

## Removal of the ethnicity adjustment for kidney function testing and the NICE Chronic Kidney Disease (CKD) guideline: A joint statement from professional, patient, and research kidney organisations

The National Institute of Health and Care Excellence (NICE) [Chronic Kidney Disease \(CKD\) guideline update](#) has been released today (25/8/2021). We would like to thank NICE and all those who have contributed to the guideline in this and previous versions. We recommend that all colleagues who are involved in the care of people with CKD read the guideline, as the recommendations in the guideline form the basis of good quality care for people with CKD.

**A major change from the previous guideline is the removal of the recommendation to adjust for ethnicity when calculating the estimated glomerular filtration rate (eGFR) in people from black ethnic groups. We welcome and support this change.**

The specific recommendations around measuring kidney function by creatinine-based eGFR (eGFR<sub>creatinine</sub>) are described in section 1.1 of the guideline ([link](#)). NICE continue to recommend the use of the Chronic Kidney Disease Epidemiology (CKD-EPI) eGFR<sub>creatinine</sub> for adults, but do not recommend adjustment for ethnicity.

**Importantly, NICE highlight that eGFR<sub>creatinine</sub> may be less reliable in certain situations. NICE provide the following examples: “acute kidney injury, pregnancy, oedematous states, muscle wasting disorders, and in adults who are malnourished, who have higher muscle mass or use protein supplements, or have had an amputation”; they also state that “eGFR<sub>creatinine</sub> has not been well validated in certain ethnic groups, for example, black, Asian, and other minority ethnic groups with CKD living in the UK”.**

On page 55 of the guideline, the reasons for not recommending an ethnicity adjustment are given. [“The committee agreed that adjusting eGFR equations for different ethnicities may not be valid or accurate.”](#)

NICE have provided research recommendations for creatinine-based estimation of GFR and we will advocate for the provision of funding to support these [recommendations](#).

**We encourage all renal services to work with clinical laboratories and/or electronic clinical system developers to remove the adjustment for black ethnicity from eGFR<sub>creatinine</sub> reports. Please could you also work in your local systems to support primary care colleagues and all health care professionals in understanding the implications of this change.**

Additionally, we encourage health care professionals in primary and secondary care to understand the basis for and implement this change and have produced an [explanatory document](#). To help patients understand this change, [patient information is available here](#).