Microalbuminuria in Diabetes

1. Glycemic control adequate?  
   - No → Manage glucose control
   - Yes → Still microalbuminuric

2. Start ACE inhibition
   - Adverse effect?  
     - Yes → Discontinue ACE inhibition; other antihypertensive therapy may be indicated
     - Pregnancy?  
       - Yes → Discontinue ACE inhibition; other antihypertensive therapy may be indicated
       - No → BP < 130/85 mmHg (5-30% per year reduction in microalbuminuria)

3. BP < 130/85 mmHg (5-30% per year reduction in microalbuminuria)  
   - Yes → Manage BP (titrate ACE inhibition, or additional AHT)
   - No → Check and manage risk factors

4. Repeat albumin:creatinine ratio every 3 to 6 months

GOALS: Stable GFR; stable or declining microalbuminuria; BP ≤ 120-130/80-85 mmHg

Proposed screening and confirmatory procedures and recommended interventions in diabetic patients with microalbuminuria are based on six different published sets of recommendations for the prevention of diabetic nephropathy.