

Unveiling Gaps in DKD Diagnosis, HF Screening, and Cardio-protective Treatment Utilization

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Introduction

Type 2 diabetes (T2D) is a chronic condition that poses a significant risk of cardiovascular events. This article sheds light on the alarming prevalence of cardiovascular risk among primary care T2D patients and the underdiagnosis of Diabetic Kidney Disease (DKD), despite the measurement of estimated Glomerular Filtration Rate (eGFR) and albuminuria. Understanding these gaps is crucial for improving the management and outcomes of individuals with T2D. Primary care T2D patients face a substantial burden of cardiovascular risk. Shockingly, over 60% of these individuals were found to be at a very high risk of cardiovascular events. This finding highlights the urgent need for intensified efforts to identify, evaluate, and address cardiovascular risk factors in this population.

Description

It emphasizes the importance of proactive cardiovascular risk management strategies within primary care settings. Despite the routine measurement of eGFR and albuminuria, DKD, a common complication of T2D, remains underdiagnosed in primary care settings. Even with these measurements, healthcare providers often fail to identify DKD, leading to delayed or missed opportunities for timely intervention and management. This underdiagnosis represents a significant gap in the comprehensive care of T2D patients, as DKD can progress silently and contribute to adverse cardiovascular outcomes. The underdiagnosis of DKD in primary care T2D patients may be attributed to several factors. These include limited awareness among healthcare providers regarding the importance of regular screening for DKD, inadequate implementation of guidelines for diagnostic criteria, and the complexity of interpreting eGFR and albuminuria results.

Addressing these barriers is crucial to improve the identification and management of DKD in primary care settings. Routine screening for albuminuria plays a vital role in identifying early signs of kidney damage in T2D patients. It serves as a crucial marker for DKD, allowing for timely intervention and management. However, the findings indicate that albuminuria screening is not being given sufficient focus in primary care, contributing to the underdiagnosis of DKD. Increased attention to routine albuminuria screening can help bridge this gap and improve patient outcomes. Another critical aspect of cardiovascular risk management in T2D patients is the systematic diagnosis of Heart Failure (HF). HF is a common comorbidity in individuals with T2D and significantly impacts their overall health outcomes.

Primary care providers should place greater emphasis on evaluating signs

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and symptoms of HF, including assessing for fluid overload and conducting appropriate diagnostic tests. By enhancing systematic diagnosis, healthcare professionals can ensure timely interventions and improve the management of HF in T2D patients. The prevalence of high cardiovascular risk among primary care T2D patients highlights the need for proactive management strategies within primary care settings. The underdiagnosis of DKD, despite measuring eGFR and albuminuria, reveals significant gaps in comprehensive care. Routine screening for albuminuria and systematic diagnosis of HF should receive more attention. By addressing these gaps, healthcare providers can improve cardiovascular risk assessment, enhance DKD diagnosis, and ultimately enhance the overall care and outcomes of T2D patients in primary care settings.

Effective management of cardiovascular risk is vital in patients receiving routine healthcare. This article emphasizes the importance of prioritizing routine screening for albuminuria, systematic diagnosis of Heart Failure (HF), and optimizing the utilization of treatments with proven cardioprotective effects. Addressing these areas of focus can significantly enhance cardiovascular care outcomes and improve patient well-being. Albuminuria screening plays a pivotal role in the early detection and management of kidney disease, especially in individuals at risk, such as those with diabetes or hypertension. However, despite the established benefits, routine screening of albuminuria often lacks the necessary attention in clinical practice. To address this gap, healthcare providers must recognize the significance of albuminuria as an indicator of renal health and incorporate routine screening protocols into primary care settings.

Increased emphasis on albuminuria screening will enable early detection of kidney damage and prompt intervention to mitigate further complications. Heart Failure (HF) is a prevalent and debilitating condition, particularly among patients with cardiovascular risk factors. However, systematic diagnosis of HF remains an ongoing challenge in routine clinical practice. Healthcare providers need to enhance their knowledge and skills in recognizing early signs and symptoms of HF, including assessing for fluid overload, conducting appropriate diagnostic tests such as echocardiography, and incorporating validated clinical criteria for accurate diagnosis. Systematic diagnosis of HF is crucial for timely intervention and optimized management strategies tailored to individual patient needs.

While several treatments with proven cardioprotective effects exist, their optimal utilization remains suboptimal in routine practice. This gap may stem from various factors, including limited awareness of treatment guidelines, concerns about side effects, and challenges associated with medication adherence. Healthcare providers must stay updated with the latest evidence-based guidelines and treatment recommendations for cardiovascular risk management. By proactively educating patients about the benefits of cardioprotective treatments, addressing concerns, and implementing strategies to enhance medication adherence, healthcare providers can bridge this gap and improve patient outcomes. Closing the gaps in routine albuminuria screening, systematic HF diagnosis, and optimal utilization of cardioprotective treatments requires concerted efforts from healthcare providers and policymakers [1-6].

Conclusion

Strategies for improvement include regular education and training programs for healthcare professionals, integrating decision support tools into electronic health records to facilitate guideline adherence, implementing

reminders and alerts for screening and diagnosis, and fostering patient engagement through shared decision-making and education. Collaboration between healthcare teams, including primary care providers, specialists, pharmacists, and allied healthcare professionals, is crucial in creating a comprehensive and coordinated approach to cardiovascular care. Routine screening of albuminuria, systematic diagnosis of HF, and optimizing the utilization of treatments with proven cardioprotective effects are essential aspects of comprehensive cardiovascular care. By focusing on these areas, healthcare providers can enhance patient outcomes, reduce cardiovascular morbidity and mortality, and improve overall patient well-being. Implementation of strategies aimed at closing these gaps will empower healthcare professionals to deliver high-quality cardiovascular care in routine practice, ultimately benefiting individuals at risk of cardiovascular events and improving long-term health outcomes.

References

1. De Nicola, Luca, Luca Di Lullo, Ernesto Paoletti and Adamasco Cupisti, et al. "Chronic hyperkalemia in non-dialysis CKD: Controversial issues in nephrology practice." *J Nephrol* 31 (2018): 653-664.
2. Eder, Susanne, Johannes Leierer, Julia Kerschbaum and Laszlo Rosivall, et al. "Guidelines and clinical practice at the primary level of healthcare in patients with type 2 diabetes mellitus with and without kidney disease in five European countries." *Diab Vasc Dis Res* 16 (2019): 47-56.
3. Bianchi, Stefano, Filippo Aucella, Luca De Nicola and Simonetta Genovesi, et al. "Management of hyperkalemia in patients with kidney disease: A position paper endorsed by the Italian Society of Nephrology." *J Nephrol* 32 (2019): 499-516.
4. Tonelli, Marcello, Lemuel Moy, Frank M. Sacks and Bryce Kiberd, et al. "Pravastatin for secondary prevention of cardiovascular events in persons with mild chronic renal insufficiency." *Ann Intern Med* 138 (2003): 98-104.
5. Sridhar, Vikas S., Jaya Prakash N. Ambinathan, Pieter Gillard and Chantal Mathieu, et al. "Cardiometabolic and kidney protection in kidney transplant recipients with diabetes: Mechanisms, clinical applications, and summary of clinical trials." *Transplant* 106 (2022): 734-748.
6. Tang, Sydney and Kumar Sharma. "Pathogenesis, clinical manifestations, and natural history of diabetic kidney disease." *Clin Nephrol* (2018): 357-375.

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