GUIDANCE FOR PRIMARY CARE: SUPPORTING INDIVIDUALS TOWARDS MAINTAINING CARDIO-KIDNEY-METABOLIC HEALTH

Cardiovascular, kidney, and metabolic conditions are deeply interconnected, with shared risk factors and therapies. A holistic, coordinated approach, **led by primary care**, is therefore essential to support individuals to maintain their cardio-kidney-metabolic health. The approach should be individualized by patient profile, considering clinical presentation, comorbidities, social determinants of health, age, sex, gender and pregnancy/lactation, and may involve both initiation of guideline-directed medical therapies and/or non-medical interventions.

Social Determinants of Health

- Social determinants of health are the conditions in which people are born, grow, live, work, and age (e.g. education, family income, food security, employment status, proximity to pollutants, housing).
- Based on these, consider where referral to other members of the multidisciplinary team, such as, social workers, physiotherapists, and dietitians, may be needed.



Non-Medication Interventions to Discuss

- Healthy low-salt diet
- Smoking cessation
- Regular physical activity
- Weight control
- Avoidance of nephrotoxic agents (e.g. traditional medicines, NSAIDS, contrast media)

These non-medical interventions are relevant not just for kidney disease, but also for cardiovascular and metabolic conditions.

First Line Therapies

RAASi

- Indications for CKD (with or without diabetes), heart failure, hypertension.
- Can be continued but initiated with caution, if at all, where compelling indications exist if GFR< 20 ml/min. Close monitoring would be required if initiated.
- Aim for SBP <120 mm Hg at maximum tolerated dose if HTN.
- Mitigate the risk of hyperkalemia with preventive measures (continuous review of concomitant drugs, diet, use of diuretics, acidosis correction and K+ binders).
- If hyperkalemia arises, manage according to this tool.

SGLT2i

- Indications for CKD, heart failure, Type 2 diabetes.
- Continue until dialysis or transplant.
- Can be continued but initiated with caution, if at all, where compelling indications exist if GFR< 20 ml/min. Close monitoring would be required if initiated.

Additional Therapies

nsMRA

- To reduce the risk of CKD progression and cardiovascular events in individuals with Type 2 diabetes and CKD, and individuals with heart failure (HFpEF).
- Should not be initiated if eGFR < 25 mL/min.
- Mitigate the risk of hyperkalemia with preventive measures (continuous review of concomitant drugs, diet, use of diuretics, acidosis correction and K+ binders). If hyperkalemia arises, manage according to this tool.

GLP-1RA

- Indicated in individuals with Type 2 diabetes.
- Manage hyperglycemia and reduce the risk of CKD progression and cardiovascular events.

Based on patient profile, consider the need for:

- Individualized BP Control
- Glycemic Control
- Anti-platelet therapies for cardiovascular protection
- Dyslipidemia therapies for cardiovascular protection
- Symptom Management

Disclaimer text: This resource is intended to facilitate decision making of health professionals in their daily practice. However, final decisions concerning an individual patient must be made by the responsible health professional(s) in consultation with the patient and caregiver as appropriate. ISN declines any responsibility for any damage caused by the use that may be made of the information provided in this resource.

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