

SIMPLY MORE EFFICIENT.

AFINION" ACR

Identify renal disease early in your patients with diabetes and hypertension with laboratory quality point-of-care results for albumin, creatinine, and albumin/creatinine ratio (ACR).

- Laboratory-quality results in 5 minutes
- 3.5 μL of random/spot urine sample
- Increased accuracy by measuring creatinine
- No sample preparation
- No manual calibration required



Afinion™ACR

CHRONIC KIDNEY DISEASE (CKD)

Being a 'silent disease' with few or no symptoms until it is too late, CKD receives little attention compared with other chronic diseases. The current rise in diabetes, obesity and ageing will further worsen this situation unless there is greater focus and concerted actions.

Kidney disease is one of the most serious complications of diabetes. The earliest sign is increased excretion of albumin in urine (albuminuria).² The Afinion ACR is a point- of-care test for quantitative determination of albumin, creatinine and albumin/creatinine ratio (ACR) in human urine during the patient's consultation.

DIABETES AND CARDIOVASCULAR DISEASE (CVD)

In all patients with diabetes, cardiovascular risk factors should be assessed at least annually. These risk factors include dyslipidemia, hypertension, smoking, a family history of premature coronary disease, chronic kidney disease, and the presence of albuminuria. Testing ACR and Lipid Panel therefore plays a vital part in diabetes management.

3-STEP PROCEDURE

Collect the sample with the integrated sampling device.





Place the sampling



Place the test cartridge in the

IDF AND ADA TESTING RECOMMENDATIONS^{2,3}

The International Diabetes Federation (IDF) and the American Diabetes Association (ADA) recommend performing an annual test to assess urine albumin excretion. An Albumin Creatinine Ratio (ACR) test is preferred.

- Type 1 patients with diabetes duration of ≥5 years.
- All type 2 patients with diabetes starting at diagnosis.
- All diabetes patients with co-morbid hypertension.

In Australia, a urinary ACR should be requested when a person is first diagnosed with diabetes to establish a baseline level. After that, testing once per year is usual with testing done more frequently when significant levels of albumin have been detected.⁶

In New Zealand, it is recommended that people living with diabetes have annual screening for microalbuminuria using albumin:creatinine ratio (ACR) measurement. More frequent monitoring of renal status is indicated for Māori, Pacific Island and South Asian peoples.⁷

REFERENCE RANGE⁵

CATEGORY	SPOT COLLECTION ACR	
	mg/mmol	
Normal	M < 2.5	F < 3.5
Microalbuminuria	M 2.5-25	F 3.5-35
Macroalbuminuria	M > 25	F > 35

AVAILABLE TESTS

AFINION™ ACR
AFINION™ CRP
AFINION™ HbA1c
AFINION™ LIPID PANEL

CONTACT US TODAY FOR MORE INFORMATION OR TO ARRANGE A DEMONSTRATION.

 $T: 1800\ 622\ 642\ (free\ call\ AU)\ \mid\ T: 9800\ 466\ 951\ (free\ call\ NZ)\ \mid\ T: +61\ 7\ 3363\ 7100\ \mid\ rapiddx. ANZ. enquiries@abbott.com\ \mid\ abbott.com/poctation and the control of the control of$

- EKHA. Recommendations for Sustainable Kidney Care. August 2015. http://ekha. eu/wp-content/uploads/2016/01/EKHA-Recs-for-Sustainable-Kidney-Care-25.08.2015.pdf. Accessed 20 October 2016.
- Global Guideline for Type 2 Diabetes, IDF, 2012. ISBN 2-930229-43-8.
- 3. American Diabetes Association. Diabetes Care 2018;41(Suppl. 1):S86–S104
- 4. American Diabetes Association. Diabetes Care 2018;41(Suppl. 1):S105-S118.
- 4. American Dialectes Association. Dialectes 2016; Algaph. 17:303–3.

 S. General practice management of type 2 diabetes, 2016-2018. The Royal Australian College of General Practitioners (RACGP)
- 6. Lab Tests Online AU
- 7. New Zealand Primary Care Handbook 2012

