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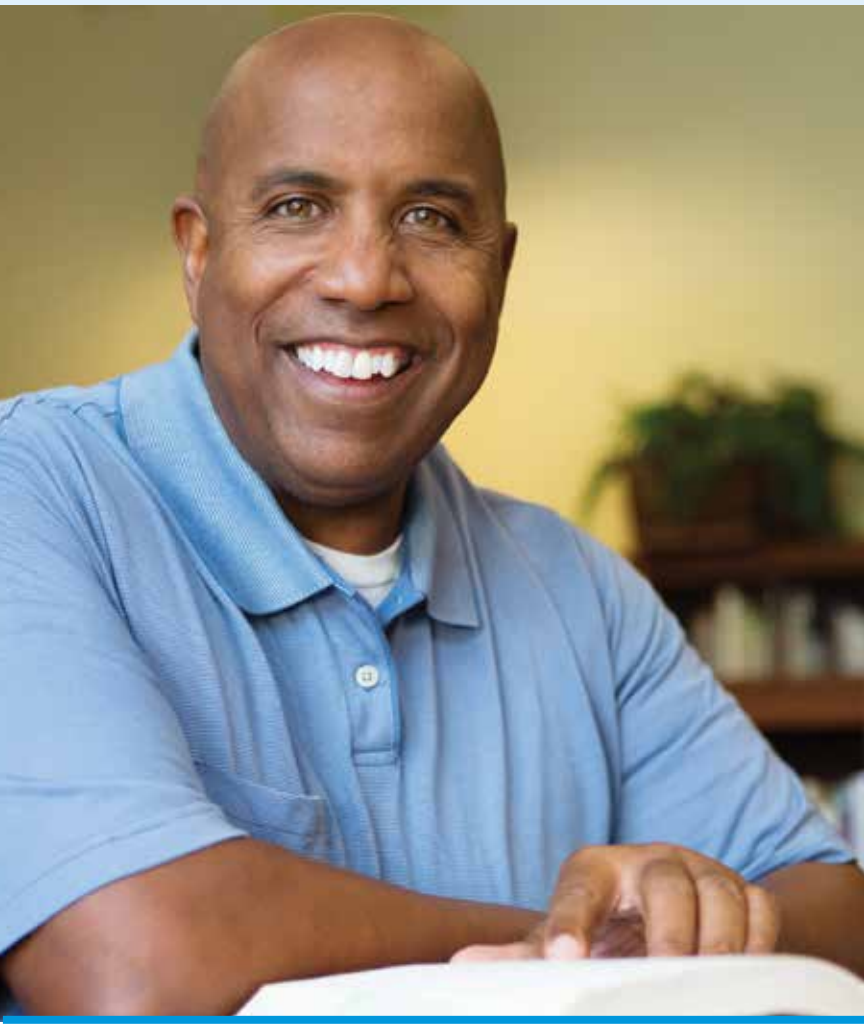
Managing **chronic kidney disease (CKD)**

Learn what you can do to help protect your kidneys with type 2 diabetes



Definitions

ACE-inhibitor = Angiotensin-converting enzyme inhibitor

ARB = Angiotensin receptor blocker

SGLT-2 inhibitor = Sodium-glucose cotransporter-2 inhibitor

GLP-1 RA = Glucagon-like peptide-1 receptor agonist

NS-MRA = Nonsteroidal mineralocorticoid receptor antagonist

Write any questions you have for your healthcare team here.

To learn more about type 2 diabetes, visit NovoCare.com or scan this code with a smartphone or tablet

Scan me!

Scan me!

By scanning, we may collect aggregate data for analytics but not any personal information.

The photographs used in this booklet are for illustration only. The models in the photographs do not necessarily have diabetes or other ailments.

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Managing **chronic kidney disease (CKD) with type 2 diabetes**

If you have type 2 diabetes and chronic kidney disease (CKD), you can take steps to protect your kidneys from more damage. CKD can be managed, but it is not reversible. However, by taking care of your diabetes and kidney health you may be able to slow disease progression.

Why is it important to manage CKD?

Having CKD means that your kidneys are damaged and can't filter blood the way they should. The disease is called "chronic" because the damage happens slowly over a long period of time. If CKD is not managed, it can lead to kidney failure with the need for dialysis or a kidney transplant to maintain your health. CKD can also lead to other health problems, such as heart disease.

How can I manage CKD?

Meet your blood glucose goals

Managing your blood glucose (*sugar*) levels may help slow the progression of kidney disease. Check your blood glucose regularly and have an A1C test as recommended by your healthcare professional. A1C reflects your average blood glucose for the past 2 to 3 months. The higher the levels, the greater your risk of developing diabetes complications. And reaching your goals may help protect your kidneys.

My A1C now_____ My A1C goal_____

The American diabetes Association (ADA) recommends an A1C goal of less than 7% for most people with diabetes. Fill in the A1C goal recommended for you by your healthcare professional.

