

# ACP recommends against screening for chronic kidney disease in adults without symptoms, risk factors

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The American College of Physicians (ACP) recommends against screening for chronic kidney disease (CKD) in asymptomatic adults without risk factors. ACP's new clinical practice guideline, "Screening, Monitoring, and Treatment of Stage 1-3 Chronic Kidney Disease", was published today in *Annals of Internal Medicine*, ACP's flagship journal.

"There is no evidence that evaluated the benefits of screening for stage 1-3 [chronic kidney disease](#)," said Molly Cooke, MD, FACP, president, ACP. "The potential harms of all the screening tests—false positives, disease labeling, and unnecessary treatment and associated adverse effects—outweigh the benefits."

The major [risk factors](#) for CKD include diabetes, hypertension, and cardiovascular disease. The current evidence is insufficient to evaluate the benefits and harms of screening in asymptomatic adults with risk factors.

ACP recommends against testing for proteinuria in adults with or without diabetes who are currently taking an angiotensin-converting-enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB).

For treatment, ACP recommends treating patients with hypertension and stage 1-3 CKD with either an ACE inhibitor or an ARB. ACP recommends a statin therapy to manage elevated [low density lipoprotein](#)

in patients with stage 1-3 CKD.

Head-to-head trials showed no difference in the outcomes between ACE inhibitors or ARBs. The risk of adverse effects significantly increased with an ACE inhibitor combined with an ARB combination therapy, including cough, hyperkalemia, hypotension, and [acute kidney failure](#) requiring dialysis.

ACP's guideline also includes advice to help physicians practice high value care.

"Ordering lab tests is not going to have any impact on clinical outcomes of asymptomatic patients with CKD without risk factors but will add unnecessary costs to the health care system due to increased medical visits and unnecessary tests," Dr. Cooke said.

ACP also found the evidence inconclusive for periodic laboratory monitoring of patients diagnosed with stage 1-3 CKD.

Provided by American College of Physicians

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