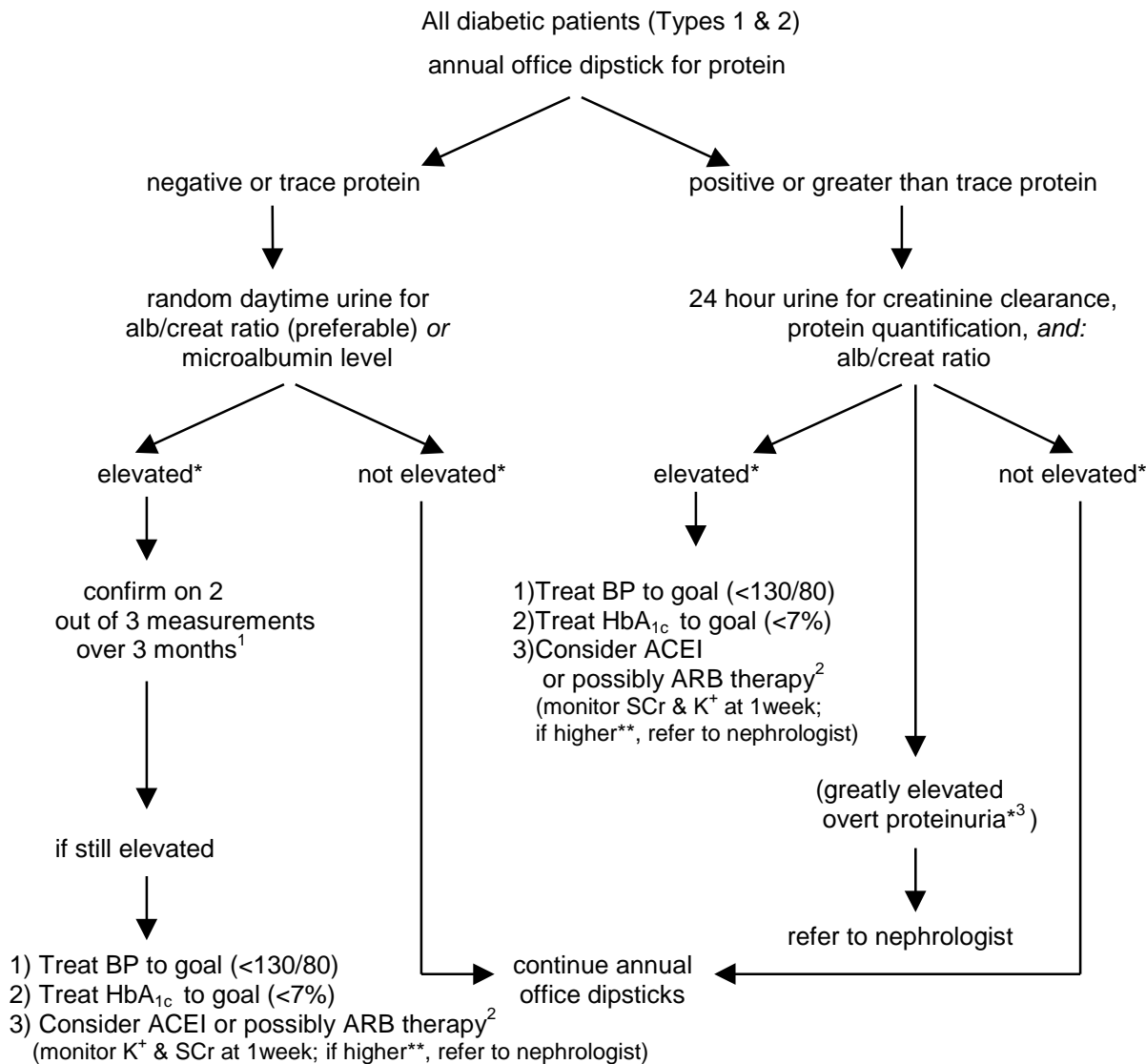


Renal Care and Monitoring in Diabetes



*** Definitions:**

- **Elevated albumin/creatinine ratio:** > 2.8 (females); > 2.0 (males)
- **Elevated microalbumin:** 30 – 299 mg/24 h or 20 – 200 ug/min
- **Overt proteinuria:** ≥ 300 ug/24 h (0.3 g/24 h) or ≥ 201 ug/min

** higher K⁺ (e.g. >5.8); higher SCr (e.g. a rise of >20% over baseline)

ACEI= angiotensin converting enzyme inhibitor **ARB**= angiotensin receptor blocker

1. If albumin/creatinine ratios are borderline or uncertain, confirm extent of proteinuria with 24 hour urine for microalbumin
2. ACEI therapy for these patients is recommended on the following evidence (1998 CDA guidelines):
 - Type 1 DM: Grade A, Level 1
 - Type 2 DM: Grade B, Level 1

♦ Preliminary studies (N Engl J Med. 2001 Sep 20) suggest ARBs are also effective.
3. **All patients with overt proteinuria should have twice-yearly monitoring** of serum creatinine and potassium, and 24 hour urine collection for creatinine clearance and protein quantification