International Diabetes Federation

Bridging the gap: multidisciplinary care for renal complications in diabetes

Online event

23 July 2026
13:30-15:00 CEST

BRIDGING THE GAP: MULTIDISCIPLINARY CARE FOR RENAL COMPLICATIONS IN DIABETES

WELCOME FROM THE MODERATOR

SALIH HENDRICKS

Blue Circle Voice, International Diabetes Federation

South Africa

WELCOME FROM IDF

- This webinar will be recorded.
- You can activate Zoom-generated subtitles for this webinar by clicking on the closed caption (cc) button at the bottom of your Zoom window. Please note these subtitles are not 100% accurate.
- The recording, slides and feedback questionnaire will be sent to all registrants in a few days.
- Participants who attend at least 80% of this event live will receive an attendance certificate only if they complete a feedback questionnaire. Please check your spam folders if you have not received them by 23 August.
- **Please use the Q&A function to post your questions to speakers and panellists.**

BRIDGING THE GAP: MULTIDISCIPLINARY CARE FOR RENAL COMPLICATIONS IN DIABETES

WELCOME FROM THE iCaReMe STEERING COMMITTEE

PROF CAROL POLLOCK

Professor of Medicine and Health at the University of Sydney | Member of the iCaReMe steering committee

Australia

Setting the scene

BRIDGING THE GAP: MULTIDISCIPLINARY CARE FOR RENAL COMPLICATIONS IN DIABETES

TYPE 2 DIABETES AND THE RISK OF CKD

DR BIANCA HEMMINGSEN

Technical Lead – Diabetes, Department of Noncommunicable Diseases and Mental Health, World Health Organization

Switzerland

BRIDGING THE GAP: MULTIDISCIPLINARY CARE FOR RENAL COMPLICATIONS IN DIABETES

REVOLUTION IN TREATMENT OF DIABETIC KIDNEY DISEASE

PROF MASAOMI NANGAKU

Immediate Past President, International Society of Nephrology | Dean of the University of Tokyo Graduate School of Medicine

