ABSTRACT 13

Are we managing our diabetic microalbuminuria patients optimally?
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Diabetic nephropathy is a major cause of end-stage renal disease worldwide. Diabetic nephropathy is facilitated by poor long-term glycemic control, hypertension, dyslipidemia and cigarette smoking. Microalbuminuria (urine ACR of between 3 and 29.9 mg/mmol) is the earliest indicator of kidney damage and detecting microalbuminuria offers the chance of early intervention.

In our study at Maidstone Hospital, we analyzed data of 30 clinic patients with diabetes and persistent microalbuminuria (Type 1:13 & Type 2:17) over a 6-month period between January and June 2018, to review our performance with regards to risk factor management. The average patient age was 52 years and the duration of diabetes was between 2 and 40 years. Of the 20 patients who had an eGFR of ≥ 90 ml/min, only 25% were labelled as having CKD stage 1. 43.3% of patients had an average BP above target. Only 23.3% of patients were on ACE Inhibitor or ARB therapy with no identifiable contraindications to treatment in the remaining. 86.6% had a HbA1c > 53 mmol/mol. Of the 11 patients with Type 2 diabetes and eGFR ≥ 60 ml/min, 18.1% were on SGLT2 inhibitors. 11.7% of all type 2 diabetes patients were on GLP-1 receptor agonists. 56.6% of patients had an LDL ≥ 2.6 mmol/L and of these patients, only 35.2% were on statin therapy. Overall 40% of patients were on statin therapy. 23.3% of the patients smoked cigarettes. Our aim is to optimize management of diabetic patients with microalbuminuria in our hospital.