

All Databases

PubMed

Nucleotide

Protein

Genome

Structure

OMIM

PMC

Journals

Books

Search  for   [Limits](#) [Preview/Index](#) [History](#) [Clipboard](#) [Details](#)Display  Show   **All: 1**  **1:** [Minerva Med.](#) 2007 Dec;98(6):693-711.[Links](#)**Proteinuria: natural course, prognostic implications and therapeutic considerations.****Sarafidis PA.**

Section of Nephrology and Hypertension, 1st Department of Medicine, AHEPA University Hospital, Aristotle University, Thessaloniki, Greece.  
psarafidis11@yahoo.gr

In individuals with normally functioning kidneys a small amount of proteins are secreted in the urine everyday. However, urinary albumin excretion (UAE) above 30 mg/day is considered abnormal; UAE levels between 30-300 mg/day are considered as microalbuminuria, whereas every albumin or protein excretion above 300 mg/day represents macroalbuminuria or clinical proteinuria. The prevalence of proteinuria in the general population is rather low, but it increases considerably in patients with diabetes or hypertension. The natural course of proteinuria is also different in patients with diabetic or nondiabetic nephropathy; however its prognostic implications for renal and cardiovascular endpoints are the same, independently from the underlying kidney disease. Recent population studies and post hoc analyses of outcome trials have shown a continuous association between the level of UAE and the risk for cardiovascular events, as well as cardiovascular and overall mortality. Thus, both microalbuminuria and proteinuria today are considered risk factors for cardiovascular disease. Moreover, proteinuria is a typical manifestation of overt nephropathy and is associated with faster decline of renal function. These roles of proteinuria are further supported by the fact that interventions that reduce UAE have been associated with slower decline in renal function and decrease in the risk of cardiovascular events. This article will discuss data on the prevalence and natural history of proteinuria, its prognostic implications for chronic kidney disease and cardiovascular disease, as well as on therapeutic approaches to reduce its impact, with special focus on blood pressure control.

PMID: 18299683 [PubMed - indexed for MEDLINE]

Display  Show   **Related Links**[Drug treatment for hypertensive patients in special situations: diat](#) [Clin Exp Hypertens. 1999][Time to abandon microalbuminuria?](#) [Kidney Int. 2006][Systematic review on urine albumin testing for early detection of di](#) [Health Technol Assess. 2005][Treatment of microalbuminuria in patients with type 2 diabetes mellitus.](#) [Treat Endocrinol. 2002][Treatment of diabetic nephropathy with angiotensin II receptor a](#) [Clin Exp Nephrol. 2003][» See all Related Articles...](#)[Write to the Help Desk](#)[NCBI](#) | [NLM](#) | [NIH](#)[Department of Health & Human Services](#)[Privacy Statement](#) | [Freedom of Information Act](#) | [Disclaimer](#)