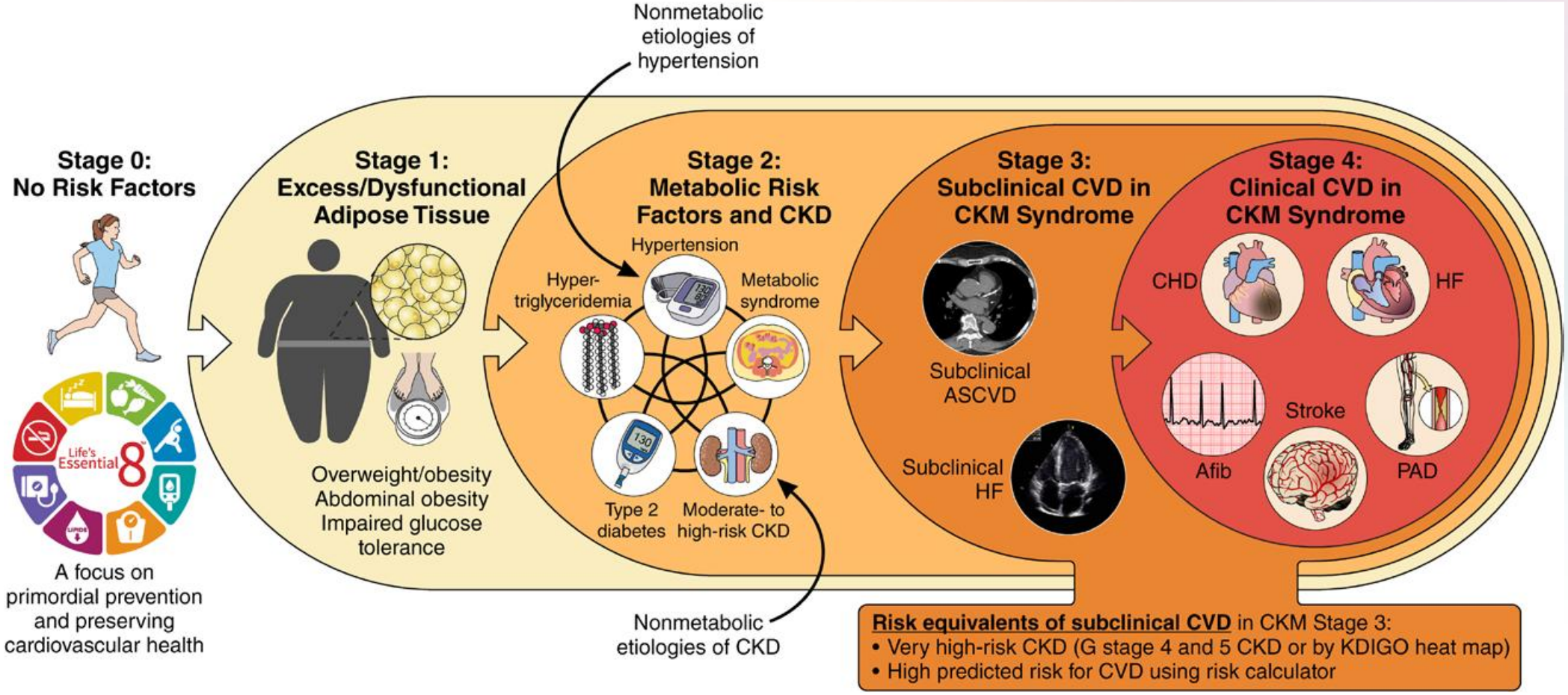
Japan

COI DISCLOSURE: FINANCIAL PRESENTER: MASAOMI NANGAKU

I have the following relationships to disclose.

- Employment: No
- Stock ownership or options: No
- Patent royalties/licensing fees: No
- Honoraria and advisory fees: Kyowa-Kirin, BI, Mitsubishi-Tanabe, Bayer
- Research funding: Kyowa-Kirin, BI, JT, Chugai

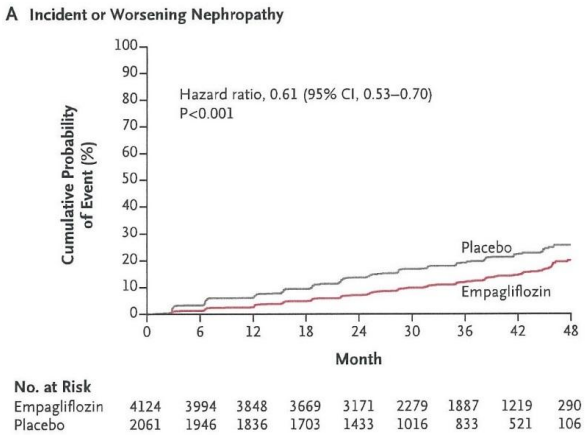
CARDIOVASCULAR-KIDNEY-METABOLIC (CKM) SYNDROME



