Diabetes: annual albumin creatinine test

NICE indicator

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www.nice.org.uk/indicators/ind111

Indicator

The percentage of patients with diabetes who have a record of an albumin:creatinine ratio (ACR) test in the preceding 15 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 process of conducting an ACR test. Its intent is that people with diabetes are tested annually for the initial detection of moderately increased albuminuria and nephropathy. Prompt detection and treatment of these complications of diabetes can lead to a reduction in health outcomes such as end-stage renal failure and cardiovascular morbidity and mortality. NICE's guidelines on diabetes recommend that all people with diabetes should have an ACR measured at diagnosis and at regular intervals, usually annually.

NICE's guideline on chronic kidney disease (CKD) recommends that ACR should be used to detect and identify proteinuria. It has a greater sensitivity than protein:creatinine ratio (PCR) for low levels of proteinuria. ACR is also the recommended method for quantification and monitoring of proteinuria in people with diabetes.

Source guidance

- Type 1 diabetes in adults: diagnosis and management. NICE guideline NG17 (2015, updated 2022), recommendations 1.1.11 and 1.14.10

- Chronic kidney disease: assessment and management. NICE guideline NG203 (2021), recommendation 1.1.12

Specification

Numerator: The number of patients in the denominator who have a record of an albumin:creatinine ratio (ACR) test in the preceding 15 months.

Denominator: The number of patients on the diabetes register.

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

Exclusions: None.

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