Testing for early kidney disease in people who are not already diagnosed, is known as “screening.” Kidney disease is widespread and commonly goes unnoticed at onset. The challenge of kidney disease in its earlier stages lies not only in the risk of progression but in the complications of decreased kidney function and the risk of heart disease.

All individuals at increased risk for chronic kidney disease should have their blood pressure measured in addition to their blood and urine tested for signs of impaired kidney function. Those at increased risk for chronic kidney disease are people with:

- Diabetes
- High blood pressure, or
- A family history of kidney disease

In the United States, older Americans, African-Americans, Hispanics, Asians and Pacific Islanders are at increased risk for chronic renal disease. The following routine tests are recommended for kidney disease screening:

- Blood test for creatinine
- Urine test for protein, and
- Measurement of blood pressure

The level of creatinine in the blood is then used to estimate the glomerular filtration rate (GFR). The GFR and checking for persistent protein in the urine (proteinuria) are believed to be the best way to diagnose early kidney damage. The level of GFR and persistent proteinuria can be estimated accurately from blood and urine tests collected during a routine office visit.

The reason for measuring blood pressure is two-fold; elevated blood pressure (hypertension) is both a cause and a consequence of chronic kidney disease.

Chronic renal disease is a problem of considerable proportion. In the United States, it is estimated that 20 million people had early chronic kidney disease and did not know it. Another 20 million face an “above average risk” of developing it. Routine screening for chronic kidney disease has been generally overlooked yet is of great value.

Please ask your healthcare professional for a kidney screening if you notice any of the above changes.

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