



# If you could travel back time, how would you inspire different treatment choices for this patient?

In the past, fear of side effects may have prevented us from choosing medications with cardiorenal protective effects.<sup>1</sup>

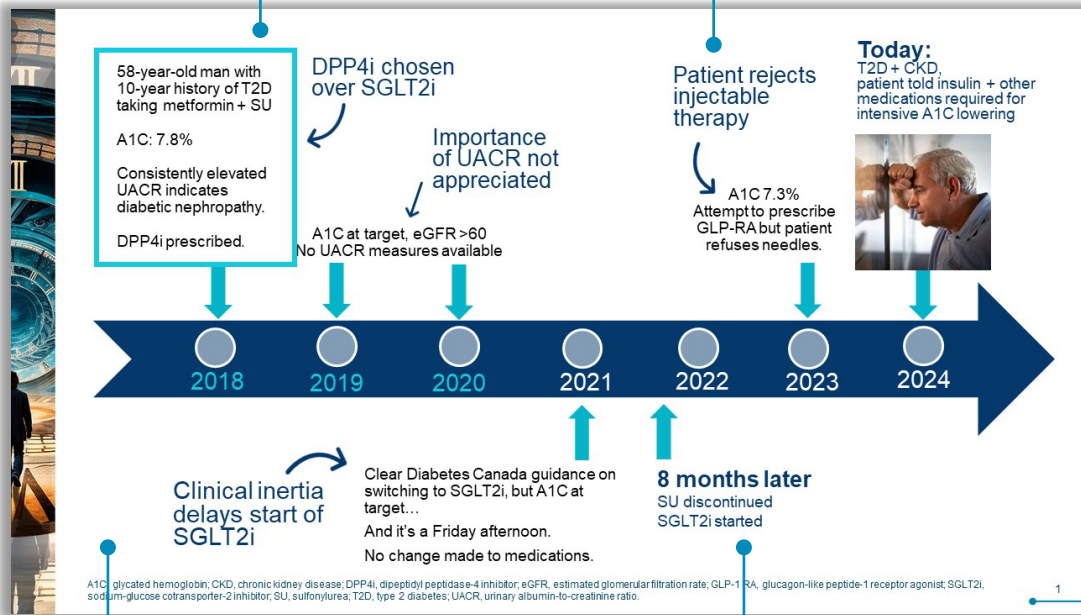
**Do you now view their side effects as preventable and/or manageable?**

UACR is an independent risk factor for progression of CKD and is just as important as eGFR. Both are needed to see the full picture of a patient's kidney health.<sup>2,3</sup>

**Have you ever been stymied when ordering UACR?**

**Did you know, prior to this program?**

Elevated UACR, irrespective of eGFR, is associated with an increased risk of incident HF and an increased risk of HF progression.<sup>4</sup>



**Which of these do you already do?**

Beat clinical inertia by scheduling morning appointment for patients who may require medication changes, setting EMR alerts to flag patients in whom guidelines recommend treatment change, and booking a second appointment for treatment change if the current appointment is too short.<sup>5</sup>

**Have you found it effective?**

Research supports motivational interviewing as a statistically significant approach to help patients adopt certain healthy behaviours.<sup>6</sup>

A1C, glycated hemoglobin; CKD, chronic kidney disease; DPP4i, dipeptidyl peptidase-4 inhibitor; eGFR, estimated glomerular filtration rate; EMR, electronic medical record; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HF, heart failure; SGLT2i, sodium-glucose cotransporter-2 inhibitor; SU, sulfonylurea; T2D, type 2 diabetes; UACR, urinary albumin-to-creatinine ratio.

1. Expert Opinion.
2. Toyama T, et al. PLoS One. 2013;8(8):e71810.
3. KDIGO Diabetes Work Group. Kidney Int 2022;102(5S):S1-S127.
4. Khan, J AM Coll Cardiol, 2023;81(3):270-282.
5. Faculty expert opinion. December 2023.
6. Lundahl B, et al. Patient Educ Couns. 2013;93(2):157-68.