

## Chronic Kidney Disease: Improving Global Outcomes

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### DESCRIPTION

The term chronic renal disease refers to a variety of conditions that impair the structure and operation of the kidneys. The 2002 definition and classification criteria for this illness marked a significant turning point in its acknowledgment as a global public health issue that should be treated by general internists in its early phases. According to the stages of the disease severity, which are determined by the glomerular filtration rate (GFR), albuminuria, and clinical diagnosis (cause and pathology). Routine laboratory testing can identify chronic kidney disease, and some therapies can stop the onset and halt the evolution of the condition, lower the complications of decreasing GFR and the risk of cardiovascular disease, and enhance survival and quality of life.

Over the next ten years, the number of people with chronic kidney disease (CKD) and the ensuing end-stage renal failure that requires renal replacement treatment threatens to reach pandemic levels, and only a small number of nations have strong economies that can handle the resulting challenges. Therefore, it is crucial that the global strategy for CKD shift from ESRD therapy to far more active primary and secondary prevention. In this seminar, look at the global CKD epidemiology with a focus on early detection and prevention, as well as the viability of various approaches for CKD detection and primary prevention. And also go over the indicators and risk factors for developing CKD. In order to guide present and future interventions as well as the evidence linked to interventions to slow the progression of CKD, and examine current knowledge of the mechanisms generating renal scarring leading to ESRD. Finally, offer tactical suggestions based on upcoming studies to slow the global spread of CKD. Health economics is taken into account. To prevent a catastrophe, both wealthier and less developed nations must embrace a global and coordinated response to CKD. An international public health issue, kidney failure has a rising incidence and prevalence, significant expenditures, and unfavorable consequences. The earlier phases of chronic kidney disease (CKD), which can lead to severe consequences such renal function loss, cardiovascular disease (CVD), and early death, are much more prevalent. Strategies to improve outcomes will require a global effort directed at the earlier stages of CKD.

The case for a global effort to solve this issue is clear-cut. The prevalence of CKD is worldwide. Both the underlying science and evidence-based methods for preventing, detecting, diagnosing, and treating CKD and its negative effects are ubiquitous. Although local risk factors and available resources for treatment differ, it is crucial to maximize the effectiveness of leveraging the current knowledge and resources in order to improve the treatment and results for CKD globally. Clinical practise guidelines' creation, dissemination, and application are ways to enhance CKD outcomes. When properly implemented, rigorously created evidence-based clinical practise guidelines can reduce care variability, enhance patient outcomes, and address flaws in the provision of healthcare. With the stated goal of improving the care and outcomes of kidney disease patients worldwide through promoting coordination, collaboration, and integration of initiatives to develop and implement clinical practise guidelines, Kidney Disease: Improving Global Outcomes (KDIGO) is a recently founded and independently incorporated organisation. It is governed by an international board of directors.

One of the projects that KDIGO works on is a series of International Controversies Conferences that look at what is known, what can be done with what is known, and what needs to be known on a few topics that affect the treatment and outcomes of kidney disease patients around the world. Amsterdam, the Netherlands, hosted the first KDIGO International Controversies Conference on Definition and Classification of Chronic Kidney Disease in Adults. The definition and categorization of CKD, the calculation of the glomerular filtration rate (GFR), and the assessment of albuminuria and proteinuria were all covered subjects.

The first definition of chronic kidney disease (CKD) independent of cause and classification of severity based on GFR level were provided by the Kidney Disease Outcomes Quality Initiative (K/DOQI) Clinical Practice Guidelines on Chronic Kidney Disease: Evaluation, Classification, and Stratification of Risk published by the National Kidney Foundation in 2002. The guidelines have received a lot of attention and are widely regarded. However, issues have been raised about the categorization, estimation of GFR, and detection of proteinuria.

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