



PRINCE OF WALES HOSPITAL

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Sex-specific Urine Albumin to Creatinine Ratio (UACR)

Date of Implementation: 13 November 2012

Optimal detection and subsequent risk stratification of patients with chronic kidney disease (CKD) requires simultaneous consideration of both kidney function (glomerular filtration rate) and kidney damage (albuminuria or proteinuria).¹ It is also well established that albuminuria is an important biochemical marker in patients with diabetes in association with progressive renal damage. Multidisciplinary working groups had recently developed recommendations on measurement of urinary albumin in further defining microalbuminuria and macroalbuminuria for diagnosis, prevention and management of CKD in both diabetic and non-diabetic patients.² International practice guidelines also support the adjustment of UACR reporting by sex, with low threshold levels used for men than women.

To align with international practices for better clinical management, the Department of Chemical Pathology will implement sex-specific cut-points in reporting UACR request to aid in the categorization of microalbuminuria and macroalbuminuria below.

Microalbuminuria	Male:	2.5 - 25 mg/mmol Cr
	Female:	3.5 - 35 mg/mmol Cr
Macroalbuminuria	Male:	> 25 mg/mmol Cr
	Female:	> 35 mg/mmol Cr

For enquiry, please contact our Duty Biochemist at 2632 2685 or page through the PWH operator at 2632 2211.

Thank you for your kind attention.

Sincerely yours,

Prof YM Dennis LO

Reference:

- (1) Australasian Creatinine Consensus Working Group. Chronic kidney disease and automatic reporting of estimated glomerular filtration rate: new developments and revised recommendations. *Med J Aust* 2012; 197: 222-223.
- (2) Chronic kidney disease and measurement of albuminuria or proteinuria: a position statement. *Med J Aust* 2012; 197 (4): 224-225.