

		Albuminuria Category		
		A1 < 30	A2 30 - 300	A3 > 300
GFR Stage ↓	eGR (ml/ min/1,73m ²)			
	G1 ≥ 90	Low risk	Low risk	High risk
	G2 60 - 89	Low risk	Moderate risk	High risk
	G3a 45 - 59	Moderate risk	Moderate risk	High risk
	G3b 30 - 44	Moderate risk	High risk	High risk
	G4 15 - 29	High risk	High risk	High risk
	G5 < 15	High risk	High risk	High risk

WHO SHOULD GET TESTED?

Ask your doctor about kidney screening if you:

- Have diabetes or high blood pressure
- Have a family history of kidney disease
- Have had frequent urinary tract infections or kidney stones
- Take medications that could affect kidney function over the long term

Important: This pamphlet is for general awareness only. Always follow your healthcare provider's advice for personalized diagnosis or treatment.

HOW TO PROTECT YOUR KIDNEYS

- Manage blood sugar and blood pressure levels
- Follow a balanced, low salt diet
- Stay physically active and maintain a healthy weight
- Avoid smoking and limit alcohol intake
- Take medications as prescribed
- Use anti-inflammatory painkillers only when necessary
- Have regular check-ups if you have risk factors

TREATMENT AND SUPPORT

CKD care varies by stage and cause and may include:

- Lifestyle changes and dietary guidance
- Medications for blood pressure, diabetes, or other conditions
- Referral to a kidney specialist if needed
- Dialysis or kidney transplant in advanced stages
- Ongoing monitoring and support from your healthcare team

Healthy kidneys help activate vitamin D, which is important for strong bones and overall health. When kidney function declines, vitamin D levels can drop, leading to weaker bones. Your doctor may recommend supplements if needed.



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YOUR KIDNEYS MATTER

YOUR GUIDE TO UNDERSTANDING
AND PROTECTING KIDNEY HEALTH

WHY YOUR KIDNEYS ARE VITAL

- Filter waste, toxins, and extra fluid from your blood
- Balance electrolytes such as sodium and potassium
- Help regulate blood pressure
- Keep bones strong and support red blood cell production

WHAT IS CHRONIC KIDNEY DISEASE (CKD)?

Chronic Kidney Disease is a long-term condition in which kidneys gradually lose their ability to filter blood properly. It often develops slowly over time or years and may not cause noticeable symptoms until more advanced stages.

Common causes include:

- Diabetes
- High blood pressure
- Family history of kidney problems
- Repeated infections or kidney stones
- Long-term use of some over-the-counter medications can harm the kidneys – especially non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or diclofenac. Certain antacids that contain aluminium or magnesium, and some herbal supplements, can also be harmful. Always check with your doctor before using painkillers or supplements regularly.

WHAT ARE THE WARNING SIGNS?

CKD may be silent early on. See your doctor if you notice:

- Swelling in your ankles, legs, or face
- Changes in how often you urinate or how your urine looks – such as passing urine more or less frequently than usual, especially at night; having foamy, cloudy, or dark-coloured urine; or seeing blood in the urine. These changes can be early signs of kidney problems.
- Feeling tired or weak
- Poor appetite, nausea, or a metallic taste
- Muscle cramps or itchy skin

HOW IS CKD DIAGNOSED?

Early detection helps slow the disease and protect your health. Your doctor may recommend:

- Blood tests (e.g. serum creatinine and eGFR) to assess kidney function. Sometimes doctors may also test cystatin C, another blood marker that can detect kidney problems earlier or in

special situations.

- Urine tests (albumin-to-creatinine ratio, or ACR) to detect protein leakage
- Blood pressure checks, as high blood pressure can harm the kidneys
- Imaging tests (e.g. ultrasound) to look at kidney structure and possible problems like cysts, stones, or blockages.

CKD STAGES AT A GLANCE

What is eGFR?

eGFR stands for estimated Glomerular Filtration Rate. It's a number your doctor uses to understand how well your kidneys are working.

- It is calculated from a blood test that measures a waste product called creatinine.
- The result is adjusted for your age, sex, and body size, and shown as millilitres per minute per 1.73 square metres (ml/min/1.73 m²) – a standard way to compare kidney function between people.

What the number means:

- A normal eGFR is usually 90 or above.
- Lower numbers mean the kidneys are not filtering blood as well.
- This test helps doctors detect kidney disease early –even before symptoms appear.

Stage	eGFR (ml/min/1.73 m²)	Meaning
G1	≥ 90	Normal/high function
G2	60–89	Mild loss of function
G3a	45–59	Mild to moderate loss
G3b	30–44	Moderate to severe loss
G4	15–29	Severe loss of function
G5	< 15	Kidney failure – may need dialysis or transplant

UNDERSTANDING ALBUMINURIA AND THE ALBUMIN-TO-CREATININE RATIO (ACR)

It is a urine test that checks how much albumin (a type of protein) is present in your urine compared to the amount of creatinine (a waste product). Your doctor may test your urine for albumin, a protein whose presence can signal early kidney damage.

ACR Category	ACR (mg/g)	Meaning
A1	< 30	Normal to mildly elevated
A2	30–300	Moderately elevated (warning sign)
A3	> 300	Severely elevated (higher risk)

Why it matters: Combining your **GFR stage** (G1–G5) with your **ACR level** (A1–A3) lets healthcare providers better understand your kidney health and how likely it is to worsen.

CKD RISK CHART: GFR + ACR

eGFR stage shows how well your kidneys are filtering blood; ACR level shows how much albumin is in your urine. Together they can indicate your overall level of risk. For example, a person with G2 (mild loss) and A3 (high albumin) may face more risk than someone with G3a but A1.