

Renal disease: QOF, early detection and how to make a timely referral

- Creatinine (and therefore eGFR) varies with muscle mass (eg Arnold Swarzenegger Cr 170, anorexic female Cr 20-30)
- Cr also varies following a meat meal (increase [up to 30-40](#)mmol/l)
- Above 60 eGFR poor guide of GFR, MDRD measurement < 50 good correlation with GFR.
- When monitoring eGFR and find decrease consider the following
 1. Allow for 10-15% lab/day-to-day variation
 2. Use historical data, has it been this level before?
 3. Look at centile charts for age/[sex](#)
 4. Have they extremes of muscle mass?
 5. Recheck avoiding meat meal
 6. Is there reason for temporary decrease? (dehydration from intercurrent illness especially D&V, change in drugs NSAIDS, diuretics, ACEI/ARB, trimethoprim)
 7. If this is true decrease in GFR, could it be due to ARF?
- To slow progression of CKD manage hypertension is key (always but especially so if proteinuria)
- Whatever the cause of your renal disease the heavier the proteinuria the quicker your GFR deteriorates.
- Change to QOF now CKD/hypertension/proteinuria priority for ACEI/ARB.
- Lots of helpful charts beyond my ability to replicate.