Ndumele et al. Circulation 2023

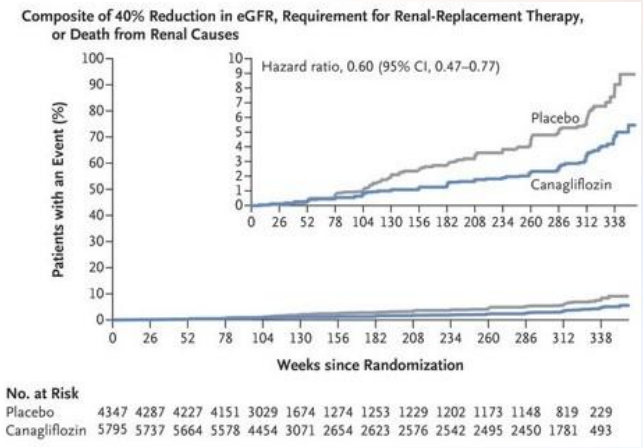
KIDNEY PROTECTION BY SGLT2 INHIBITORS

EMPA-REG OUTCOME



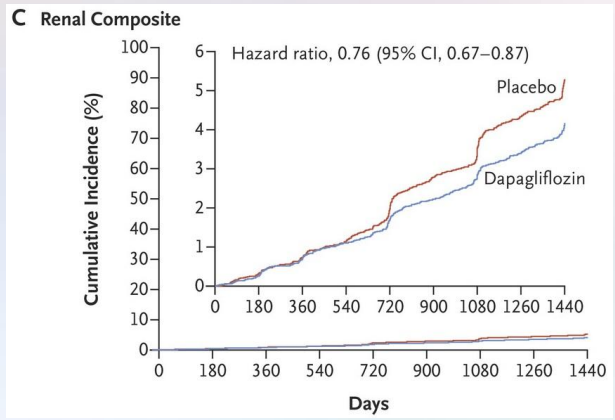
Wanner et al. N Engl J Med 2016

CANVAS



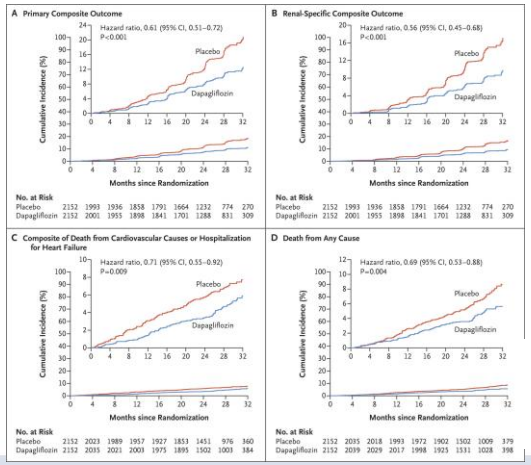
Neal et al. N Engl J Med 2017

DECLARE–TIMI 58



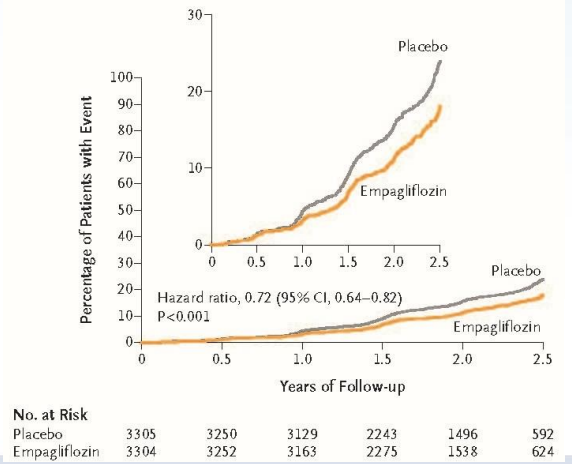
Wiviott et al. N Engl J Med 2018

DAPA-CKD



Heerspink et al.
N Engl J Med 2020

