

# Quick Guide for General Practice

## UMAL – Urine Albumin Testing

Clinical Situation	Recommendation
<b>Diagnosis</b>	<p>For the initial detection of proteinuria,</p> <ul style="list-style-type: none"> <li>• If the ACR is between 3 mg/mmol and 70 mg/mmol, this should be confirmed by a subsequent <b>early morning sample</b>.</li> <li>• If the initial ACR is 70 mg/mmol or more, a repeat sample need not be tested.</li> </ul> <p>Regard a confirmed ACR of 3 mg/mmol or more as clinically important proteinuria.</p> <p>Quantify urinary albumin for:</p> <ul style="list-style-type: none"> <li>• People with diabetes;</li> <li>• People without diabetes with a GFR of less than 60 ml/min/1.73 m<sup>2</sup>;</li> <li>• People with a GFR of 60 ml/min/1.73 m<sup>2</sup> or more if there is a strong suspicion of CKD.</li> </ul> <p>Offer testing for CKD using eGFR creatinine and ACR to people with any of the following risk factors:</p> <ul style="list-style-type: none"> <li>• Diabetes;</li> <li>• Hypertension;</li> <li>• Acute kidney injury;</li> <li>• Cardiovascular disease (ischaemic heart disease, chronic heart failure, peripheral vascular disease or cerebral vascular disease);</li> <li>• Structural renal tract disease, recurrent renal calculi or prostatic hypertrophy;</li> <li>• Multisystem diseases with potential kidney involvement – for example, systemic lupus erythematosus;</li> <li>• Family history of end-stage kidney disease (GFR category G5) or hereditary kidney disease;</li> <li>• Opportunistic detection of haematuria.</li> </ul>
<b>Guidance for monitoring GFR</b>	<p>Use the following table to guide the frequency of GFR monitoring for people with, or at risk of, CKD, but tailor it to the person.</p> <p>Frequency of monitoring of GFR (number of times per year, by GFR and ACR category) for people with, or at risk of, CKD</p>

		ACR categories (mg/mmol), description and range		
		A1 <3 Normal to mildly increased	A2 3–30 Moderately increased	A3 >30 Severely increased
GFR categories (ml/min/1.73 m <sup>2</sup> ), description and range	G1 ≥90 Normal and high	≤1	1	≥1
	G2 60–89 Mild reduction related to normal range for a young adult	≤1	1	≥1
	G3a 45–59 Mild–moderate reduction	1	1	2
	G3b 30–44 Moderate–severe reduction	≤2	2	≥2
	G4 15–29 Severe reduction	2	2	3
	G5 <15 Kidney failure	4	≥4	≥4

**Increasing risk**

**Increasing risk**

Abbreviations: GFR, glomerular filtration rate, ACR, albumin creatinine ratio

NB: ACR is an important indicator of cardiovascular risk and progression.

Adapted with permission from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group (2013) KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney International (Suppl. 3): 1–150*

**Source Information**

NICE Guidance <https://www.nice.org.uk/guidance/cg182>

The recommendations presented in this Quick Guide are based on best practice in the consensus of opinion of the authors and reviewers. Whilst the authors used all reasonable care in compiling this information, there is no warranty to its accuracy. This information is intended solely for educational and informational purposes only and should not be used for the diagnosis or treatment of medical conditions.

Date created	Name of approver (s)	Date approved	Review date	Version
09/09/2019	Dr Mohamed Saeed, Registrar in Chemical Pathology, UHL Dr Gang Xu, Consultant Nephrologist, UHL Dr Chris Trzcinski, WLCCG GP and Clinical Lead for Planned Care Dr Sulaxni Nainani, LCCCG Board GP and Clinical Lead for Planned Care	30/09/2019	30/09/2022	1.0