



Kidney conditions: CKD urine albumin:creatinine ratio

NICE indicator

Published: 29 July 2015

Last updated: 21 August 2021

www.nice.org.uk/indicators/ind144

Indicator

The percentage of patients on the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

This indicator measures the percentage of people with chronic kidney disease (CKD) who have an annual urine albumin:creatinine ratio (ACR) or protein:creatinine ratio (PCR) test. The aim is to ensure monitoring of the severity of kidney damage in people with CKD. Good evidence shows proteinuria is associated with adverse outcomes and that proteinuria measurement enables appropriate management of CKD. The [NICE guideline for chronic kidney disease](#) recommends using ACR in preference to PCR because of its greater sensitivity. PCR is only recommended as an alternative to ACR to monitor high levels of proteinuria (ACR 70 mg/mmol or more), but not for people with diabetes. The guideline states that the frequency of ACR monitoring should be agreed with the person, but based on the severity of CKD. Recommended frequencies of monitoring range from once a year in people with CKD class G3a (A1-A2), to 4 or more times a year in people with CKD class G5. For the purposes of a primary care indicator, annual ACR or PCR testing is considered appropriate, because the CKD register includes people with CKD of all classes G3a-G5.

Source guidance

[Chronic kidney disease. NICE guideline NG203 \(2021\), recommendations 1.1.12, 1.3.1 and 1.3.4](#)

Specification

Numerator: The number of patients in the denominator whose notes have a record of a urine albumin:creatinine ratio (or a protein:creatinine ratio) test in the preceding 12 months.

Denominator: The number of patients on the chronic kidney disease register.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: Patients with CKD category G1 or G2.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

ISBN: 978-1-4731-6003-3