



# Optimising your patients at high and very high risk of end-stage renal disease



## How can you help your patients at risk of end-stage renal disease?

Brian is at **high risk** of ESRD



Anne is at **very high risk** of ESRD

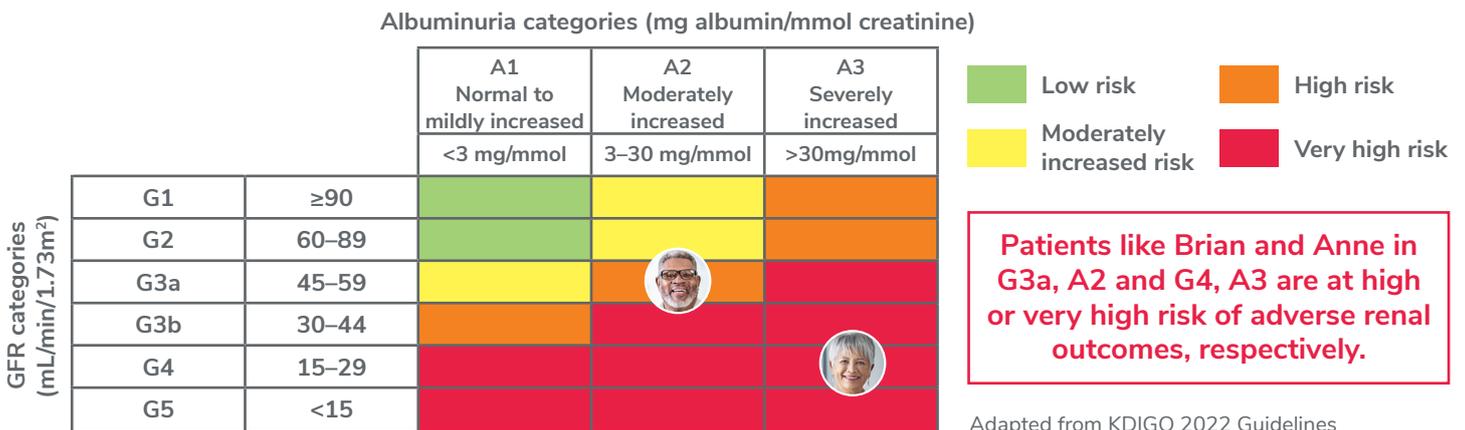


- 67-years-old, with T2D for 25 years
- Taking multiple T2D standard-of-care medicines, including an SGLT2i  
Treated with maximum tolerated dose of an ARB
- eGFR: 55mL/min/1.73m<sup>2</sup> (stage 3a CKD)
- Albuminuria: 29 mg/mmol
- Serum potassium: 4.4 mmol/L

- 74-years-old, with T2D for 31 years
- Taking multiple T2D standard-of-care medicines, intolerant to SGLT2i  
Has resistant hypertension and is taking a diuretic, a CCB, and maximum tolerated dose of an ARB
- eGFR: 28 mL/min/1.73m<sup>2</sup> (stage 4 CKD)
- Albuminuria: 85.2 mg/mmol
- Serum potassium: 4.8 mmol/L

Hypothetical patient profiles and patient baseline characteristics.

## What is the prognosis of your patients' CKD by GFR and albuminuria categories according to the KDIGO heat map?<sup>1</sup>



## Intervene now with Kerendia, to delay progression of CKD in patients like Brian and Anne<sup>2</sup>

In the FIDELIO-DKD trial, there was a sustained reduction in CKD progression with Kerendia compared to placebo<sup>2\*</sup>

Kerendia is recommended by NICE (TA877) as an option for treating stage 3 and 4 chronic kidney disease (with albuminuria) associated with type 2 diabetes in adults. It is recommended only if:<sup>3</sup>

- it is an add-on to optimised standard care; this should include, unless they are unsuitable, the highest tolerated licensed doses of:
  - angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs) and
  - sodium-glucose cotransporter-2 (SGLT2) inhibitors and
- the person has an estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m<sup>2</sup> or more.

\*In the FIDELIO-DKD trial, CKD progression was defined as the first occurrence of composite of onset of kidney failure or sustained decrease of eGFR ≥40% from baseline over at least 4 weeks or death due to renal causes. Kidney failure was defined as initiation of dialysis for ≥90 days or kidney transplantation or eGFR <15ml/min/1.73m<sup>2</sup> over ≥4 weeks.<sup>2</sup>

ARB, angiotensin receptor blocker; CCB, calcium channel blocker; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; ESRD, end-stage renal disease; GFR, glomerular filtration rate; NICE, National Institute for Health and Care Excellence; SGLT2i, sodium-glucose cotransporter-2 inhibitor; T2D, type 2 diabetes.

1. KDIGO. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease. Kidney Int 2022;102(Suppl 5S): S1–S127; 2. Bakris GL, et al. N Engl J Med 2020;383:2219–2229; 3. NICE. Finerenone for treating chronic kidney disease in type 2 diabetes [TA877]. Available at: <https://www.nice.org.uk/guidance/ta877>. Accessed December 2024.

# Delay CKD progression with Kerendia®<sup>2</sup>

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NICE recommends Kerendia®, the first and only UK licensed non-steroidal MRA, as an add-on to standard of care for stage 3 and 4 CKD (with albuminuria) associated with T2D<sup>3</sup>



Kerendia® slows CKD progression in T2D and can significantly delay progression of renal disease (vs. placebo)<sup>2</sup>



Diabetic kidney disease is progressive and irreversible; act now with Kerendia® to significantly reduce the risk of renal & CV events for your patient (vs. placebo)<sup>2</sup>

\*Kerendia is indicated for the treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults

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2. Bakris GL, et al. N Engl J Med 2020;383:2219–2229;

3. NICE. Finerenone for treating chronic kidney disease in type 2 diabetes [TA877]. Available at: <https://www.nice.org.uk/guidance/ta877>. Accessed December 2024.