

# Laboratory standard—upper limit of normal range for microalbumin, albumin/creatinine ratio N[NN].N

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# Laboratory standard—upper limit of normal range for microalbumin, albumin/creatinine ratio N[NN].N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Microalbumin level—upper limit of normal range (albumin/creatinine ratio)
<b>Synonymous names:</b>	Albumin/creatinine ratio
<b>METEOR identifier:</b>	270344
<b>Registration status:</b>	<a href="#">Health</a> , Standard 01/03/2005
<b>Definition:</b>	The laboratory standard for the value of microalbumin measured as an albumin/creatinine ratio that is the upper boundary of the normal reference range.
<b>Data Element Concept:</b>	<a href="#">Laboratory standard—upper limit of normal range for microalbumin</a>
<b>Value Domain:</b>	<a href="#">Albumin/creatinine ratio N[NN].N</a>

## Value domain attributes

### Representational attributes

<b>Representation class:</b>	Ratio	
<b>Data type:</b>	Number	
<b>Format:</b>	N[NN].N	
<b>Maximum character length:</b>	4	
	<b>Value</b>	<b>Meaning</b>
<b>Supplementary values:</b>	999.9	Not stated/inadequately described
<b>Unit of measure:</b>	Milligram per millimole (mg/mmol)	

## Data element attributes

### Collection and usage attributes


<b>Guide for use:</b>	Record the upper limit of the microalbumin normal reference range for the laboratory.
<b>Collection methods:</b>	<p>Microalbumin is not detected by reagent strips for urinary proteins, and requires immunoassay.</p> <p>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.</p> <p>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 and if the albumin/creatinine ratio is found to be greater than 3.5mg/mmol then a timed overnight sample should be obtained for estimation of the albumin excretion rate.</p>

### Source and reference attributes

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

## Relational attributes

### Related metadata references:

Is re-engineered from  [Microalbumin - units, version 1, DE, NHDD, NHMG, Superseded 01/03/2005.pdf](#) (16.3 KB)

*No registration status*

Is re-engineered from  [Microalbumin - upper limit of normal range, version 1, DE, NHDD, NHMG, Superseded 01/03/2005.pdf](#) (15.8 KB)

*No registration status*

See also [Person—microalbumin level \(measured\), albumin/creatinine ratio N\[NN\].N](#)

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

### Implementation in Data Set Specifications:

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

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

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

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 2 of 3 samples collected over a 6-month period in patients in whom other causes of an increased urinary albumin excretion have been excluded.

Diagnosis of microalbuminuria is established if 2 of the 3 measurements are abnormal. A small amount of protein (albumin) in the urine (microalbuminuria) is an early sign of kidney damage.

If microalbuminuria is present:

- review diabetes control and improve if necessary
- consider treatment with Angiotensin-converting enzyme (ACE) inhibitor
- consider referral to a physician experienced in the care of diabetic renal disease

If macroalbuminuria is present:

- quantitate albuminuria by measuring 24-hour urinary protein.
- refer to a physician experienced in the care of diabetic renal disease.

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

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

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- refer to a physician experienced in the care of diabetic renal disease.