PHYSICIAN FACT SHEET

Closing the Gap: Using uACR to Detect CKD, Reduce Cardiovascular Risk and Enhance Patient Care

Patients with diabetes and/or hypertension should receive annual urine albumin/creatinine ratio (uACR) testing and estimated glomerular filtration rate (eGFR) testing to screen for chronic kidney disease (CKD) and cardiovascular risk.[1-3] Early detection of albuminuria can substantially improve patient outcomes by enabling timely intervention.

While screening for CKD with eGFR has been widely adopted, less than half of people with diabetes and hypertension receive recommended uACR testing.[4]

CLINICAL SIGNIFICANCE OF uACR

Elevated uACR (30 mg per g or greater) is an early marker of kidney disease and indicates increased cardiovascular risk, even when eGFR is normal.[5] Regular uACR screening is critical for identifying patients at higher risk of cardiovascular events and CKD progression.[2]

BEST PRACTICES FOR uACR TESTING

- Use a first-morning urine sample to reduce variability and improve accuracy.[1,5] If a first-morning sample is not feasible, random "spot" testing is acceptable.
- Point-of-care testing offers immediate results, facilitating quicker clinical decisions and better patient engagement.[5]
- When microalbuminuria is detected, retest uACR to account for biological variability and exclude transient causes before diagnosing CKD.[5] Ideally, elevated uACR should be confirmed by at least two out of three test results over three to six months.[3,6]

NEXT STEPS FOLLOWING ELEVATED uACR RESULT

- Initiate or optimize guideline-directed medical therapy for CKD as clinically indicated.[1,3,5] Agents recommended to slow CKD progression, reduce cardiovascular risk and manage related conditions include angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, diuretics, metformin, sodium-glucose cotransporter-2 inhibitors and nonsteroidal mineralocorticoid receptor antagonists.
- Consider referral to nephrology for patients who have persistent significant albuminuria (uACR of 300 mg per g or greater), rapidly progressing albuminuria or eGFR less than 30 mL per minute per 1.73m^2.[1,5]

STRATEGIES TO OVERCOME BARRIERS TO uACR TESTING

- Educate your patients about the importance of uACR testing and encourage them to follow screening recommendations.
- Integrate prompts into your EHR to ensure annual screening occurs consistently. Include reminders for patients to arrive for uACR testing well hydrated and ready to give a urine sample.
- Use team-based care and standing orders to streamline testing.

Addressing Inequities in CKD Screening

Black and Hispanic populations have disproportionately lower screening rates and higher prevalence of CKD complications.[7-10] Targeted outreach and education strategies are necessary to close these gaps. You can help improve equitable access to CKD screening and care by partnering with community health workers and providing your patients with culturally tailored educational materials and language-appropriate communication.

The National Kidney Foundation's CKDintercept program (www.kidney.org/professionals/ckdintercept) offers resources to help reduce inequities by improving CKD testing, recognition and management in primary care.

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This resource was developed independently by AAFP and made possible in part by financial support from Bayer.

EDU20250806