



The Medical **Bulletin**

Investigation Corner

Pearls on Albuminuria

Urine dipstick is not sensitive for albuminuria. 24 hour urine protein is the gold standard for quantifying albuminuria, especially for patients at the extremes of body weight, but is cumbersome and time-consuming. A urine albumin creatinine ratio (UACR) is recommended in detection of albuminuria and consistent with the gold standard 24 hour urine collection. Transient proteinuria is benign and should always be ruled out.

Orthostatic proteinuria is a benign condition in which albuminuria is present when standing but disappears when supine. These conditions are benign and require no treatment or further monitoring. A good approach to a finding of proteinuria is to repeat the test in 3 months with a urine sample from the first morning void. Instruct patient to void before bed, then collect sample from first morning void. Albuminuria is an independent risk factor for CV mortality. Screening for albuminuria is recommended in known CKD and diabetes. More RAAS inhibition = better renal outcomes, as long as blood pressure and K⁺ allows. Higher doses of ACE/ARBs have shown to decreased progression to overt nephropathy, decreased the amount of albuminuria and even return to normoalbuminuria.

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