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NKF-KDOQI DIABETES GUIDELINE UPDATE SAYS: FOR SOME PATIENTS, LESS IS MORE

New York, NY (October 30, 2012) – More aggressive glycemic control that was once recommended is not appropriate for all patients, according to the new *Update of the National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF-KDOQI) Clinical Practice Guideline for Diabetes and Chronic Kidney Disease*.

These findings prompted a more conservative target for HbA_{1c} to be included in KDOQI's update and the new recommendations outline the enhanced risk of hypoglycemia in many patients with diabetes and chronic kidney disease (CKD). "The 2012 update primarily refines the previous guideline and we believe it carries a critical message – more is not always better," said KDOQI guideline Co-Chair, Dr. Katherine Tuttle, Medical and Scientific Director of Research at Providence Medical Research Center in Spokane, Washington.

In light of new data from several clinical trials since 2007, NKF commissioned a systematic review to ensure that practitioners and patients benefit from the latest medical knowledge. The update focuses on the management of hyperglycemia, as well as lipids, and albuminuria in CKD patients at risk for or who already have diabetic kidney disease (DKD).

"The emphasis on DKD prevention is reinforced by substantial high quality evidence demonstrating long-term benefits of healthy lifestyle changes to reduce risk of type 2 diabetes," said Dr. Robert Nelson, NKF

KDOQI guideline Co-Chair and Staff Clinician at the National Institute of Diabetes and Digestive and Kidney Diseases.

The update's key recommendations include:

- Higher glycemic targets are recommended for patients at risk of hypoglycemia, co-morbidities or limited life expectancy.
- A target hemoglobin A_{1c} (HbA_{1c}) of approximately 7.0% to prevent or delay progression of the microvascular complications of diabetes, including DKD.
- Lipid-lowering treatment with statins is suggested for patients with diabetes and CKD, including kidney transplant recipients.
- Withholding statin treatment initiation in dialysis patients is suggested.
- Treatment of normotensive patients with diabetes and elevated levels of albuminuria by ACE inhibitors or ARB should be considered.
- Statin combination therapy reduces the risk of CVD events.

“Ultimately, the goal is to deliver optimal care that improves and prolongs the lives of people with diabetes and CKD. The 2012 update refines our approach on the best way to do that,” said Dr. Nelson.

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About the KDOQI Guideline Work Group

The *Update of the KDOQI Clinical Practice Guidelines for Diabetes and CKD Disease* is the product of two years of structured review of the published evidence and the knowledge and dedication of nine volunteer experts in nephrology, endocrinology, epidemiology, nutrition, cardiology, and internal medicine. As with all KDOQI Guidelines, the document was widely distributed for a public/ peer review prior to finalizing. Since the care of DKD requires collaboration across disciplines, NKF will engage these stakeholder groups to promoting the importance of recognition, detection, and optimal management to reduce the risks of this devastating complication of diabetes.

About KDOQI Leadership

With the guidance of KDOQI Chair, Michael Rocco, MD of Wake Forest University in North Carolina, KDOQI 's projects are directed by four vice chairs: Jeffrey Berns MD, of the University Of Pennsylvania School Of Medicine, is vice chair of guidelines and commentaries, Holly Kramer MD, of Loyola University School of Medicine, is vice chair for research, and KDOQI Education Chair, Michael J. Choi MD, of Johns Hopkins University School of Medicine

About KDOQI

KDOQI™ provides evidence-based clinical practice guidelines developed by volunteer physicians and health care providers for all stages of chronic kidney disease and related complications, from diagnosis to monitoring and management.

For more information, please visit www.kdoqi.org or [AJKD](#) to download a copy of the Diabetes Update.