Technology has also advanced in diabetes care. In particular, continuous glucose monitoring is facilitating more intensive glycemic control, particularly in type 1 diabetes (6). New biomarkers, such as glycated albumin and fructosamine, have also been proposed to assess glycemia in CKD, because hemoglobin A1c may be biased or imprecise when red blood cell turnover increases with low eGFR and the use of erythropoietin-stimulating agents.

Of course, new drugs and technologies cannot treat diabetes and CKD on their own. These new treatments must be added to and integrated with established therapies, including lifestyle interventions and proven therapies, such as metformin and RAS inhibitors. Of lifestyle interventions, dietary sodium, dietary protein, and physical activity have been best studied. All treatments must be applied in a manner that engages and is acceptable to patients and is delivered in care models that acknowledge local patterns of care and local resources. Importantly, diagnosis of hypertension must rapidly in both community and in the clinic. Treatment paradigms must take into account the cultural values and resources of diverse contexts.

The care of people with diabetes and CKD makes large demands on patients and is necessarily multidisciplinary in nature. Effective guidelines must therefore reflect patient priorities and the perspectives of multiple approches to care. Such guidelines must also acknowledge and account for the large range of care settings across the world. For these reasons, the KDIGO diabetes and CKD guideline writing group includes patients along with members from diverse professional backgrounds (nephrology, endocrinology, primary care, cardiology, pharmacology, nutrition) and from across the globe (United States, United Kingdom, Netherlands, Germany, India, Nigeria, Singapore, Hong Kong, and Brazil). It is anticipated that KDIGO and this writing group will release a draft set of recommendations for public commentary in December 2019, with a final guideline published in early 2020.

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References