Screening and monitoring of renal co-morbidity in rheumatic disease

**Screening:**

- Serum creatinine with eGFR
  - both normal
  - positive
  - abnormal

**Urinary dipstick**

- Protein, Erythrocytes, Leukocytes
  - positive
  - negative

**Renal co-morbidity unlikely**

- repeat in regular intervals

**Extrarenal causes (e.g. UTI)?**

- yes
  - treat and repeat
- no

**Clinical parameters**

- Hypertension, edema, macrohematuria, decreased urinary output etc.

**Management:**

- Rheumatologist:
  - Avoid nephrotoxic drugs (e.g. NSAID, cyclosporine);
  - note dose reductions and contraindications (e.g. MTX)

- Nephrologist:
  - Diagnostic workup, e.g. ultrasound, renal biopsy;
  - immunosuppressive therapy for autoimmune disease;
  - supportive therapy for CKD