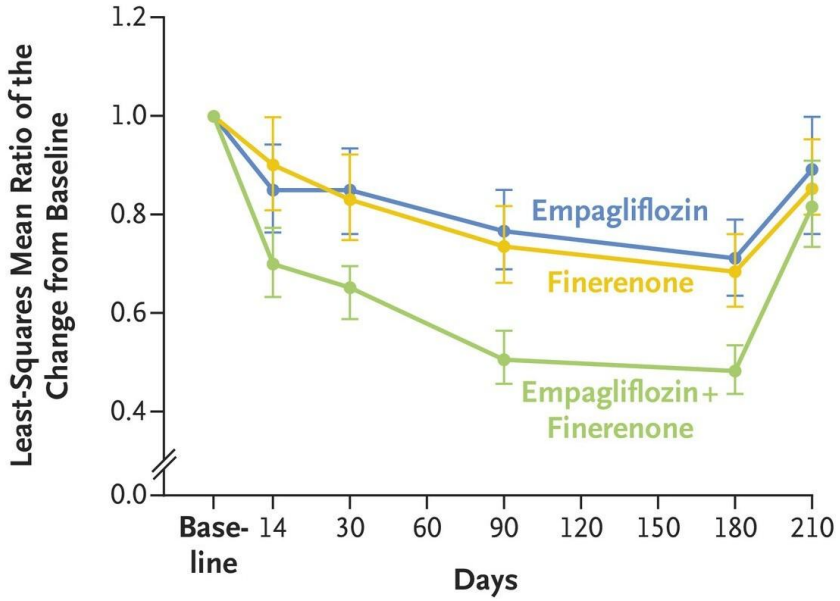
EMPA-KIDNEY



Herrington, Nangaku et al. N Engl J Med 2023
N Engl J Med 2025

CONFIDENCE – CHANGE IN URINARY ALBUMIN-TO-CREATININE RATIO

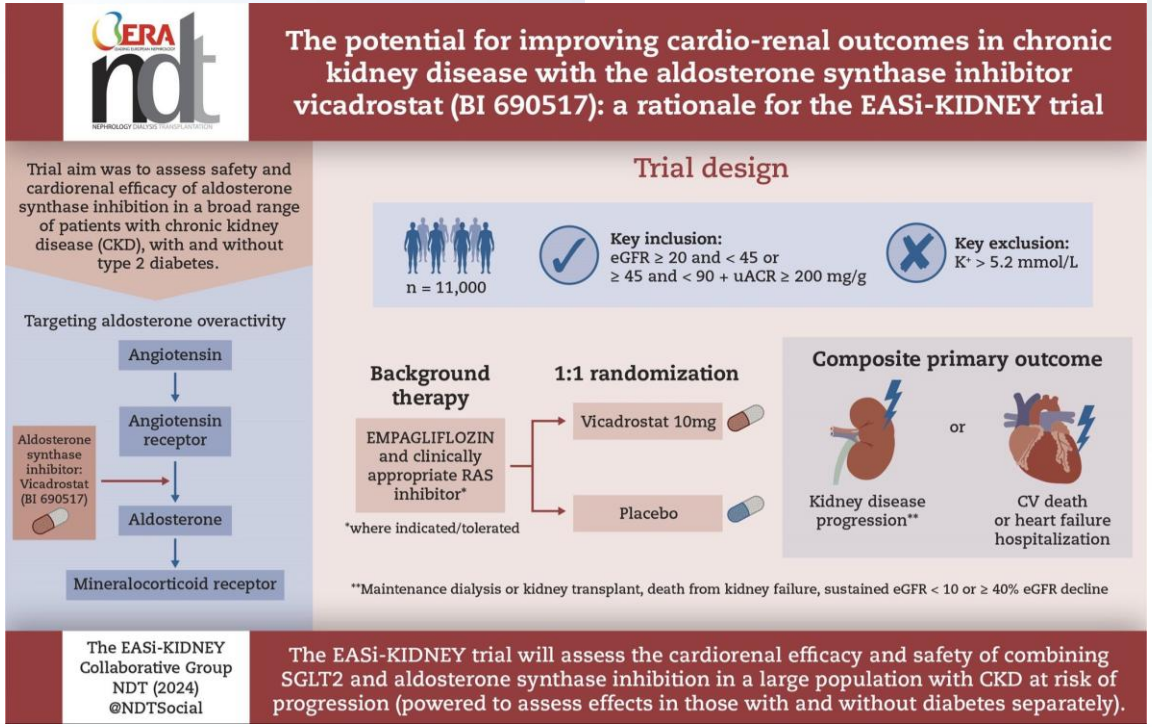
A Change in Urinary Albumin-to-Creatinine Ratio



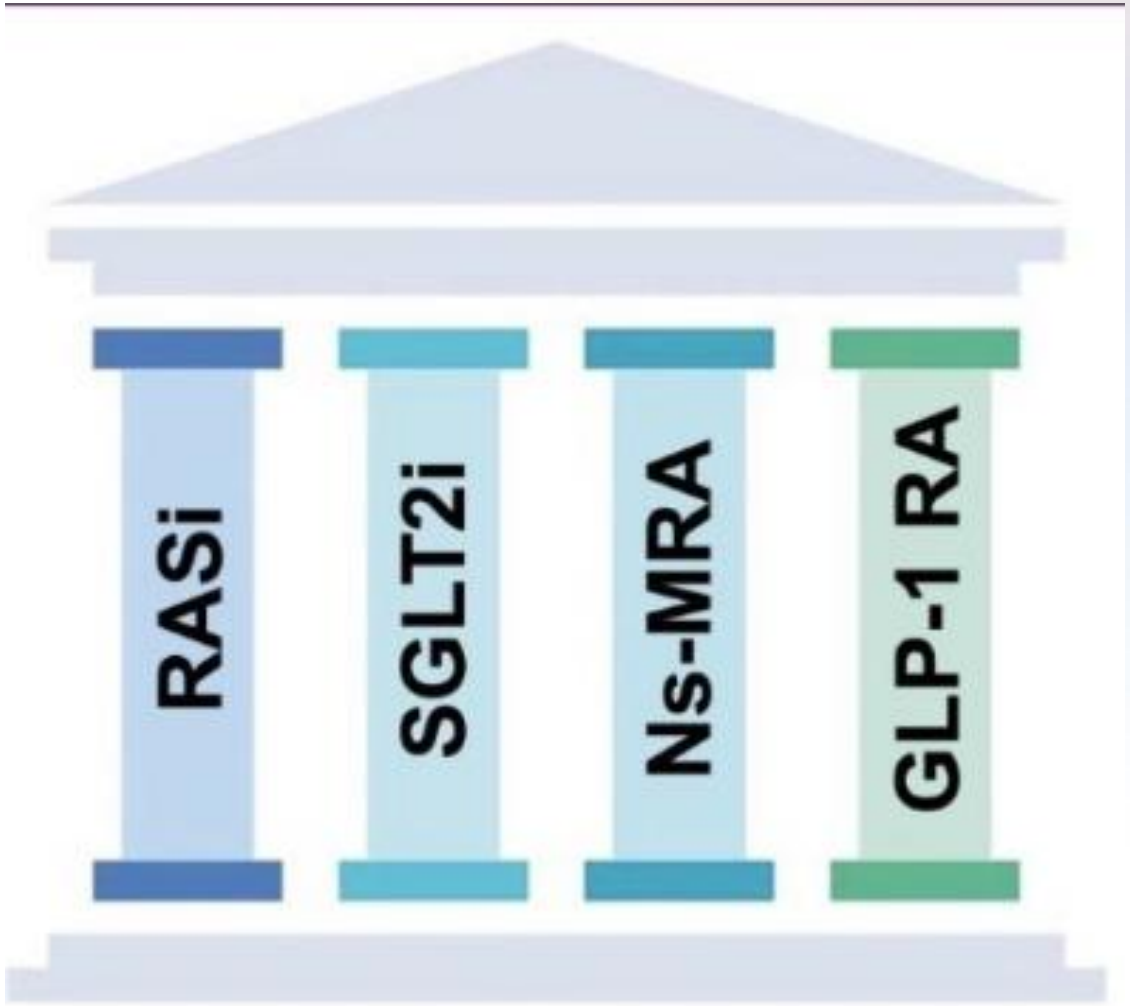
No. of Patients						
Finerenone	258	247	248	237	236	227
Empagliflozin	261	254	252	246	238	232
Empagliflozin+ finerenone	265	248	253	248	240	238

