

SHORT COMMUNICATION

Kidney Health Cannot Wait: Making CKD Screening Routine in Primary Care

Jyoti Prakash

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ABSTRACT

Chronic kidney disease (CKD) is a surging public health crisis in India, primarily driven by rising rates of diabetes and hypertension. Because early-stage CKD is largely asymptomatic, it frequently remains undetected until advanced stages, causing severe health system strain and catastrophic financial hardship for families. This communication advocates for integrating systematic, targeted CKD screening into India's primary healthcare infrastructure, specifically utilizing the expanding network of Ayushman Bharat Health and Wellness Centres. Rather than population-wide screening, a feasible, cost-effective strategy focusing on high-risk populations—including individuals with diabetes, hypertension, advanced age, obesity, or cardiovascular disease—is recommended. Screening can be efficiently conducted using simple, low-cost diagnostic tools: serum creatinine-based estimated glomerular filtration rate (eGFR) and urine albumin testing. Early detection enables timely, renoprotective clinical interventions that significantly slow disease progression, reduce cardiovascular risk, delay expensive renal replacement therapies, and promote sustainable health financing across India.

KEYWORDS

- Chronic Kidney Disease (CKD) • Primary Healthcare • Targeted Screening
- Health and Wellness Centres

INTRODUCTION

Chronic kidney disease (CKD) is an expanding public health challenge globally and in India, driven largely by the rising prevalence

of diabetes and hypertension.¹⁻³ Despite its substantial morbidity, mortality, and economic burden, CKD frequently remains undetected until advanced stages, when

AUTHOR'S AFFILIATION:

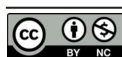
Professor and Head, Department of General Medicine, All India Institute of Medical Sciences, Patna, Bihar, India.

CORRESPONDING AUTHOR:

Jyoti Prakash, Professor and Head, Department of General Medicine, All India Institute of Medical Sciences, Patna, Bihar, India.

E-mail: jyoti11237@aiimspatna.org

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treatment becomes complex and costly. Early identification through simple tools such as estimated glomerular filtration rate (eGFR) and urine albumin testing enables timely intervention to slow progression and reduce cardiovascular risk.⁴⁻⁶ However, CKD screening is not systematically integrated into routine primary care in India. Targeted screening of high-risk groups offers a cost-effective and feasible strategy in resource-constrained settings.⁸ Embedding kidney assessment within existing non-communicable disease services, particularly through Health and Wellness Centres, can improve early detection, reduce complications, and promote sustainable health financing.^{9,10}

Chronic kidney disease (CKD) has emerged as a leading cause of morbidity and mortality worldwide, with its burden rising steadily over the past decade.¹ In India, where diabetes and hypertension are increasingly prevalent, CKD contributes substantially to health system strain and financial hardship for families.^{2,3} Despite this, CKD often remains undetected until advanced stages, when clinical manifestations prompt urgent and expensive care. Early detection, however, provides a critical opportunity to slow disease progression, reduce complications, and prevent catastrophic health expenditure.

CKD is largely asymptomatic in its early stages. Individuals at highest risk—those with diabetes, hypertension, older age, obesity, or cardiovascular disease—are usually already engaged with health services.⁴ Simple, low-cost tools such as estimation of glomerular filtration rate (eGFR) based on serum creatinine and measurement of urine albumin can detect early kidney damage years before symptoms develop.⁵ When identified early, interventions including optimal blood pressure and glycaemic control, renin-angiotensin system blockade, and other renoprotective therapies significantly slow progression and reduce cardiovascular risk.⁶

Despite robust evidence and global clinical guidance, CKD screening has not yet been systematically integrated into primary care practice in India. Clinical encounters for diabetes or hypertension frequently focus on glycaemic indices or blood pressure targets, while renal assessment is inconsistently

performed. This gap contributes to delayed referrals and missed opportunities for early intervention.⁷

Reframing CKD as a core primary care responsibility is therefore essential. Evidence suggests that targeted screening in high-risk groups is more effective and cost-efficient than population-wide approaches, particularly in low and middle-income settings.⁸

Primary care providers are ideally positioned to integrate kidney assessment into routine non-communicable disease (NCD) management.

The expansion of Health and Wellness Centres under Ayushman Bharat offers a practical platform for embedding CKD screening within existing services.⁹ Standardizing periodic eGFR and urine albumin testing for individuals with diabetes and hypertension could transform sporadic testing into systematic prevention.

The economic rationale for early screening is compelling. Dialysis and advanced kidney care impose heavy financial demands on individuals and health systems, whereas early detection and management are comparatively inexpensive and can delay or prevent costly therapies.¹⁰ Integrating CKD screening therefore supports both improved patient outcomes and sustainable health financing.

CONCLUSION

CKD may be clinically silent, but policy inaction need not be. Embedding routine kidney assessment into primary care is both a clinical imperative and a public health priority.

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