood pressure also help protect your kidneys. Choosing healthy foods, quitting smoking, and being more physically active are all important steps.

#### **2** Communicate the importance of testing and how CKD is diagnosed.

**What are the symptoms of CKD?** Most people with CKD have no symptoms until their kidneys are about to fail. The only way to know if you have kidney disease is to get tested. The sooner kidney disease is found, the sooner you can take steps to begin treatment and keep your kidneys healthier longer.

**How do you check for CKD?** A blood test and a urine test are used to find kidney disease. Because you are at risk, you should get these tests regularly:

**GFR**—A blood test measures how much blood your kidneys filter each minute, which is known as your glomerular filtration rate (GFR).

**Urine Albumin**—A urine test checks for albumin in your urine. Albumin is a protein that can pass into the urine when the filters in the kidneys are damaged.

#### **3** Explain the progressive nature of CKD and the basics of treatment.

**Can CKD get better?** CKD usually will not get better and is likely to get worse. Treatment helps slow kidney disease and keep the kidneys healthier longer.

**How is CKD treated?** Treatment includes keeping blood pressure at the level set by your provider, eating foods with less salt and the right amount of protein, and controlling blood sugar if you have diabetes.

**Are there medications for CKD?** People with CKD often take medicines to lower blood pressure, control blood sugar, and lower blood cholesterol. Two types of blood pressure medications—ACE inhibitors and ARBs—can slow CKD and delay kidney failure, even in people who do not have high blood pressure.

#### **4** Begin to speak about dialysis and transplantation.

**Will I ever need dialysis?** With proper management, you may never need dialysis or, at least, not for a very long time. But if your kidneys fail, we will need to choose a treatment that can replace the job of your kidneys to maintain health. There are two types of dialysis—one is done at home daily and the other is done in a dialysis center three times a week.

**Is kidney transplant an option?** You may be able to receive a kidney transplant. The donated kidney can come from an anonymous donor who has recently died or from a living person. A kidney transplant is a treatment—not a cure.

For a more detailed version of these talking points or to order this tear-off pad, visit [www.nkdep.nih.gov/resources](http://www.nkdep.nih.gov/resources) or call 1-866-4 KIDNEY (1-866-454-3639). The National Kidney Disease Education Program is an initiative of the National Institutes of Health (NIH).

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