

# Person—microalbumin level (measured), total micrograms per minute N[NNN].N

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# Person—microalbumin level (measured), total micrograms per minute N[NNN].N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Microalbumin level—micrograms per minute (measured)
<b>METEOR identifier:</b>	270336
<b>Registration status:</b>	<a href="#">Health</a> , Standard 01/03/2005
<b>Definition:</b>	A person's microalbumin level measured in microgram per minute (µg/min).
<b>Data Element Concept:</b>	<a href="#">Person—microalbumin level</a>
<b>Value Domain:</b>	<a href="#">Total micrograms per minute N[NNN].N</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Total	
<b>Data type:</b>	Number	
<b>Format:</b>	N[NNN].N	
<b>Maximum character length:</b>	5	
	<b>Value</b>	<b>Meaning</b>
<b>Supplementary values:</b>	9999.9	Not stated/inadequately described
<b>Unit of measure:</b>	Microgram per minute (µg/min)	

## Data element attributes

## Collection and usage attributes

<b>Collection methods:</b>	Measurement of microalbumin levels should be carried out by laboratories, or practices, which have been accredited to perform these tests by the National Association of Testing Authority.  Microalbumin is not detected by reagent strips for urinary proteins, and requires immunoassay.  As urinary albumin varies with posture and exercise it is important to collect the urine under very standard conditions; short-term (2 hours) during rest, overnight (approximately 8 hours) or an early morning sample. For screening purposes an early morning urine specimen is adequate.  Test for albuminuria by measuring microalbumin in timed or first morning urine sample.  The results considered elevated are <ul style="list-style-type: none"><li>• spot urine 30 to 300mg/L; or</li><li>• timed urine (24 hr collection) 20 to 200 µg/min.</li></ul>
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## Source and reference attributes

<b>Submitting organisation:</b>	National Diabetes Data Working Group
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Origin: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary

## Relational attributes

### Related metadata references:

Is re-engineered from  [Microalbumin/protein - measured, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (16.5 KB)

*No registration status*

Is re-engineered from  [Microalbumin - units, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (16.3 KB)

*No registration status*

See also [Laboratory standard—upper limit of normal range for microalbumin, total micrograms per minute N\[NN\].N](#)

[Health](#), Standard 01/03/2005

### Implementation in Data Set Specifications:

[Diabetes \(clinical\) DSS](#)

[Health](#), Superseded 21/09/2005

#### **DSS specific information:**

A small amount of protein (albumin) in the urine (microalbuminuria) is an early sign of kidney damage. Microalbuminuria is a strong predictor of macrovascular disease and diabetic nephropathy. Incipient diabetic nephropathy can be detected by urine testing for microalbumin. Incipient diabetic nephropathy is suspected when microalbuminuria is detected in two of three samples collected over a six-month period in patients in whom other causes of an increased urinary album excretion have been excluded.

Diagnosis of microalbuminuria is established if 2 of the 3 measurements are abnormal.

According to the Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus a test for microalbuminuria is to be performed:

- at diagnosis and then every 12 months for patients with Type 2 diabetes,
- 5 years post diagnosis and then every 12 months for patients with Type 1 diabetes,
- if microalbuminuria is present, perform up to two additional measurements in the next 6 weeks.

[Diabetes \(clinical\) NBPDS](#)

[Health](#), Standard 21/09/2005

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