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Albuminuria is common in patients with heart failure and is associated with worse outcomes. Patients with albuminuria had more severe heart failure. Micro-albuminuria and macro-albuminuria were defined as urinary albumin-creatinine ratio (UACR) > 30 mg/gCr and > 300 mg/gCr in spot urines, respectively. The presence of albuminuria was associated with increased risk of mortality in heart failure. There is constant relationship of albuminuria with clinical, echocardiographic, and circulating biomarkers of congestion especially in patients with new-onset or worsening heart failure.

Thus Albuminuria is considered as a marker of systemic congestion in patients with heart failure.

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