Understanding Task Force Recommendations

Screening for Chronic Kidney Disease

The U.S. Preventive Services Task Force (Task Force) has issued a final recommendation on Screening for Chronic Kidney Disease (CKD).

This recommendation is for adults who do not have symptoms of CKD and who have not been diagnosed with CKD. This recommendation does not apply to people with diabetes or high blood pressure.

The Task Force reviewed recent research studies on screening for CKD. The recommendation summarizes what it learned: There is not enough evidence to determine the potential benefits and harms of screening all adults for CKD.

This fact sheet explains the recommendation and what it might mean for you.

What is chronic kidney disease?

CKD is a condition in which the kidneys have been damaged and have not worked normally for at least 3 months. Normally, the kidneys filter extra water and waste out of the blood and make urine. The kidneys also help control blood pressure, and they make hormones that the body needs to stay healthy.

Screening for Chronic Kidney Disease

CKD is a common condition that affects about one in every 10 adults in the United States. Most people with CKD also have diabetes, high blood pressure, or both. Other risk factors for CKD are older age, obesity, and a family history of kidney failure.

Most people with CKD have a mild condition that will not cause serious problems. For a small number of people, however, CKD leads to kidney failure.

Two tests are commonly suggested to screen for CKD. They show how well a person’s kidneys are working:

- **Urine albumin.** This test checks for a protein that passes into urine when the kidneys are damaged.
- **Serum creatinine.** This is a blood test that is used to estimate how well the kidneys are filtering waste out of the blood.

Potential Benefits and Harms

The Task Force examined the evidence to see if screening all adults for CKD would be helpful. It is possible that screening may lead to early treatment, which might result in better outcomes for people who do have CKD. However, the Task Force did not find enough evidence on this potential benefit for people who have no symptoms of CKD and who do not have diabetes or high blood pressure.

The Task Force also found little evidence on potential harms directly related to screening. The Task Force did find evidence that medications used to treat early CKD may have harmful side effects in some people, such as cough, edema (swelling from fluid build-up), and heart problems.
The Task Force Recommendation on Screening for Chronic Kidney Disease: What Does It Mean?

Here is the recommendation on screening for CKD. The recommendation has a letter grade. The grade is based on the quality and strength of the evidence about the potential benefits and harms of the screening test. It also is based on the size of the potential benefits and harms. Task Force evidence grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge potential benefits and harms, the Task Force does not make a recommendation for or against—it issues an I Statement. The Notes next to the recommendation help to explain key ideas.

Visit the Task Force Web site to read the full recommendation statement on screening for CKD. The statement explains the evidence that the Task Force reviewed and how it decided on the grade. An evidence report on this topic provides more detail about the studies the Task Force considered.

The Task Force concludes that the evidence is insufficient to assess the balance of benefits and harms for routine screening for CKD in asymptomatic adults. I Statement

Should You Be Screened for Chronic Kidney Disease?

Getting the best health care means making smart decisions about what screening tests, counseling services, and preventive medicines to get and when to get them. Many people don’t get the tests or counseling they need. Others get tests or counseling they don’t need or that may be harmful to them.

Task Force recommendations can help you learn about screening tests, counseling services, and preventive medicines. These services can keep you healthy and prevent disease. The Task Force recommendations do not cover diagnosis (tests to find out why you are sick) or treatment of disease. Task Force recommendations also apply to some groups of people, but not others. For example, this recommendation does not apply to people who have diabetes or high blood pressure because testing for CKD in these people is considered ongoing care and treatment of their disease.

How should you decide whether to be screened for CKD?
Consider your own health and lifestyle. Think about your personal beliefs and preferences for health care. Talk with your health care professional about your risk factors for CKD. And consider scientific recommendations, like this one from the Task Force. If you do get a screening test, talk with your health care professional about the results of your test and next steps you may need to take.
What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed. Recommendations only address services offered in the primary care setting or services referred by a primary care clinician.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the Task Force Web site.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Recommended.</td>
</tr>
<tr>
<td>B</td>
<td>Recommended.</td>
</tr>
<tr>
<td>C</td>
<td>Recommendation depends on the patient's situation.</td>
</tr>
<tr>
<td>D</td>
<td>Not recommended.</td>
</tr>
<tr>
<td>I statement</td>
<td>There is not enough evidence to make a recommendation.</td>
</tr>
</tbody>
</table>