

Condition Insight Report (CIR)

Chronic Kidney Disease

Version 1.0

Made in collaboration with the
National Kidney Federation

[Slide 2 – Overview](#)

[Slide 3 – Fluctuations and reliability](#)

[Slide 4 – Sensitivities and customer care](#)

[Slide 5 – Functional impact 1-3](#)

[Slide 6 – Functional impact 4-6](#)

[Slide 7 – Functional impact 7-9](#)

[Slide 8 – Functional impact 10-12](#)

[Slide 9 – Additional reading/ resources](#)

PLEASE NOTE: This is a document for internal use only and not intended for distribution.

Throughout this document you will find links to external websites. These links are being provided as a convenience and for informational purposes only and do not imply on the part of Capita, IAS, DWP or DfC any endorsement or guarantee of any of the organisations, opinions or information (including the right to display such information) found on their respective websites. Any comments or enquiries regarding the linked websites or their content should be directed to the owners of the website.

Overview

What is the condition usually called/ any abbreviations used?

Chronic Kidney Disease leading to Kidney Failure, CKD.

Brief overview of the condition

Chronic kidney disease (CKD) means your kidneys are damaged and can't filter blood the way they should. The disease is called "chronic" because the damage to your kidneys happens slowly over a long period of time. This damage can cause wastes to build up in your body.

CKD can also cause other health problems.

Presenting Symptoms

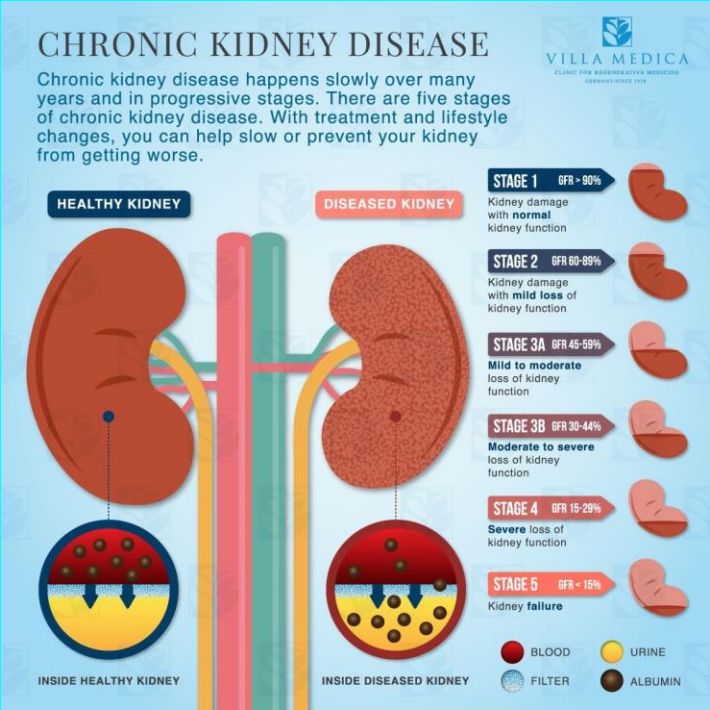
Below are some of the most common symptoms. These are not exclusive and you must ensure to explore individual symptoms with each claimant

- **Oedema** can be caused by a build up of fluids
- **Chronic Fatigue** can be caused by a build-up of toxins or anaemia, lack of red blood cells.
- **Breathlessness** can be caused by a build up of fluid or anaemia
- **High Blood Pressure** can be caused by diseased kidneys, calcium build up.
- **Osteoporosis, bone pain** can be caused by build up of calcium
- **Neuropathy** can be caused by toxin build up
- **Nausea** can be caused by a build up of toxins
- **Heart problems** can be caused by a build up of calcium or fluid
- **Feeling Cold** caused by anaemia lack of red blood cells
- **Weakness** caused by anaemia lack of red blood cells
- **Cognitive disfunction** caused by a build up of toxins or effects of dialysis (dialysis disequilibrium)
- **Erectile Dysfunction** caused by narrow blood vessels or low testosterone in males.
- **Bloating/ distended abdomen** found in patients with Polycystic Kidney Disease
- **Pain** especially in PKD patients who suffer burst cysts
- **Deafness** is a feature of Alports Syndrome

Tell me something I don't know.....



Kidney function is measured using the eGFR. This stands for estimated Glomerular Filtration Rate and is the rate at which blood is filtered by the kidneys. The eGFR is calculated by the laboratory from the blood level of creatinine in your blood stream. The image below helps to show you the difference between a healthy and diseased kidney and how this may impact on physiological function. At assessment ensure you ask what stage the claimant is at and utilise this to help to establish severity.



What do Kidney's do?