Manage your blood pressure

High blood pressure can damage your kidneys. If you have type 2 diabetes and protein in your urine (*proteinuria*), it is important to try to keep your blood pressure within a healthy range. This may help slow the progression of kidney disease.

Steps you can take to help you reach your blood pressure goals include:

- ✓ Eat less salt
- ✓ Be physically active
- ✓ Get enough sleep

Always consult with your healthcare professional before making any changes to your nutrition and physical activity.

If you are diagnosed with high blood pressure, you may also be prescribed medicine to help lower it.

My blood pressure_____

My blood pressure goal_____

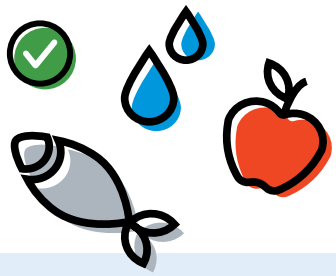
The ADA and American Heart Association recommend a blood pressure goal of less than 130/80 mm Hg. Fill in the blood pressure goal recommended for you by your healthcare professional.

Develop or maintain healthy lifestyle habits

Healthy lifestyle habits not only help with blood glucose and blood pressure goals but can also help you manage CKD.

- Aim for moderate to intense physical activity for 2½ hours (150 minutes) or more a week
- Try to stay at a healthy weight
- Work with a registered dietitian nutritionist to create an eating plan that is right for you
- Stop smoking (or don't start)

Be sure to talk with a member of your healthcare team before starting or changing your physical activity or eating plan.



Some food tips for a kidney-friendly eating plan

Choose	Limit
✓ Fresh or frozen fruits and vegetables	⚠ Salt and sodium
✓ Whole grains	⚠ Sugary drinks
✓ Foods cooked from scratch	⚠ Packaged or "fast" foods
✓ Specific portions recommended by your healthcare professional of lean or plant proteins	⚠ Unhealthy fats

Talk to your diabetes care team about what foods would be best for you.

Take medicines as prescribed

Many people with CKD take medicines to lower blood pressure, manage blood glucose, and lower cholesterol. Review all of the medicines you take at each visit. These medicines may need to change over time. Depending on your condition, your healthcare professional may prescribe:

Type 2 diabetes medicines
- Metformin
- SGLT-2 inhibitor
- GLP-1 RA

Blood pressure medicines
- ACE inhibitor
- ARB

Cholesterol medicine
- Statin

NS-MRA

My medicines

Medicine	
Dose	
What it is for	
Date started	

Medicine	
Dose	
What it is for	
Date started	

Medicine	
Dose	
What it is for	
Date started	

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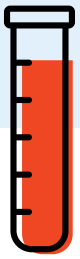
Keep track of your kidney health

If you have CKD and type 2 diabetes, your healthcare professional will recommend getting tested 1 to 4 times per year, depending on the stage of the disease. The tests used to check for kidney disease can also be used to track changes to kidney function and damage. Kidney disease tends to get worse over time. Each time you get checked, ask your healthcare professional how the test results compare to the last results.

Urine Test

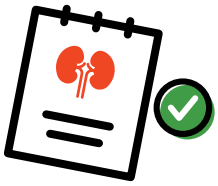
Check for protein in your urine (UACR)



Blood Test

Check how well your kidneys are filtering your blood (eGFR)

You can also keep track of your own test results to see your progress.

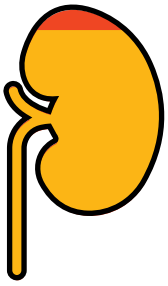


Test/Date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
eGFR						
Serum creatinine						
UACR						
Blood pressure						
A1C						
Cholesterol						

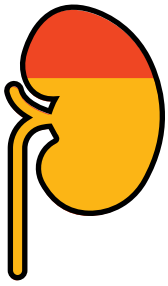
Chronic kidney disease stages

= Loss of kidney function for 3 months or more

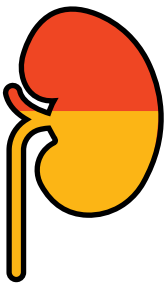
= Kidney function



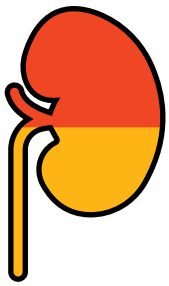
Stage 1
eGFR 90 or higher and UACR 30 or higher



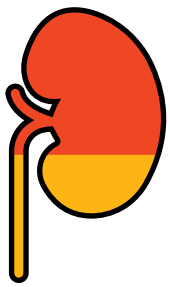
Stage 2
eGFR 60-89 and UACR 30 or higher



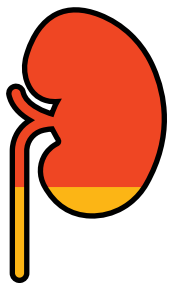
Stage 3a
eGFR 45-59



Stage 3b
eGFR 30-44



Stage 4
eGFR 15-29



Stage 5
eGFR less than 15