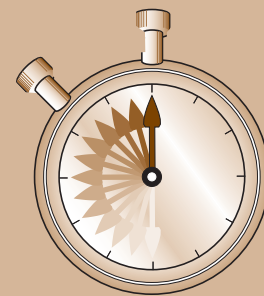




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# DIABETES — A 60-Second Guide



A quarterly publication of useful resources for clinicians caring for people with diabetes - Vol. I No. 5, 2003

**In past issues of Diabetes—A 60-Second Guide we have provided information about important tests for patients with diabetes to help reduce morbidity associated with the disease. Tests like an annual retinal eye exam, A1C testing 2 to 4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing contribute to reduction of the risk for eye, vascular, cardiac and kidney disease secondary to diabetes.**

**In continuing our efforts to provide resources and information for health care practitioners to support the New Mexico Diabetes Practice Guidelines, this issue of Diabetes—A 60-Second Guide offers guidance regarding annual nephropathy screening.**

**Please see the reverse side for resources and tools that can help in your efforts to prevent kidney disease among your population of patients with diabetes.**

Funding for *Diabetes—A 60-Second Guide* generously provided by Taking on Diabetes, a joint initiative of the American Association of Health Plans and the American Diabetes Association.

New Mexico Health Care Takes On Diabetes is a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health, and the New Mexico Medical Review Association, with technical and administrative support from the American Association of Health Plans and the American Diabetes Association.



## Diabetic Nephropathy: “The Myth of Microalbumin”

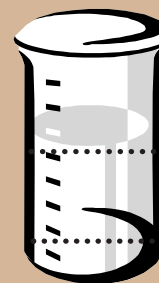
### The Issue:

The term “microalbuminuria” causes confusion, which contributes to the fact that fewer than half of the people with diabetes in New Mexico have documentation of screening or treatment for diabetic kidney disease. One of the reasons may be that the term “microalbuminuria” is misunderstood by practitioners<sup>1</sup>. Here are some key points practitioners should remember:

- ❖ There is no such thing as “microalbumin.”

The condition microalbuminuria occurs when small (micro) quantities of protein (albumin) are excreted in the urine. In microalbumin-uria, albumin is simply present in a small amount.

- ❖ Albumin in the urine is reported as a standardized ratio of excreted albumin to excreted creatinine (alb/creat). Some labs report this ratio as mcg/mg and others as mg/gm. These measures are equivalent. Urine albumin concentrations greater than 30 mg/gm creatinine (but less than 300 mg/gm creatinine) are microalbuminuria. This indicates incipient nephropathy and is also associated with elevated risk of cardiovascular disease. When albumin concentrations are greater than 300 mg/gm creatinine, the condition is macroalbuminuria (also called proteinuria or overt nephropathy). Both microalbuminuria and overt nephropathy should be treated.
- ❖ A standard urinalysis dip stick will check only for large amounts of albumin. A “negative dip stick” does NOT rule out diabetic nephropathy. A random spot urine is sufficient. Timed urine specimens are not needed. The random urine sample is easy, quick, and painless for the patient.
- ❖ No matter how much protein is being “spilled”—either a little (microalbuminuria) or a lot (macroalbuminuria)—the patient should be treated. If you aggressively treat early diabetic nephropathy, you can significantly help prevent progression of kidney disease.



### Measure Albumin in Spot Urine

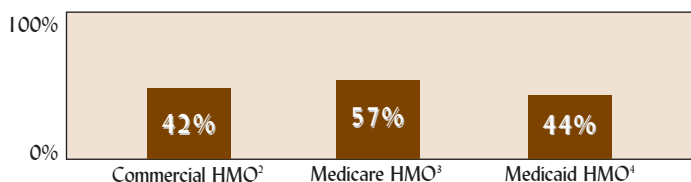
- > 300 mg/gm = macroalbuminuria (proteinuria) and needs treatment
- 30-299 mg/gm = microalbuminuria and needs treatment
- 0-29 mg/gm = normal

### The Current Clinical Recommendation:

The 2003 New Mexico Diabetes Practice Guideline recommends that any person with diabetes who is not already known to have diabetic nephropathy be screened annually for microalbuminuria, defined as a urine albumin greater than 30 mg per gram of creatinine.

### New Mexico's Numbers:

*Percentage of New Mexicans with Diabetes Who Received Kidney Disease Screening or Treatment in 2001*



<sup>1</sup> Data reported using nationally validated HEDIS<sup>®</sup> methodology. Rates derived from meeting continuous enrollment requirements. HEDIS and Quality Compass<sup>®</sup> are registered trademarks of the National Committee for Quality Assurance (NCQA).  
<sup>2</sup> HEDIS 2002 data for CY 2001 provided by BCBSNM/HMONM, Cimarron Health Plan, Lovelace Health Plan, Presbyterian Health Plan.  
<sup>3</sup> Sample is taken from a combined population of Medicare enrollees insured by Lovelace Health Plan, Presbyterian Health Plan and St. Joseph Medicare Plus who met the HEDIS 2002 (CY 2001) definition of diabetes.  
<sup>4</sup> Sample is taken from a combined population of SALUD enrollees insured by Cimarron Health Plan, Lovelace Health Plan, and Presbyterian Health Plan who met the HEDIS 2002 (CY 2001) definition of diabetes.

# Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at [www.takingondiabetes.org/communitypartnership](http://www.takingondiabetes.org/communitypartnership). For further information contact Charm Lindblad, Project Manager, at 505.796.9121 or toll-free 1.866.796.9121.

**Project KEEP (Kidney Early Evaluation Program) - A Patient Tool**—KEEP is a free screening program offered by the National Kidney Foundation. This online test is designed to help identify those at risk for kidney disease. KEEP provides patient information about risk factors, symptoms, treatments and prevention. More information about the KEEP Program is available at [www.keeponline.org](http://www.keeponline.org) or [www.kidney.org](http://www.kidney.org).

**Prevent Diabetes Problems: Keep Your Kidneys Healthy - A Patient Publication**—This booklet available from the National Diabetes Information Clearinghouse is about kidney problems caused by diabetes. The clearinghouse provides information about diabetes to people with diabetes and to their families, health care professionals and the public. Information about the booklet and other materials may be obtained by contacting National Diabetes Clearinghouse email: [ndic@info.niddk.nih.gov](mailto:ndic@info.niddk.nih.gov). The Prevent Diabetes Problems series includes seven booklets that can help patients learn more about how to prevent diabetes complications. The booklets are also available in Spanish.

**Websites**—The editorial committee has identified a select number of websites about kidney disease we think you will find informative:

- ❖ National Diabetes Education Program: [www.ndep.nih.gov](http://www.ndep.nih.gov)
- ❖ American Diabetes Association: [www.diabetes.org](http://www.diabetes.org)
- ❖ National Institutes of Health: [www.niddk.nih.gov/health/diabetes/diabetes.htm](http://www.niddk.nih.gov/health/diabetes/diabetes.htm)
- ❖ National Kidney Foundation: [www.kidney.org](http://www.kidney.org)
- ❖ Project KEEP (Kidney Early Evaluation Program): [www.keeponline.org](http://www.keeponline.org)

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website.\*

*\*Please note that these websites do not necessarily represent the views of New Mexico Health Care Takes On Diabetes. They are listed for your reference and convenience. NMHCTOD does not evaluate websites for content accuracy or application to any clinical situation.*

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