

# Diabetes Management in Chronic Kidney Disease:

A Consensus Report by the American Diabetes Association (ADA) and Kidney Disease: Improving Global Outcomes (KDIGO)

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**CKD is classified based on:**

- Cause (C)
- GFR (G)
- Albuminuria (A)

				Albuminuria categories			
				Description and range			
				A1	A2	A3	
				Normal to mildly increased	Moderately increased	Severely increased	
				<30 mg/g <3 mg/mmol	30–299 mg/g 3–29 mg/mmol	≥300 mg/g ≥30 mg/mmol	
				GFR categories (mL/min/1.73 m <sup>2</sup> )	Description and range	G1	Normal or high
G2	Mildly decreased	60–89	Screen 1			Treat 1	Treat and refer 3
G3a	Mildly to moderately decreased	45–59	Treat 1			Treat 2	Treat and refer 3
G3b	Moderately to severely decreased	30–44	Treat 2			Treat and refer 3	Treat and refer 3
G4	Severely decreased	15–29	Treat and refer* 3			Treat and refer* 3	Treat and refer 4+
G5	Kidney failure	<15	Treat and refer 4+			Treat and refer 4+	Treat and refer 4+

■ Low risk (if no other markers of kidney disease, no CKD)     ■ High risk  
■ Moderately increased risk     ■ Very high risk

**Figure 2**—Risk of CKD progression, frequency of visits, and referral to nephrology according to GFR and albuminuria. The numbers in the boxes are a guide to the frequency of screening or monitoring (number of times per year). Green reflects no evidence of CKD by eGFR or albuminuria, with screening indicated once per year. For monitoring of prevalent CKD, suggested monitoring varies from once per year (yellow) to four times or more per year (i.e., every 1–3 months, [deep red]) according to risks of CKD progression and CKD complications. These are general parameters only, based on expert opinion, and underlying comorbid conditions and disease state must be taken into account, as well as the likelihood of impacting a change in management for any individual patient. CKD, chronic kidney disease; GFR, glomerular filtration rate.