



Kidney conditions: CKD and SGLT2 inhibitors

NICE indicator

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Indicator

The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

- no type 2 diabetes and a urine ACR of 22.6 mg/mmol or more, or
- type 2 diabetes and a urine ACR 3 mg/mmol or more.

Indicator type

General practice indicator for use outside the Quality and Outcomes Framework (QOF). Assessment of available data shows less than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Chronic kidney disease (CKD) is a long-term condition characterised by abnormal function or structure (or both) and is an important public health problem associated with significant morbidity, premature mortality and high healthcare costs. Management of CKD aims to prevent or delay disease progression and the development of complications. SGLT2 inhibitors can be used as an add on to standard care with ACE inhibitors and angiotensin receptor blockers (ARBs) for people with CKD as there is evidence for benefits in terms of CKD progression, cardiovascular events and mortality. Modifiable risks for diabetic ketoacidosis should be addressed for people with type 2 diabetes before starting on an SGLT2 inhibitor.

Source guidance

- [Dapagliflozin for treating chronic kidney disease. NICE technology appraisal guidance 775 \(2022\) recommendation 1.1](#)
- [Type 2 diabetes in adults. NICE guideline NG28 \(2015, updated 2022\) recommendations 1.8.17 to 1.8.19](#)

Specification

Numerator: The number of patients in the denominator who are currently treated with an SGLT2 inhibitor.

Denominator: The number of patients on the CKD register currently treated with an ARB or ACE inhibitor and either:

- no type 2 diabetes and last urine ACR 22.6 mg/mmol or more, or

- type 2 diabetes and last urine ACR 3 mg/mmol or more.

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions: Current treatment with an ARB or an ACE inhibitor is defined as a prescription in the last 6 months of the reporting period. This should be before the last prescription of an SGLT2 inhibitor.

Exclusions: Patients with eGFR <25 ml/min/1.73m².

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if treatment with an SGLT2 inhibitor is not appropriate.

Expected population size: Data from CPRD Aurum (March 2022 release; on file, approved study protocol 23_002668) shows that 0.2% of people in England are on the CKD register with ARB or an ACE inhibitor prescribed in the last 6 months and either no type 2 diabetes and the last urine albumin to creatinine ratio 22.6 mg/mmol or more or type 2 diabetes and the last urine albumin to creatinine ratio 3 mg/mmol or more: less than 20 patients for an average practice with 10,000 patients. There is no minimum number of patients required for general practice indicators intended for use outside the QOF. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

Note on data from CPRD Aurum: This study is based in part on data from the Clinical Practice Research Datalink obtained under licence from the UK Medicines and Healthcare products Regulatory Agency. The data is provided by patients and collected by the NHS as part of their care and support. The interpretation and conclusions contained in this study are those of the authors alone.

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