

**Harvard Medical School Department of  
Continuing Education and the Renal Division  
of Brigham and Women's Hospital**



***Nephrology Rounds***  
**2009 Volume 7 – Issue 5**

**Albuminuria in Renal and Cardiovascular Disease**

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**Objectives:**

This issue of *Nephrology Rounds* will allow the reader to:

- Understand the traditional definition of microalbuminuria and the various methods used in assessment.
- Appreciate the factors contributing to interperson and intraperson variability in measurements of albuminuria.
- Examine the relevant literature on microalbuminuria as a predictor for progression to overt macroalbuminuria and a decline in kidney function.
- Review the relevant literature on microalbuminuria as a predictor for subsequent cardiovascular disease risk and all-cause mortality.

**Questions:**

1. Levels below the traditional threshold of microalbuminuria have been identified as predictive of cardiovascular disease and all-cause mortality.

True  False

2. Dipstick albuminuria quantification is the most accurate and reproducible method of measuring albuminuria.

True  False

3. Different cutpoints for albumin-to-creatinine ratio should be applied for men and women in defining microalbuminuria.

True  False

4. Measurements of urinary albumin by the high-performance liquid chromatography method results in lower values than seen in traditional immunochemistry methods.

True  False

5. Only "overt proteinuria" or "macroalbuminuria" is associated with subsequent kidney function decline in diabetics and nondiabetics.

True  False

6. The definition of microalbuminuria as an excretion of 30–300 mg/day was based on observed distributions of urinary albumin excretion in large population studies.

True  False

7. Lower estimated glomerular filtration rate is a predictor of cardiovascular disease and mortality, independent of albuminuria.

True  False

8. Markers of inflammation have been associated with increased levels of albuminuria in human studies.

True  False

9. A patient with microalbuminuria is more likely to experience end-stage renal disease than a cardiovascular event in his/her lifetime.

True  False

10. Microalbuminuria may be less common in non-Hispanic blacks and Mexican-Americans compared with non-Hispanic whites.

True  False

11. This issue of *Nephrology Rounds* adequately addressed the topic, and the data and discussion were fair and balanced.

AGREE  DISAGREE

12. Potential conflicts of interest disclosed by the author on the back page were properly expressed.

AGREE  DISAGREE

13. The information presented in this issue of *Nephrology Rounds* will increase my clinical knowledge and improve the care of my patients.

AGREE  DISAGREE

14. *Nephrology Rounds* from Brigham and Women's Hospital and Harvard Medical School is an effective CME program.

AGREE  DISAGREE

Comments/Topic Suggestions: \_\_\_\_\_

To receive AMA category 1 credit, you must correctly answer 60% of questions 1-10, and answer 11-14.

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