Albuminuria in CHF

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Albuminuria

Increased excretion of albumin in urine

 Risk factor for mortality, adverse renal outcomes in patients with diabetes, hypertension and other cardiovascular disease

Future target treatment for CHF patients?

Types of Albuminuria

Normoalbuminuria: <8-30mg/dL (dipstick)

Macroalbuminuria: >30mg/dL (dipstick)
 >300mg/day

Microalbuminuria: 30-300mg/day

Albuminuria and CHF

- Candesartan in Heart Failure Assessment of Reduction in Mortality and morbidity (CHARM) substudy (Jackson et al, 2009)
- Follow-up of 2310 patients from CHARM trials

 Prognostic importance of albuminuria in CHF patients

Albuminuria in CHARM substudy

- 58% had normal albumin in urine
- 30% had microalbuminuria
- 11% had macroalbuminuria

Significance of Albuminuria in CHARM substudy

- Increased risk of death
- Older patients
- Higher systolic BP
- High prevalence of albuminuria in patients with and without other comorbidities

Albuminuria as outcome predictor in CHF

- Both micro- and macroalbuminuria showed:
 - 1. 60-80% adjusted* increase in the risk of death
 - 2. 30-70% increase in the adjusted* risk of admission for heart failure

*Adjustment was done for variables such as renal failure, diabetes mellitus

Conclusions from CHARM substudy

 Albuminuria might be important prognostic value for patients with heart failure

 Prospective studies should answer questions whether treatment of albuminuria will improve survival

Limitations of CHARM substudy

- High number of missing follow-up urine samples
- Selection bias—patients with severe renal dysfunction excluded
- Effect of Candesartan on albuminuria was tested only on subgroup of CHARM patients

References:

- Damman K, Hillege HL, Van Vandelhuisen DJ, Albuminuria in heart failure: A CHARMing new risk factor? The Lancet 2009; 374:506-507.
- Jackson CE, Solomon SD, Gerstein HC, et al. Albuminuria in chronic heart failure: prevalence and prognostic importance. The Lancet 2009; 374:543-550.