Agarwal, Nangaku et al.
N Engl J Med 2025

EASi-KIDNEY
Aldosterone Synthase inhibition & Empagliflozin in CKD



FOUR PILLARS APPROACH



BULLET POINTS: REVOLUTION IN TREATMENT OF DIABETIC KIDNEY DISEASE

- Traditional management strategies targeting blood pressure, blood sugar, lipid, and lifestyles are foundational approaches of diabetic kidney disease.
- The four pillars, RAS inhibitors, SGLT2 inhibitors, non-steroidal MRAs, and GLP-1 receptor agonists are now enhancing DKD treatment.
- As diabetic kidney disease is a systemic disorder, multidisciplinary is essential.

BRIDGING THE GAP: MULTIDISCIPLINARY CARE FOR RENAL COMPLICATIONS IN DIABETES

MULTIDISCIPLINARY MODEL OF CARE FOR PLWD AND CARDIORENAL COMPLICATIONS

PROF JEYAKANTHA RATNASINGAM

Department of Medicine, University Malaya

Malaysia

Multidisciplinary Model of Care for PLWD and Cardiorenal Complications

The CaReMe Approach in Malaysia

Professor Dr Jeyakantha Ratnasingam MD (UKM), MMed (UM), FRCP (Edin)
Senior Consultant Endocrinologist & Head of Endocrine Division
University Malaya Medical Centre, Kuala Lumpur, Malaysia

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UNIVERSITI MALAYA

Rationale for CaReMe Approach in Malaysia

UNIVERSITI MALAYA

CaReMe Global Alliance
Tackling Cardio • Renal • Metabolic Risk

Diabetes is one of the top causes of death in Malaysia!

15.6% or **1 in 6 adults** in Malaysia have diabetes

Around

1 in 3

people with T2D have **ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**

30%

of T2D patient has **CKD STAGE 3 or worse**

Current Healthcare Models

1. Fragmented (silos)
2. Low GDMT uptake
3. Poor Patient Experience
4. High Resource Utilisation

1. Institute for Public Health 2024. National Health and Morbidity Survey (NHMS) 2023: Non-communicable Diseases and Healthcare Demand - Key Findings
2. Lim LL et al.. Real-world evaluation of care for type 2 diabetes in Malaysia: A cross-sectional analysis of the treatment adherence to guideline evaluation in type 2 diabetes (TARGET-T2D) study. PLOS ONE, 2024

What is CaReMe Care Model in Malaysia ?

