Chronic kidney disease (G1-5, A1-3): managing proteinuria

**Adult with diabetes**

- **ACR less than 3 mg/mmol**
  - Monitor ACR, creatinine and blood pressure annually

- **ACR 3 mg/mmol or more**
  - Offer an ACE inhibitor or ARB (titrated to the highest licensed dose they can tolerate)
  - Offer an SGLT2 inhibitor if type 2 diabetes and ACR 30 mg/mmol or more, and criteria in licence met
  - Consider an SGLT2 inhibitor if type 2 diabetes and ACR between 3 mg/mmol and 30 mg/mmol, and criteria in licence met

**Adult without diabetes**

- **ACR less than 30 mg/mmol**
  - No hypertension
  - Hypertension
    - No hypertension
    - Hypertension
      - Offer an ACE inhibitor or ARB (titrated to the highest licensed dose they can tolerate)
      - Monitor in line with eGFR category
      - Follow the NICE guideline on hypertension in adults
      - Monitor in line with eGFR and consider discussing with a nephrologist if eGFR declines or ACR increases
      - Offer an SGLT2 inhibitor if type 2 diabetes and ACR 30 mg/mmol or more, and criteria in licence met
      - Consider an SGLT2 inhibitor if type 2 diabetes and ACR between 3 mg/mmol and 30 mg/mmol, and criteria in licence met
      - Offer an ACE inhibitor or ARB (titrated to the highest licensed dose they can tolerate)