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In each issue of **Diabetes Resources** we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing 2-4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing. Additional clinical information is also provided. A dilated eye exam, sensory foot exam and screening for kidney disease are each recommended annually. Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the **New Mexico Adult Diabetes Practice Guideline 2010**, please see the reverse side of **Diabetes Resources** for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check [www.nmtod.org](http://www.nmtod.org) for organizations that have graciously provided funding for **Diabetes Resources**.

New Mexico Health Care Takes On Diabetes, a New Mexico non-profit corporation, 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 Diabetes Association.

# Diabetes Resources

## Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes - Vol. 13 No. 11, 2010

### Diabetic Nephropathy: "The Myth of Microalbumin"

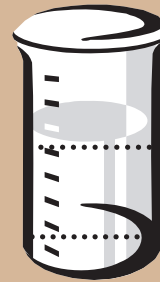
#### The Issue:

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.<sup>1</sup> One of the reasons may be that the term "microalbuminuria" is misunderstood by practitioners. 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 microalbuminuria, 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 equal to or 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 300 mg/gm creatinine or higher, the condition is macroalbuminuria (also called proteinuria or overt nephropathy). Both microalbuminuria and overt nephropathy should be treated and monitored.
- ❖ 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 and monitoring

30-299 mg/gm = microalbuminuria and needs treatment and monitoring

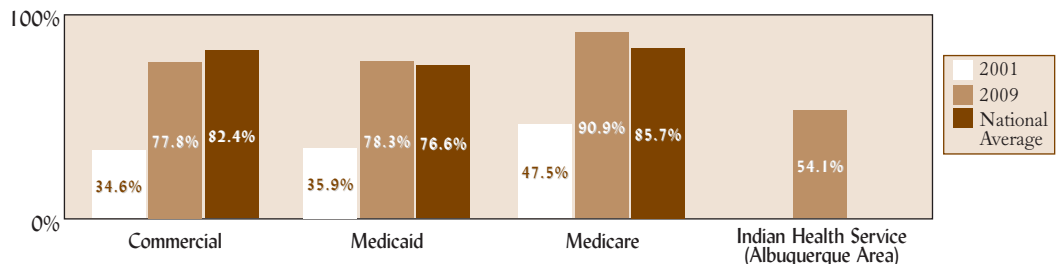
0-29 mg/gm = normal

#### The Current Clinical Recommendation:

The *New Mexico Health Care Takes On Diabetes Adult Practice Guideline 2010* recommends that any people with diabetes who are 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 in 2001 and 2009<sup>2-5</sup>



<sup>2</sup> Data reported using nationally validated HEDIS® methodology. Rates derived from meeting continuous enrollment requirements. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>3</sup> HEDIS 2009 data for CY 2008 provided by BCBSNM, Molina Healthcare of New Mexico, Lovelace Health System, Presbyterian Health Plan and UnitedHealthCare.

<sup>4</sup> Indian Health Service data provided for the Albuquerque Area and based on Government Performance and Results Act (GPRA) indicators from 2009 fiscal year.

<sup>5</sup> National average data provided by Quality Compass for CY 2008.

# Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at [www.nmtod.com](http://www.nmtod.com). For further information contact Charm Lindblad, Executive Director, 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.



## Resource Helps Providers Explain GFR Results: A Patient and Provider Tool

—NKDEP has developed a resource, *Explaining GFR: A Tear-off Pad for Clinical Use*, to help health care professionals explain estimated GFR (eGFR) results to their patients. The tear-off sheets provide simple explanations of the kidneys, kidney function and GFR results. They also include suggested actions for maintaining kidney health based on the GFR result. The back of the pad highlights key concepts and talking points for providers to use when educating patients about chronic kidney disease (CKD). Available for download or order at [www.nkdep.nih.gov/resources/ExplainingGFR.htm](http://www.nkdep.nih.gov/resources/ExplainingGFR.htm).

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

- ❖ National Kidney Disease Education Program: [www.nkdep.nih.gov](http://www.nkdep.nih.gov)
- ❖ 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. NMHTOD does not evaluate websites for content accuracy or application to any clinical situation.*

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