



## STUDY ON PREVALENCE OF MICROALBUMINURIA IN TYPE 2 DIABETIC SUBJECTS ON ORAL ANTIDIABETIC MEDICATION

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### ABSTRACT

**INTRODUCTION:** Diabetes is a common endocrine disorder, widely prevalent in most of the developing and developed nations. Uncontrolled Diabetes leads to development of macrovascular and microvascular complications. Diabetic nephropathy is the leading microvascular complication affecting the diabetic subjects, leading to end stage renal disease. **OBJECTIVES OF THE STUDY:** To evaluate early morning spot urine microalbumin levels in subjects with type 2 diabetes and to evaluate renal function tests like blood urea and serum creatinine levels in subjects with type 2 diabetes who are on oral antidiabetic medication. **MATERIALS AND METHODS:** Early morning mid-stream urine sample was collected and used for urine microalbumin estimation and the same sample was used for urine microscopy to exclude patients with urinary tract infection. Subjects who were on Insulin treatment were excluded from the study. **STATISTICAL ANALYSIS:** The data was expressed in terms of mean and standard deviation. **RESULTS:** A total of 100 subjects were enrolled in the study, 50 type 2 diabetic subjects and 50 healthy controls. All the type 2 diabetes subjects were evaluated for urine spot microalbumin. The prevalence of microalbuminuria was found to be 38.2%. **CONCLUSION:** Our study recommends that since 2 DM patients have a considerable risk factor for developing renal impairment, they should be regularly monitored for more sensitive biomarkers of nephropathy such as microalbuminuria and HbA1c levels to facilitate early detection of diabetes-induced nephropathy. Many studies have confirmed that an angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) can retard the progression of albumin excretion.

**KEYWORDS :** Diabetes, Microalbumin, Renal Function Tests, Urea And Serum Creatinine

### INTRODUCTION

Diabetes is a common endocrine disorder, widely prevalent in most of the developing and developed nations. Diabetes Mellitus is characterised by increased blood glucose levels (hyperglycemia), is a silent killer and it kills 10 years before our time as per the study conducted by Oxford University. As per International Diabetes Federation, there are about 382 million people worldwide living with diabetes, and India ranks among top three countries.<sup>1-5</sup>

Uncontrolled Diabetes leads to development of macrovascular and microvascular complications: the macrovascular complications include cerebrovascular accidents, coronary artery disease, peripheral vascular disease and the microvascular complications include nephropathy, retinopathy and neuropathy.<sup>6</sup>

Diabetic nephropathy is the leading microvascular complication affecting the diabetic subjects, leading to end stage renal disease. It affects approximately 30% of all diabetic population who have uncontrolled diabetes. Assessment of a renal function tests in these patients on regular basis is very important for two reasons. One is to diagnose impaired renal function, and the other is to detect the presence of a progressive loss of renal function. Diabetic nephropathy is characterized by macroalbuminuria i.e excretion of more than 300 mg of albumin per 24 hours of urine and abnormal renal function tests characterized by elevation of blood urea and serum creatinine. Clinically, diabetic nephropathy is characterized by decline in glomerular function rate (GFR), proteinuria, hypertension, and high risk of cardiovascular morbidity and mortality. Assessment and further prevention of diabetic kidney disease at an early stage and can limit the progression to end stage renal disease (ESRD).<sup>7,8</sup>

Early renal damage cannot be picked by rise in the serum creatinine levels. Serum creatinine elevated are elevated when there is 50% of the renal damage. The initial decreased in the GFR levels (GFR blind area) can be picked up early by measuring urine microalbumin levels. Microalbuminuria is defined as the excretion of urine albumin levels in the range of

30-300 mg/day. Hence we have taken up this study to evaluate the prevalence of microalbuminuria in type 2 diabetic subjects who are on oral antidiabetic medication.

### OBJECTIVES OF THE STUDY

The objectives of our study include, To evaluate early morning spot urine microalbumin levels in subjects with type 2 diabetes & To evaluate renal function tests like blood urea and serum creatinine levels in subjects with type 2 diabetes.

### MATERIALS AND METHODS

A prospective study was conducted at from December 2019-June 2020. We included diagnosed cases of type 2 diabetic subjects who are on oral-antidiabetic medication. Treatment history was obtained from the patients who were on oral antidiabetic medications, 92% subjects were on metformin, 68% were on glimepiride, 5% on voglibose, 2.5% on DPP4 inhibitors. Baseline elevated urea, creatinine levels, type 1 diabetes, urinary tract infections, end-stage renal disease, underlying renal disease, pregnancy, chronic infections, hypothyroidism and type 2 diabetic subjects on insulin therapy were excluded from the study. In all the study subjects, Early morning mid-stream urine sample was collected and used for urine microalbumin estimation and the same sample was used for urine microscopy to exclude patients with urinary tract infection. Fasting overnight blood sample was collected into EDTA and fluoride tubes to measure HbA1c and Fasting Blood Glucose respectively. HbA1c was measured by HPLC method. The data was expressed in terms of mean and standard deviation. Relationship between variables was assessed by Karl Pearson's coefficient of correlation. P-value of 0.05 or less was considered as statistically significant.

