CKM Guidance

Cardiovascular-Kidney-Metabolic Disease

Preventing Adverse Outcomes in Cardiovascular Kidney Metabolic Conditions

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Please make sure to periodically check for updated content.

Instructions:

The guidance is separated into the multiple sections.

Clicking on the yellow highlighted text will take you to the relevant section of the guidance on the guidance web site.

Clicking on a pink highlighted abbreviation will take you to the relevant abbreviation within the abbreviations section of this document.

Clicking on a blue link will open relevant external guidance in a new window for more detailed information.

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Abbreviations

13. Symptom management and future planning beyond disease modification

Symptom management

Symptom management

- People with CKM conditions often have a high burden of physical and psychosocial symptoms. These should be routinely and actively screened for, identified and managed by the clinical team. Useful screening tools include the PHQ-2 score for depression and the DDS2 score for diabetes distress.
- People with advanced kidney disease (eGFR < 15 mL/min) typically have symptoms that significantly impact quality of life → please click here for advice on symptom management.
- Neuropathic pain is common in people with diabetes and can usually be successfully treated

- Mild pain → paracetamol
- Moderate to severe pain → low dose tricycylic e.g. nortriptyline 10 mg nocte
  - Can titrate nortriptyline and add pregabalin or gabapentin as required
  - Pregabalin is typically more effective than gabapentin with less adverse effects in diabetic neuropathy
  - Carbamazepine can be added in severe cases
- Topical capsaicin 0.075% may be useful for localised neuropathic pain

Future planning beyond disease modification

Future disease planning beyond disease modification

- Despite best efforts, CKM conditions, often through cardiovascular and chronic kidney disease, will progress to increased morbidity and mortality. Early identification of palliative care needs and addressing these needs is the role of all health care practitioners working with CKM conditions
- People with advanced stages of CKM conditions have:
  - a high burden of physical symptoms
  - increased risk of hospitalisations
  - increased risk of sudden death
  - increased needs in the social, psychological and spiritual domains of Te Whare Tapa Whā
- Future planning of people's wishes in case of deterioration should be considered early, alongside ongoing management. To identify people whose health is deteriorating, the SPICT tool can be used. The Surprise Question; *'Would I be surprised if this patient were to die in the next year?'* can provide a prompt for action.
- Advance Care Planning (ACP), Shared Future Goals of Care and Serious Illness
- Conversation Guides are available to aid health care professionals.
- For people with complex needs, referral to specialist palliative care services should be considered early.

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Abbreviations:

CKM
Cardiovascular-Kidney-Metabolic

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