



Proteinuria

Normal urine contains a tiny amount of protein, with albumin being one type of protein. The normal cut-off for proteinuria (protein in the urine) is less than 10 mg/dl or 150 mg per 24 hours and the normal cut-off for albuminuria (often referred to as the microalbumin test) is less than or equal to 3 mg/dl. The concentration of the urine can affect the reported protein level. To correct for that, the protein/ creatinine ratio (P/C) is often looked at as a more accurate indicator of true proteinuria. A normal P/C ratio is less than 0.2.

Frequent or persistent albuminuria indicates possible kidney disease. Other causes of increased albuminuria include recent illness, fever, or exercise but these should only cause transient and not persistent albuminuria. A benign condition that causes persistent proteinuria/albuminuria is orthostatic proteinuria where protein levels in the urine rise only after a person has been in a standing position. This requires careful evaluation by an attending physician with urine collections done in the morning before rising from bed, which will be normal. Once diagnosed, orthostatic proteinuria would not be rated.

Underwriting considerations, absent other significant impairment.

Unexplained, persistent proteinuria is rated per the following schedule:

Protein (mg/dl)

< 30	Non-Rated
30 - 50	Table A*
51 - 125	Table D*
126 - 200	Table G*
> 200	Decline*

*Proteinuria may be considered non-rated if the P/C ratio is normal or if the microalbumin level is < 3mg/dL

Proteinuria due to known glomerulonephritis (kidney disease) is rated by the glomerulonephritis schedule. See Rx #70 Glomerulonephritis. Proteinuria with diabetes may be rated Table A to decline based on age and the amount of proteinuria.

To get an idea of how a client with *Proteinuria* would be viewed in the underwriting process, feel free to use the *Ask "Rx" pert underwriter* on the reverse side for an informal quote.

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**Proteinuria - Ask "Rx" pert underwriter
(ask our experts)**

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Scleroderma/CREST, please answer the following:

1. How long has this abnormality been present? _____ (years)
2. Has a specific cause for the proteinuria been found:
 yes, please give most recent test results _____
 no
3. Please give the date and results of the most recent urinalysis:
a) protein _____
b) Red Blood Cells (RBC's) _____
c) White Blood Cells (WBC's) _____
d) protein/creatinine ratio _____
4. Please check if your client has had any of the following:
 weight loss biliary cirrhosis
 heart disease liver enzyme abnormality
 lung disease kidney disease
 Raynaud's disease trouble swallowing
5. If any of the following urinary tests have been completed, please give the date and result:
a) Microalbumin _____
b) 24 hour protein _____
c) 24 hour Creatinine Clearance _____
d) other: _____
6. Is your client on any medications?
 yes, please give details _____
 no
7. Has your client smoked cigarettes in the last 12 months?
 yes, please give details _____
 no
8. Does your client have any other major health problems (ex: cancer, etc.)?
 yes, please give details _____
 no

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