## Recommendations for CKD detection in Aboriginal and Torres Strait Islander peoples

<table>
<thead>
<tr>
<th>Indications for assessment*</th>
<th>Recommended assessments</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>People 18-29 years without any CKD risk factors</td>
<td>Screen for CKD risk factors (overweight or obesity, diabetes, elevated blood pressure, smoking, family history of kidney disease)</td>
<td>As part of annual health assessment</td>
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</tbody>
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People 18-29 years with one of the following CKD risk factors:
- Family history of CKD or premature CVD
- Overweight/obesity
- Smoking
- Diabetes
- Elevated blood pressure

All people ≥30 years

Urine ACR, eGFR, blood pressure
If urine ACR positive, repeat twice over 3 months (preferably first morning void).
If eGFR < 60mL/min/1.73m², repeat within 7 days.

Every two years (or more frequently if CVD risk is elevated)

For further detailed information refer to the National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People (www.naccho.org.au)

## Benefits of identifying Aboriginal and Torres Strait Islander peoples:

- awareness of increased risk of CKD and cardiovascular disease and importance of screening other family members for CKD
- eligible for Aboriginal and Torres Strait Islander peoples-specific pharmaceutical benefits
- able to access annual health check (Medicare item 715)
- may be eligible for “Closing the Gap” scheme

Sourced from CKD Management in General Practice (3rd edition), Kidney Health Australia, Melbourne, 2015