

Top 5 Mistakes CKD Patients Make — and How to Avoid Them

A printable companion to the guide at williamriveromd.com/guides/ckd-top5-mistakes

These are not failures of character — they are gaps in information. Every mistake below is common, understandable, and preventable. Print this page, post it where you will see it, and review it with your nephrologist.

I COMMIT TO THE FOLLOWING — FOR MY KIDNEYS, AND FOR EVERYONE WHO DEPENDS ON ME:

1 Take every prescribed medicine, every day. Kidney-protecting drugs (like losartan or perindopril) work silently — feeling well means they are working, not that they can be stopped. If I have a question about a medicine, I will ask my doctor before stopping it.

I will not stop any medicine on my own.

2 Match my protein to my CKD stage. I will confirm my current protein target with my nephrologist — lower before dialysis to slow progression, higher once on dialysis to prevent muscle wasting. The rule changes when I start dialysis.

I have confirmed my protein target.

3 Never take NSAIDs or herbal “cleanses” without clearance. No mefenamic acid (Ponstan), ibuprofen, diclofenac, naproxen, or herbal “pang-hugas ng bato” without calling my nephrologist. For pain and fever, paracetamol is my default.

Paracetamol is my go-to for pain.

4 Attend every dialysis session, in full. If I am on dialysis, I will never skip or shorten a session. If something prevents me, I will call my dialysis unit *before* missing — not after.

I will call my unit before missing.

5 Keep every clinic follow-up and lab test. Even when I feel completely well. CKD is silent; feeling well is evidence my treatment is working, not proof that monitoring is unnecessary.

My next appointment is booked.

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Book an appointment

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For education only and reflects common patterns in CKD management. Individual recommendations vary by stage, lab values, and medications. Always consult your nephrologist before changing your medicines, diet, or treatment schedule. References: KDIGO CKD 2024 · NKF KDOQI 2020 · Philippine Society of Nephrology CPG.