### RESULTS

A total of 100 subjects were enrolled in the study, 50 type 2 diabetic subjects and 50 healthy controls. Out of 50 cases, 28 were males and 22 were females. Among 50 controls 30 were males and 20 were females. The mean and SD of age (years) in cases was 49.6±9.89 as compared to controls which was 41.24±11.9. The mean and SD of fasting blood glucose, post-prandial blood glucose, glycated hemoglobin levels were elevated in type 2 diabetic subjects as compared to healthy

controls. All the type 2 diabetes subjects were evaluated for urine spot microalbumin, which revealed that the prevalence of microalbuminuria was 38.2% (table 1).

**Table 1: Distribution of type 2 diabetic subjects depending on urine microalbumin levels**

Urine Spot Microalbumin (mg/dL)	Percentage	Mean Values
<30 mg/L (Normoalbuminuria)	61.8%	4.8414.78
30-300 mg/L (Microalbuminuria)	38.2%	61.7856.67
>300 mg/L (Macroalbuminuria)	-	-

## DISCUSSION AND CONCLUSION

In our study, we found the prevalence of microalbuminuria 38.2%. This prevalence is comparable with other clinic based studies. John et al., Gupta et al., and Yajnik et al., showed Micro-albuminuria prevalence of 19.7%, 26.6% and 23.0% in clinic based studies at Vellore, New Delhi and Pune respectively. Another clinic based study by Varghese et al., at Chennai showed Micro-albuminuria prevalence of 36.3%. Varghese et al., showed overt nephropathy prevalence of 2.2%.<sup>11-13</sup> Since there is high prevalence of DM and its chronic complications, Diabetic nephropathy; it is important to detect renal involvement promptly as renal involvement is reversible at the initial stage, and progression can be controlled.

Early detection reduces both mortality and treatment cost in those affected. This can be done through screening of DM patients for Micro-albuminuria as its the earliest clinical manifestation of renal disease. Since long-term hyperglycemia among diabetic patients can lead to permanent organ dysfunction including kidneys, regular monitoring of HbA1c levels and organ-specific biomarkers are essential.

## REFERENCES

1. Kahan SE. The relative contributions of insulin resistance and beta-cell dysfunction to the pathophysiology of Type 2 diabetes. *Diabetologia*. 2003; 46(1):3-19.
2. Newsholme P, Karuse M. Nutritional Regulation of Insulin Secretion: Implications for Diabetes. *Clin Biochem Rev*. 2012; 33(2):35-47.
3. Caprio S, Tamborlane WV. Metabolic impact of obesity in childhood. *Endocrinol Metab Clin North Am*. 1999; 28(4):731-47.
4. Definition, Diagnosis and Classification of Diabetes Mellitus and its Complications. Part Diagnosis and Classification of Diabetes Mellitus (WHO/NCD/NCS/99.2). Geneva: World Health Organization, 1999.
5. Karla SP A case for new therapy for diabetes, is it leptin? [Editorial] *Indian J Endocrinol Metab*. 2012; 16(suppl 3):S525-27.
6. Pradeepa R, et al. Prevalence of type 2 diabetes and its complications in India and economic costs to the nation. *Eur J Clin Nutr*. 2017; 71(7):816-824.
7. Shlomo M, Polonsky KS, Larsen PR, Kronenberg HM. Diabetes Mellitus. *Williams textbook of endocrinology*, 12th Ed. Philadelphia: Elsevier/Saunders, 2011, p1371-1435.
8. Zimmet P, Alberti KG, Shaw J. Global and societal implications of the diabetes. *Nature*. 2001; 414:782-7.
9. Methven S, MacGregor MS, Traynor JP, O'Reilly DJ, Deighan CI. Assessing proteinuria in chronic kidney disease: protein-creatinine ratio versus albumin-creatinine ratio. *Nephrol Dial Transplant*. 2010; 25(9):2991-6.
10. Varghese A, Deepa R, Rema M, Mohan V. Prevalence of microalbuminuria in Type 2 diabetes mellitus at a diabetes centre in southern India *Postgraduate Medical Journal*. 2001; 77:399-402.
11. Dwyer BK. Urinalysis vs urine protein-creatinine ratio to predict significant proteinuria in pregnancy *J Perinatol*. 2008; 28(7):461-67.