



Diabetes: annual urinary albumin (children T1DM)

NICE indicator

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www.nice.org.uk/indicators/ind304

This other replaces IND52.

Indicator

Proportion of children and young people aged 12 to 18 years with type 1 diabetes who have had their urinary albumin recorded in the previous 12 months.

Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

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 aims to reduce the risk of developing nephropathy in young people aged 12 to 18 years with type 1 diabetes. Measurements of urinary albumin loss are the best screening tests for diabetic nephropathy. The presence of urinary microalbuminuria is a pointer to the need for more rigorous management of cardiovascular risk factors.

Source guidance

Diabetes (type 1 and type 2) in children and young people: diagnosis and management. NICE guideline NG18 (2015, updated 2023), recommendation 1.2.119

Specification

Numerator: The number of people in the denominator who had their urinary albumin recorded in the previous 12 months.

Denominator: The number of children and young people aged 12 to 18 years with type 1 diabetes.

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

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if measuring urinary albumin is not appropriate.

Data source: [National Paediatrics Diabetes Audit](#).

Expected population size: The National Paediatric Diabetes Audit for 2023 to 2024 shows that 0.03% of people in England are children and young people aged 12 plus years with type 1 diabetes: 3 per 10,000 patients served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

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