

DEVELOPING A SIMPLE EDUCATIONAL TOOL TO IMPROVE  
RESIDENT AND PATIENT COMPLIANCE WITH THE  
SCREENING AND MANAGEMENT OF DIABETIC  
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Microalbuminuria is one of the earliest clinical evidence of nephropathy. The objective of the study was 1) To assess resident compliance with the screening and management of diabetic (DM) nephropathy based on ADA's "Standards of Medical Care in Diabetes" 2006 guidelines and 2) To assess patient adherence to ACEI/ARBs therapy. Based on these findings, develop an educational material for residents and patients to improve the overall compliance.

Laboratory data on microalbuminuria, HbA1C, BUN/Creatinine, as well as ACEI/ARBs prescriptions and refills for 100 diabetic patients was obtained using medical records and prescription tracking software during the academic year 2006-2007.

Urine microalbuminuria was never checked in 42% of the patients. Resident compliance of ~97% for using ACEI/ARBs for patients with microalbuminuria but only ~50% patient adherence to medications defined by < 8 monthly prescriptions refills over 12 months period.

Residents were brought up-to-date with the current recommendations regarding the screening and management of DM nephropathy and strategies to delay kidney disease progression by presenting the key study findings during a 1 hour noon conference. A flyer reading "Do you have diabetes? Ask your doctor if you should be on a medication to protect your kidneys" was put in each exam room at the health center (Reprints available). Patient education material in the form of handouts explaining in simple language effects of DM on kidneys and ways to slow kidney failure progression was distributed to patients at the health center clinic and pharmacy. (Reprints available)

6 months post-intervention, we observed continued annual microalbuminuria surveillance in previously screened patients and a significant increase in the number of patients who got screened for the first time (~28% of the previously unscreened pts). Per protocol, full data collection and analysis will be repeated 12 months post-intervention. The goal would be continued resident education to increase the overall compliance rate for microalbuminuria screening to meet the ADA recommendations for diabetes management.