

COMMUNITY PHARMACY-BASED eGFR SCREENING FOR EARLY DETECTION OF CHRONIC KIDNEY DISEASE IN HIGH-RISK PATIENTS

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1. Introduction

- Chronic kidney disease is irreversible kidney damage or loss of function (eGFR < 60 mL/min) lasting > 3 months and typically progressing over months to years.
- Roughly 10% of Canadians live with CKD, yet 90% of patients go undiagnosed.
- Pharmacists are ideally suited to screen for these cases in the community.

2. Aim

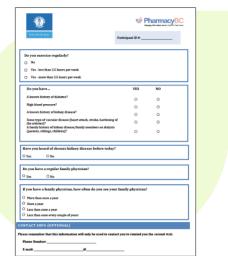
To determine the potential impact of pharmacy-based HealthTab® technology to screen patients for reduced renal function and for which patients in community this screening is most appropriate.

3. Methods

Study Process

Step 1: Identify patients with risk factors for CKD and offer complementary metabolic panel.





Step 2: Patients complete hardcopy survey of demographics and risk factors.

Step 3: Pharmacist pipettes sample to a panel and puts it in the Piccolo® blood analyzer.





Step 4: Patient provides blood sample from a fingerprick using a disposable lancet.

Step 5: Login to Healthtab.com to view the results





Step 6: Pharmacist intervenes, reviews medications and arranges follow-up with GP as necessary.

Sample of HealthTab[©] Metabolic panel results

•	BUN Protein breakdown product	3.2 mmol/L		Low Risk 2.5 - 7.9	Sep 14, 2018
idney)					
	Creatinine Released from muscle	79 umol/L		Low Risk 53 - 106	Sep 14, 2018
	eGFR Estimate of kidney function	> 90		Low Risk > 59	Sep 14, 2018

Figure 1: HealthTab® POCT combines a lab accurate analyzer with a secure online account. The Piccolo Xpress® Comprehensive Metabolic Panel from Abaxis® can directly determine a patient's creatinine and calculate eGFR using the MDRD equation. The analysis takes under 15 minutes and patients have permanent access to their results securely online.

4. Baseline Characteristics

Patient Recruitment

Table 1: Summary of Patient Baseline Characteristics

Mean age (years)	60.0
Sex (% female)	55.0
Mean number of CKD risk factors per patient	2.9

5. Results

Patient eGFR Results

356 patients (55%)had eGFR > 60 mL/min

68 patients (11.5%)had eGFR < 60 mL/min

3 patients (0.5%)had eGFR

< 30 mL/min

Relative risk of eGFR < 60 mL/min by risk factor

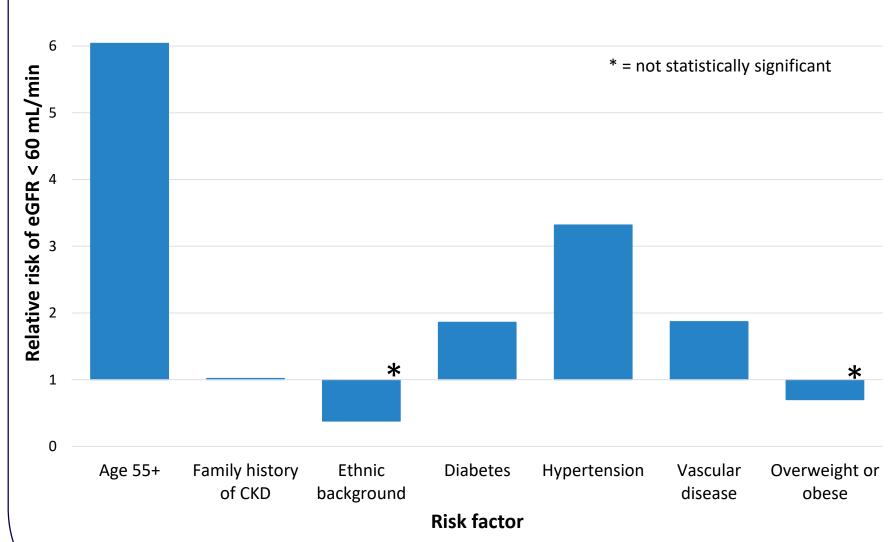


Figure 2: Relative risk of patients having significantly reduced renal function (eGFR < 60 mL/min) by risk factor.

6. Recommendations

Top Pharmacist recommendations

Adopt a healthier diet **Increase exercise** 85%

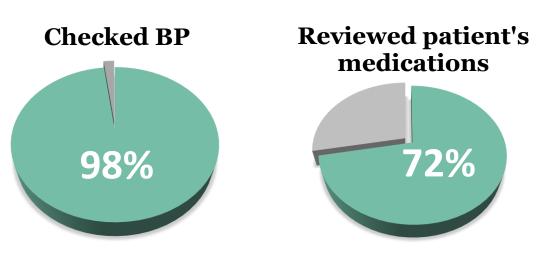
65%

See GP for follow up* 61%

Figure 3: Top 3 recommendations made to patients by pharmacists after eGFR screening. Percent of all patients (out of 462) regardless of eGFR result.

*100% of those with eGFR < 30 mL/min and 81% of participants between 30 mL/min and 60 mL/min) were recommended to follow-up with their GP.

Top Pharmacist interventions



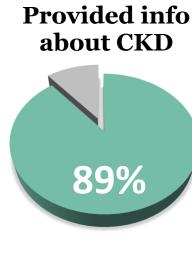


Figure 4: Frequency of the top 3 pharmacist interventions after eGFR screening.

2/5 Pharmacist rating for time-consuming (where 1 is not at all and 5 is extremely)



7. Conclusions

These results illustrate the prevalence of abnormal renal function among undiagnosed, high-risk patients in the community. Pharmacists, as the most accessible healthcare practitioners, are ideally positioned to utilize novel point-of care technologies to improve access to CKD screening and increase awareness around the importance of early detection.

8. Contact Details

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