

**Table 1. Stages of CKD**

| Stage | Description                                      | eGFR <sup>a</sup>   | Potential Complications of reduced eGFR <sup>a</sup> (alphabetically)  |
|-------|--|---------------------|--|
| 1     | Kidney damage <sup>b</sup> with normal or ↑ eGFR | ≥ 90                | <ul style="list-style-type: none"><li>• Anemia, including functional iron deficiency</li><li>• BP increases</li><li>• Calcium absorption decreases</li><li>• Dyslipidemia/heart failure/volume overload</li><li>• Hyperkalemia</li><li>• Hyperparathyroidism</li><li>• Hyperphosphatemia</li><li>• Left ventricular hypertrophy</li><li>• Metabolic acidosis</li><li>• Malnutrition potential (late)</li></ul> |
| 2     | Kidney damage <sup>b</sup> with mild ↓ eGFR      | 60-89               |  |
| 3     | Moderate ↓ in eGFR                               | 30-59               |  |
| 4     | Severe ↓ in eGFR                                 | 15-29               |  |
| 5     | Kidney failure                                   | < 15 or on dialysis |  |

**NOTES:**

<sup>a</sup> The listed complications are not specific to CKD but tend to occur with increasing frequency and are more directly attributable to CKD at lower eGFR (e.g. stages 4 and 5). If complications are noted at an early stage of CKD, investigation of alternative causes is recommended, e.g. profound anemia at eGFR of 55 ml/min is likely not attributable to low kidney function alone.

<sup>b</sup> Kidney damage is defined as pathological abnormalities (kidney biopsy results) or markers of damage including abnormalities in blood or urine tests (protein/albumin in the urine, red blood cells, white blood cells or casts) or imaging studies.<sup>2</sup>