Remove waste and extra fluid

Your kidneys act like a filter to remove wastes and extra fluid from your body. Your kidneys filter about 200 quarts of blood each day to make about 1 to 2 quarts of urine. The urine contains waste and extra fluid. This prevents build up of waste and fluid to keep your body healthy.

Make red blood cells

Your kidneys make a hormone called erythropoietin. Erythropoietin tells bone marrow to make red blood cells. Red blood cells carry oxygen from your lungs to supply all your body's needs. Red blood cells give you the energy you need for daily activities.

Control pH Levels

pH is a measure of acid and base. Your kidneys maintain a healthy balance of the chemicals that control acid levels. As cells break down, they make acids. The foods you eat can either increase or lower the amount of acid in your body. Your kidneys balance the pH of your body by either removing or adjusting the right amounts of acid and buffering agents.

Control blood pressure

Your kidneys need pressure to work properly. Kidneys can ask for higher pressure if it seems too low, or try to lower pressure if it seems too high by controlling fluid levels and making the hormone that causes blood vessels to constrict.



Keep bones healthy

The kidneys make an active form of vitamin D. You need vitamin D to absorb calcium and phosphorus. Calcium and phosphorus are important minerals for making bones strong. The kidneys also balance calcium and phosphorus so your body has the right amount.

Customer Care & Sensitivities

What areas might they find difficult to mention or perhaps understate the impact of?

As kidney disease is a progressive condition by nature, you must consider that the claimant may have adjusted to their symptoms to a certain extent and potentially under report their functional limitations.

REMEMBER: *Fatigue is not simply tiredness. Ensure you recognise this during the assessment.*

- The assessment process may be extremely tiring for the claimant. Ensure you allow adequate time to answer questions and equally make sure your questions are presented in a way that does not cause confusion.
- Allow and encourage companion input where appropriate. Often a companion, maybe a family member or friend, can offer superb insight on functional restriction that the claimant does not recognise.



Click **HERE** to watch a video explaining just how fatigue feels

Reliability

What specific areas should be covered to ensure a complete, reflective report?

SAFETY 

Do they have any symptoms which could cause a safety consideration?

If someone experiences cognitive fatigue or dysfunction, we must consider if they are safe to complete activities alone.

TIMELY 

For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

One of the primary symptoms of kidney disease/failure is fatigue. Someone may report they can complete an activity, but you must consider how long it takes them. Does it take more than double the time of someone without a disability?

ACEPTABLE  STANDARD

How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?

Remember that surface level function does not consider reliability. Someone may say they can do a task, but consider if they are doing it to an acceptable standard.

REPEATEDLY 

Are they able to repeat a task as often as required? Is this the same every day?

You must consider the impact that completing an activity has on a claimant with CKD. How do they feel after completing it and how long does it take them to recover?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 1: Preparing food

A lot of people with chronic kidney disease suffer from breathlessness, weakness, pain and fatigue. This can often mean a simple task such as preparing a meal can have a detrimental impact on their ability to complete other tasks.

Remember in PIP...

We must explore **how** someone cooks. Can they stand for the duration of cooking? How long does it take and how do they feel after? Do they require assistance? Can they safely peel and chop vegetables? If they experience fatigue, how long does this take to pass? Can restriction be overcome with aids, or do they require assistance?

Activity 2: Taking nutrition

The fluid and food restrictions for patients can be very severe. Food restrictions can include foods including potassium, fresh fruit, vegetables, dried fruit, beans nuts or phosphates meat, seafood, dairy. As a result of these restrictions, patients often suffer from extensive weight loss.

People with CKD may also suffer from nausea impacting on appetite.

Remember in PIP...

Dietary restrictions are not considered within the scope of the activity. However, you must explore if someone needs prompting to eat. If so, is this prompting throughout the duration of the meal? Also, can they physically cut food, bring it to their mouth and swallow?

Activity 3: Managing therapy and monitoring a health condition

A lot of people who suffer with CKD have dialysis. Patients who choose to do haemo-dialysis at home must have someone with them in cases of emergency such as a drop in blood pressure, dislodged needles or a machine malfunction. Patients may need help setting up and dismantling and disposing of fluids after a session.

They may also take multiple oral medications to manage their condition.

Remember in PIP...

Duration of therapy is not considered. However, any assistance that is required within the home environment, if clinically consistent, must be considered and probing take place around times. Also, can they manage their own medication? Can they remember to take it and physically remove it from packaging?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 4: Washing and Bathing

A lot of people with chronic kidney disease suffer from breathlessness, weakness, pain and fatigue. This can often mean a simple task such as washing can have a detrimental impact on their physical ability to complete other tasks.

Remember in PIP...

Can they wash and bathe majority of days? Can they reach all areas of the body? How long does it take them? Do they sit down, if so why? Can they get in and out of an unadapted bath? Can they overcome restrictions with aids or do they require assistance?

