Diabetes: ACEi or ARBs

NICE indicator

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www.nice.org.uk/indicators/ind134

Indicator

The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs).

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 diabetes and kidney disease treated with ACE inhibitors or ARBs. NICE guidelines recommend the use of ACE-I (or ARBs) to slow the progression of renal disease in people with type 1 or type 2 diabetes and with urine albumin:creatinine ratio (ACR) ≥3 mg/mmol.

There is strong clinical evidence that the progression of kidney disease in people with diabetes is slowed by treatment with ACE inhibitors. Although trial evidence is based largely on ACE inhibitors, it is believed that similar benefits occur with ARB treatment in people who have intolerable side effects with ACE inhibitors. The SIGN guideline for diabetes recommends that all people with diabetes and a diagnosis of microalbuminuria are offered ACE inhibitors or ARB treatment, irrespective of blood pressure. This is in agreement with the NICE guidelines for type 1 diabetes and chronic kidney disease.

This indicator aligns with the guidance by providing an incentive for ACE inhibitor or ARB treatment for all people with type 1 or type 2 diabetes who have a diagnosis of microalbuminuria or confirmed nephropathy (urine albumin:creatinine ratio (ACR) ≥3 mg/mmol).

Source guidance

- Type 1 diabetes in adults: diagnosis and management. NICE guideline NG17 (2015, updated 2022), recommendation 1.14.13

- Chronic kidney disease in adults: assessment and management. NICE guideline NG203 (2021), recommendation 1.6.6

- Management of diabetes. SIGN guideline 116 (2010, updated 2017)

Specification

Numerator: The number of patients in the denominator who are currently treated with an ACE-I (or ARBs).

Denominator: The number of patients on the diabetes register with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria.

Calculation: (Numerator/denominator)*100.

Exclusions:

- patients who have no record of a proteinuria code and no record of a microalbuminuria code

- patients who have a persisting contraindication or an expiring contraindication to an ACE-I recorded in the 12 months leading up to and including the payment period end date and have a persisting contraindication or an expiring contraindication to an ARB recorded in the 12 months leading up to and including the payment period end date.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if treatment with an ACE inhibitor (or ARB) is not appropriate.

Expected population size: Quality and Outcomes Framework data for indicator DM006 for 2024 to 2025 shows that 0.7% of patients on the diabetes register in England have a record of proteinuria or microalbuminuria: 75 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Update information

Minor changes since publication

February 2026: We updated the source guidance to remove NICE's guideline on type 2 diabetes in adults, which is no longer relevant to this NICE indicator and added expected population size.

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