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Proteinuria: ACR or PCR - what should you do?

It is established that the presence of proteinuria is a key indicator of systemic vascular disease (leading to increased cardiovascular risk) and CKD. With the advent of vascular screening in primary care and inclusion of testing for proteinuria in the Quality Outcomes Framework, testing for proteinuria will increase.

NICE guidelines recommend using urine ACR to detect proteinuria, but accept urine PCR as an acceptable alternative. Dipstick urinalysis is considered insufficiently sensitive to be recommended. Urine ACR is the most sensitive test for albuminuria and has a proven track record in managing early nephropathy in people with diabetes. But in non-diabetic CKD, is widespread encouragement to use ACR rather than PCR or dipstick urinalysis justified? ACR is more expensive than the other tests, so why has NICE recommended its use? This session is a critique of available tests for proteinuria and of the guidelines we are now encouraged to follow.