



Normoalbuminuric Diabetes with Renal Impairment - A Traditional Paradigm Needs to be Changed?

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Abstract:

Diabetic Kidney Disease (DKD) is one of the primary cause of End stage renal disease(ESRD). Early diagnosis is very important in preventing the development of Diabetic nephropthy. Urinary Albumin Excretion Rate (UAER), Urine Albumin Creatinine Ratio(UACR) and Glomerular filtration rate(GFR) are mostly used as criteria for diagnosis and grading of DKD. Microalbuminuria has been recommended as the early sign of Diabetic nephropathy. However this clinical guideline has been questioned recently,as recent studies shows a part of patients with Diabetes mellitus shows characteristics of fall in the glomerular filtration rate without albuminuria. They have been identified as albuminuria independent phenotype of Kidney disease of Diabetes. Epidemiological research has demonstrated that Normoalbuminuric Diabetes with Renal Insufficiency (NADRI) constituted more than one third of patients with diabetes & decreased e-GFR in India. In Worldwide the prevalence of NADRI ranges from 14 to 57% according to various studies with differences among geographic area and the calculation of e-GFR. Many clinical studies have identified some clinical and pathological features of NADRI. In this article we will study about the pathogenesis, clinical characteristics and diagnostic flow chart for NADRI.

Keywords:

Diabetes Mellitus, Diabetic kidney Disease, Normoalbuminuria, Renal Impairment, Glomerular Filtration Rate