- **Patient centered**
- **Integrated** care for Cardio, Renal and Metabolic conditions
- Incorporating **allied health** care as well - dieticians, diabetes nurse educators, sports physicians, cardiac rehab, dialysis nurses
- Promote use of **GDMT**
- **Optimised** and **personalised**
- Part of a global alliance and registry –aims at improving outcomes
- Adapted to **local settings** for **sustainability**

Workflow of CaReMe Clinics University Malaya Medical Centre, Malaysia

CaReMe MDTs are **Virtual**
Patient is not required

- **Physicians from each specialty are represented**
- DEs, Dieticians, Diabetes Sports Physicians if required.
- **Lead by CaReMe Nurse Navigators**

- **Issues highlighted** from each aspect- Metabolic, Renal and Cardio
- Antropometrics, bloods reviewed
- **Medications reviewed- assessment of GDMT**
- Changes discussed and agreed upon

- **Changes documented in eMR**
- Patient contacted and changes informed
- Medication change / action plan carried out

- Patients in CaReMe are **only seen in one clinic**
- **Relevant data –into iCaReMe registry**

- Outcomes are compared against SoC arm
- Data & Publication in Works

CaReMe Team Malaysia

L > R
Dr Em Jun Min,
Dr New Ru Peng,
Miss Ummu Afiqah Binti Hassan (CaReMe Nurse Navigator)
Madam Lim Keok Lang (CaReMe Nurse Navigator)
Prof Dr Lim Lee Ling,
Prof Dr Jeyakantha Ratnasingam,
Prof Dr Lim Soo Kun,
Dr Khoo Jun Kit,
Dr Chew Chang Chuan,
Dr Tharsini Sarvanandan,
Dr Yew Soo Ying,
Dr Ooi Ying Guat

Not in picture : Prof Dr. Chee Kok Han, Dr. Lee Kee Wei, Dr. Izzah Nazura Ismail, Dr. Ooi Shok Hoon

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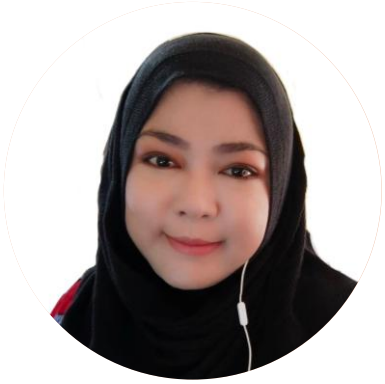
THE LIVED EXPERIENCE PERPECTIVE



MS ANITA SABIDI

Blue Circle Voice, International Diabetes Federation

Indonesia

MY JOURNEY

- Living with **type 1 diabetes** for nearly three decades
- Developed **Chronic Kidney Disease** following pregnancy complicated by pre-eclampsia and cardiomyopathy
- Kidney disease is not just a laboratory value – it affects **daily decisions, emotions, and quality of life**
- Early intervention helped slow progression and **preserve kidney function**

“Kidney complications are not inevitable.
Early detection and timely intervention can change the trajectory”

WHY MULTIDISCIPLINARY CARE MATTERS

My care team included:

- Endocrinologist
- Nephrologist
- Cardiologist
- Ophtalmologist
- Diabetes Educator
- Dietitian
- Family and peer support

What I learned:

- Diabetes complications are interconnected
- Communication between healthcare professionals is as important as treatment itself
- Patients should be active partners in decisión making
- Emotional support is an essential component of kidney care

"Coordinated care treats the whole person, not just one organ"

BRIDGING THE GAP TOGETHER

- **Earlier kidney screening** for every person living with diabetes, to detect early and act early
- **Better education and Health literacy**: empowered patients make informed choices and achieve better outcomes
- **Integrated multidisciplinary services**: collaborative care accross specialties and settings for seamless support
- **Equal Access to care and treatments:** wherever you live, you deserve the same chance to protect your kidneys

"Kidney disease may become part of your journey, but it should never define your future. With the right team, timely care, and empowered patients, we can preserve both kidney health and quality of life."

Discussion panel and Q&A

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CLOSING REMARKS AND THANKS

SALIH HENDRICKS

Blue Circle Voice, International Diabetes Federation

South Africa

IDF Congress 2027 to take place in Singapore

- 10-12 April, 2027
- Exceptional platform for scientific exchange, professional collaboration and advocacy
- Registration will open in July
- Abstract submission closes on August 15
- https://idf2027.org/

CLOSING REMARKS AND THANKS

- The recording, slides and feedback questionnaire will be sent to all registrants in a few days.
- Please respond to the feedback questionnaire to help us improve future IDF online events.
- Send any questions you may have to advocacy@idf.org.

Thank you!