

Best practices analysis

The PREVENTCKD consortium conducted the initial compilation using various key tools and methods

SOURCES FOR BEST PRACTICES



- EU best practices portal
- PubMed
- Google Scholar
- consensus AI
- Stakeholder's websites
- Partner's database

SELECTION CRITERIA



- Primary or secondary prevention initiatives on CKD
- Early detection or diagnosis initiatives, including population screening actions, with preference for those that have defined the results obtained.
- Actions that were replicable in different environments and situations.
- Studies, campaigns, initiatives that could demonstrate impact in their environments
- Actions that would delay the progression of CKD
- Early education initiatives for chronic kidney patients in the initial stages
- Identification of biomarkers for early diagnosis of CKD
- Early treatment and management of CKD

RESULTS



The 104 initiatives were compiled into 6 groups:

- Group 1: scientific researches (RCT and non-RCT trials) and editorials.
- Group 2: clinical guides, handbooks and consensus protocols.
- Group 3: reports, bibliographic reviews.
- Group 4: awareness campaigns, actions with policymakers and other awareness activities.
- Group 5: educational programs, apps, websites, brochures, etc.
- Group 6: strategic documents, epidemiological researches and other organizational documents.

CONCLUSIONS



- CKD has risk factors and the underlying diseases that can cause it
- CKD has two very effective measures to calculate the state of the kidneys: the calculation of the albumin/creatinine/urea ratio and the estimation of the glomerular filtration rate.
- Tests determine key measurements are accessible to professionals: a simple urine analysis and a simple blood test
- Both tests are very cheap and affordable for any health system



- Lack of data about how people in risk perceive their risk, how to promote healthy habits, follow the medical recommendations, prescriptions...
- Lack of clear and integral guidelines for healthy lifestyle
- Lack of data about how affects emotional, coping styles, resilience etc. in adherence and healthy habits (nutrition and physical activity)
- Lack of data about the outcomes in awareness campaigns and actions with Policymakers
- Lack of real data in early stages of CKD (from Stage 1 to 4)

PRISMA

flow diagram

IDENTIFICATION OF STUDIES VIA REGISTERS/DATABASES

Records identified from*:
Databases (n = 3)
EU BP Portal (n=9)
Pubmed (n=2.650)
Google Scholar (n=2.324)
Registers (n = 1)
Partners (n=34)

Records screened (Abstracts)
(n = 1.457)

Reports assessed for eligibility
(n = 1.042)

Records removed before
screening:
Duplicate records removed
(n = 3.282)
Records removed for other
reasons (n = 278)

Records excluded
(n = 415)

Reports excluded:
Not focus on prevention or
early detection (n = 527)
Focused only in a risk group
(n = 245)
Dealt with specific
treatments (n = 216)

IDENTIFICATION OF STUDIES VIA OTHER METHODS

Records identified from:
Websites (n = 428)
Organisations (n = 32)

Reports assessed for eligibility
(n = 460)

Reports excluded:
Not focus on prevention or
early detection (n = 287)
Focused only in a risk group
(n = 16)
Dealt with specific
treatments (n = 17)

**Studies included
in review
(n = 54)
Reports of
included studies
(n = 50)**