 Goodfellow Gems are chosen by Goodfellow Director, Bruce Arroll to be either practice changing or thought provoking. You are being mailed these as you are a member of the Goodfellow learning community.

## **Microalbuminuria: control diabetes and BP and use care with NSAIDs**

It is cost-effective to screen for microalbuminuria (the new term is moderately increased albuminuria) in patients with diabetes and hypertension.<sup>1</sup>

The presence of microalbuminuria was associated with 17.5 times the risk of developing proteinuria in the 4.5-year follow-up of 7,674 persons in the HOPE trial.<sup>2</sup> Microalbuminuria is when there is albumin in the urine between 30 to 300 mg/l. Above that is macroalbuminuria.

Controlling blood pressure and blood sugars and avoiding non-steroidal anti-inflammatory drugs (NSAIDs) is needed to improve CVD outcomes.

In the recent SPRINT trial, there was a benefit in lowering blood pressure below 130 mm Hg in any of the following: those who were  $\geq 75$  years, those with a previous positive history for CVD and those with microalbuminuria.<sup>3</sup>

NSAIDs should be avoided in older patients, patients with type 2 diabetes and/or CVD and patients with chronic kidney disease as they are at increased risk of NSAID-related complications.<sup>4</sup>

### References:

1. A health policy model of CKD: 2. The cost-effectiveness of microalbuminuria screening. Am J Kidney Dis 2010. [Click here](#)
2. Development of renal disease in people at high cardiovascular risk: results of the HOPE randomized study. J Am Soc Nephrol 2003. [Click here](#)

3. Usefulness of a Simple Algorithm to Identify Hypertensive Patients Who Benefit from Intensive Blood Pressure Lowering. Am J Cardiol 2018. [Click here](#)
4. Non-steroidal anti-inflammatory drugs (NSAIDs): Making safer treatment choices. BPAC 2013. [Click here](#)

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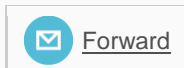
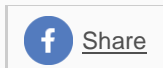
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