FEB 2026

priory NEWS

ALL THINGS PMG

CHRONIC KIDNEY DISEASE

Although the term Chronic Kidney Disease (CKD) sounds scary, it is generally not something to worry about. CKD is a long-term condition where the kidneys do not work as well as they should.

It's a common condition often associated with getting older. Over time, kidney function can gradually decline. CKD can slowly get worse over time but we monitor this by checking blood pressure, blood and a urine tests at regular intervals. About half of people aged over 75yr have CKD. In most of these cases, the CKD does not progress to the severe stage. People with diabetes and hypertension are more likely to develop CKD.

Are there any symptoms?

There are usually no symptoms of kidney disease in the early stages. It may only be diagnosed if you have a blood or urine test for another reason and the results show a possible problem with your kidneys. We specifically look for a marker called eGFR, levels consistently below 60 could indicate CKD.

It is useful to have results 3 months apart to look for a trend or pattern. Kidney tests can go up and down depending on how much water you drink, medication you take and if you have recently been unwell. It may not have been picked up as your kidney test has been very stable and only mildly outside of normal range. In some cases these changes may actually be large enough to move from one stage of chronic kidney disease to another and back again.

Why is CKD important?

CKD is generally a mild condition with no or few symptoms, it is very rare that CKD progresses to kidney failure (around 2 in 100 people with the condition).

If you have CKD, even if it's mild, you're at an increased risk of developing other problems, such as cardiovascular disease (this is a group of conditions affecting the heart and blood vessels, which includes heart attacks and stroke).

Some medications aren't recommended for people with CKD, e.g. some antibiotics and anti-inflammatory medicines. Identifying CKD means we can use other drugs that would be safer.

It may be that lifestyle changes help people with CKD to remain as healthy as possible. Sometimes we recommend medication to reduce the risk of cardiovascular problems e.g. blood pressure or cholesterol medication.

What are the stages of CKD?

Generally, we consider stages 3-5 CKD to be significant. Stage 1 and 2 are often associated with normal kidney function. Stage 3 is the commonest - it is moderately reduced kidney function (with or without a known kidney disease). For example, an elderly person with ageing kidneys may have reduced kidney function without a specific known kidney disease.

Treating CKD

There is no cure for CKD, but we do recommend a number of measures to reduce the risks associated with the condition:

- Managing your blood pressure
- Offer a statin medication: usually atorvastatin 20 mg to help reduce your risk of cardiovascular disease (e.g. heart attack or stroke)
- If there are raised levels of protein in your urine, some medication may help this
- Rarely, we need to refer patients with worsening or severe CKD to the kidney (renal) clinic at the hospital

Lifestyle measures

People with CKD can potentially prevent their kidney function declining by following some lifestyle advice:

- Stopping smoking
- Drinking alcohol in moderation (within recommended NHS limits)
- Maintaining a healthy body weight
- Taking regular exercise
- Eating a healthy diet
- Avoid the use of over-the-counter nonsteroidal anti-inflammatory drugs (e.g. ibuprofen) where possible and stop taking herbal remedies, and other dietary supplements (such as creatine)

How do we identify people with CKD?

The are a number of ways we can diagnose Chronic Kidney Disease. It takes at least 2-3+ blood tests to see a trend and identify that a patient has CKD. When you have some routine blood tests, it might include a U&E check which looks at your kidney function.

Your clinician might note the levels over time and inform you of the diagnosis during your follow up, or ask you to make a routine appointment to discuss the test results.

Every month we also try to find any patients that might have had routine blood tests and who we have not yet identified have CKD.

- Each of these patients notes are reviewed by a GP and the diagnosis code added to the record, we always send a letter with all the information about CKD - this is via text/email or postal letter. We welcome patients asking for a routine call with a GP to discuss this further if you would like.
- If there have been a couple of blood readings potentially in the CKD range but we need a third to confirm the diagnosis, we may arrange some repeat blood tests.

Annual review

Every year we will offer patients with CKD an annual review to include:

- blood test (to check kidney function and non-fasting cholesterol/lipids)
- BP check
- urine test to look for raised protein levels

There is information on the NHS website about useful lifestyle measures that can reduce the impact of CKD on your health:
https://www.nhs.uk/conditions/kidney-disease/

This patient leaflet explains in more depth about CKD and kidney disease
https://patient.info/kidney-urinary-tract/chronic-kidney-disease-leaflet

What are "Statin" medications?

Statins are a group of medicines that can help lower the level of low-density lipoprotein (LDL) cholesterol in the blood. Having a high level of LDL cholesterol is potentially dangerous, as it can lead to a hardening and narrowing of the arteries linked to cardiovascular disease. Statins come as tablets that are taken once a day (sometimes at night).

They are a safe group of medications, many people who take statins experience no or very few side effects. Few people experience some side effects, but these are usually minor. A recent study in the Lancet found that most reported side effects of statins were not due to the medication:
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01578-8/fulltext