Your Kidney Health Tracker



More than 30 million Americans have chronic kidney disease (CKD)—but most of them don't know it. If you're age 60 or older, have diabetes and/or high blood pressure, testing is the best way to protect yourself. Adults of certain racial or ethnic backgrounds, including those of African-American, Hispanic, Native American or Asian descent, also should receive annual testing.

Risk for kidney disease is also increased by long-term use of certain medications—including nonsteroidal anti-inflammatory drugs (NSAIDs), such as *ibuprofen* (Advil, Motrin)...and proton pump inhibitor heartburn drugs, such as *omeprazole* (Prilosec). Certain herbs or dietary supplements, including St. John's wort, also increase risk for kidney damage.

To streamline the screening process, the National Kidney Foundation and the American Diabetes Association recommend the Kidney Profile—a urine sample for *albumin-to-creatinine ratio* (ACR) and a blood test for *estimated glomerular filtration rate* (eGFR).

Don't rely only on your doctor to stay on top of your test results. *To help track your numbers over time, download this sheet and fill it in each time you get tested...*

ACR urine test checks for albumin, a type of protein that should not be present in the urine. *Desired result:* Less than 30 mg/g—higher levels may indicate kidney damage.

eGFR blood test measures how well your kidneys are removing wastes and excess fluid from the blood. *Desired result*: 90 or above is normal...below 60 is considered reduced kidney function. People with an eGFR between 60 and 89 may not have kidney disease, especially if their ACR is normal. *Note:* The eGFR number declines with age, even in people without kidney disease.

Talk to your doctor about the appropriate testing frequency for you.

Date	ACR urine test	eGFR blood test

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Source: National Kidney Foundation, Kidney.org, and Kidney Pathways, an interactive tool to enter risk factors and Kidney Profile numbers, Kidney.org/phi/form.