Also, for those with hearing problems requiring bilateral aids, could they hear a smoke alarm with their aids out if in the bath or shower?

Activity 5: Managing toileting needs and incontinence

Consider if someone is prescribed diuretics for fluid retention, this may cause increased urinary frequency and urgency.

Also, if someone is suffering from lower limb swelling or weakness, they may struggle sitting on and standing from the toilet.

Remember in PIP...

Mobilising to the toilet is not considered within the scope of the activity. Do they have incontinence? Can they manage this themselves? Can they sit and stand from the toilet and clean themselves after?

Activity 6: Dressing and undressing

A lot of people with chronic kidney disease suffer from breathlessness, weakness, pain and fatigue. This can often mean a simple task such as dressing and undressing can have a detrimental impact on their physical ability to complete other tasks.

Remember in PIP...

Sitting down is considered acceptable within the scope of the activity. Does this reduce their fatigue? How long does this activity take? How do they feel after? Can they dress their upper and lower body? Do they have grip, can they bend? Do they experience pain?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 7: Communicating Verbally

You should consider cognitive fatigue may impact a person's ability to communicate with others.

A patient may also suffer from cognitive disfunction which is caused by a build up of toxins or effects of dialysis, also known as dialysis disequilibrium.

Also, someone with Alports syndrome (related to loss of kidney function) may experience deafness.

Remember in PIP...

A claimant must be able to both express **and** understand verbal information. Retention is not considered, however, they must be able to comprehend what is being said to them.

For those with a hearing impairment, do they utilise hearing aids bilaterally? If so, are they effective? If not, how do they communicate when out of the home? Can they sign or do they lipread?

Activity 8: Reading and understanding signs and symbols

You should consider cognitive fatigue may impact a person's ability to read and understand what they have read.

A patient may also suffer from cognitive disfunction which is caused by a build up of toxins or effects of dialysis, also known as dialysis disequilibrium.

Remember in PIP...

Within the scope of the activity complex written information is considered more than one sentence. Can they understand what they are reading? Do they use any aids?

Activity 9: Engaging with others face to face

Someone with CKD may withdraw from engagement due to the symptoms of their condition.

Furthermore, their condition may lead to low mood and potential anxiety impacting their ability to engage.

Remember in PIP...

Prompting can be considered as social support. Does the claimant have other conditions that may impact their ability to engage? If so, who can they engage with? How do they feel engaging with unfamiliar people? Who can support them to engage? If someone specific, why is this?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 10: Budgeting

You should consider cognitive fatigue may impact a person's ability to manage their finances and budget.

A patient may also suffer from cognitive disfunction which is caused by a build up of toxins or effects of dialysis, also known as dialysis disequilibrium.

Remember in PIP...

A person needs to be able to make simple and complex budgeting decisions. How do they manage their bills? Can they plan for a future payment? Can they manage their own food shopping?

Activity 11: Planning and following a journey

You should consider cognitive fatigue may impact a person's ability to plan and follow a journey

A patient may also suffer from cognitive disfunction which is caused by a build up of toxins or effects of dialysis, also known as dialysis disequilibrium.

Patients who have a diagnosis of Alports syndrome, may also experience hearing loss which impacts their ability to go out alone.

Remember in PIP...

If someone reports hearing loss, you must explore their ability to hear when out of the home. If they have bilateral aids, are these effective? If not, can they hear train announcements? Also, consider cognitive fatigue may impact ability to manage changes on journeys or plan new routes.

Activity 12: Moving Around

The combination of fatigue, breathlessness, dizziness, pain and weakness will likely impact on someone's ability to reliably mobilise.

Also consider that the nature of fatigue is such that symptoms often worse as the day progresses so walking distances completed at the start of the day may not be the same as the end of the day.

Remember in PIP...

STAR is imperative, especially with conditions that may cause fatigue. How far can they walk? How long does this take? What pace do they walk at? Can they repeat this? Is this at the same or a reduced pace? How many times could they repeat it? How long does it take to recover? Do they need an aid?

Additional reading or other resources

EXTERNAL

[Welcome - The National Kidney Foundation](#)

[What is Fatigue really like? | Symptom Spotlight | Spot Leukaemia – YouTube](#)

[National Institute of Diabetes and Digestive and Kidney Diseases \(NIDDK\) \(nih.gov\)](#)

<https://www.kidney.org.uk/>

<https://www.kidney.org.uk/Pages/Category/online-help-resources>

<https://www.kidney.org.uk/transplant-medication>

INTERNAL

[CIR-Myalgic Encephalomyelitis \(ME\)](#)

[Desktop Aid-Fatigue](#)

Version Control

Version	Date	Signed off by	Comments
1.0	01/09/2022	Shah Faisal	New CIR