

DIABETIC TYPE 2 NEPHROPATHY (DN), PROTEINURIA (P) & HYPERTENSION (HTN) MANAGEMENT: IM RESIDENTS (R) VS FACULTY (F) IN ACADEMIC CLINICS.

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This 2 yr QI project audited 1614 diabetic pts' electronic medical records: R=637, F=977 from Jan'07-Nov'08 for P; P:CR {microalb=30-299mcg/mg Creatinine(Cr)& overt P=>300mcg/mgCr, eGFR using MDRD; systolic BP (SBP)& diastolic BP (DBP); number & class of anti HTN meds. 80% of pts were AA. Female were 67% in R, 80% in F clinic. P tested by:(1) UA once/yr: R=31% vs F=61%(2) P:CR R=50% vs F=70%. In R clinic 25% had microalb, 9% overt. In F clinic 21% had microalb, 8% overt. eGFR for micro DN was 83ml/min for R & 78ml/min for F. eGFR for overt DN was 61ml/min for R & 44ml/min F. BP was the same for micro & overt P pts at R & F clinics (See Table). Anti HTN meds for micro DN= 2.78 R & 2.95 F, for overt DN= 3.24 by both R & F.

	Residents	Faculty	p-Value
BP	Micro132/79 Overt141/80	Micro137/78 Overt139/83	p=0.053 NS p=0.081 NS
ACEI	Micro 36% Overt 42.9%	Micro 33.3% Overt 27.6%	p=0.011 p=0.085 NS
ARB	Micro 20.3% Overt 9.5%	Micro 38.9% Overt 20.7%	p=0.011 p=0.085 NS
B blocker	40.8%	32.0%	p=0.004

R tested P & P:CR insufficiently. Micro/Overt P prevalence was equal in R & F clinics. R reduced P:CR greater than F. eGFR was higher for micro & overt DN in R clinic. ACEI were used > by R, ARBs were used > by F. B blockers R>F; diuretic & CCB R = F. Total anti HTN meds for R=F. Goal BP of <130/80mmHg was not achieved in micro or overt DN by R or F.