

Rx FOR SUCCESS 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 $\leq 3mg/dL$.

Proteinuria due to known glomerulonephritis (kidney disease) is rated by the glomerulonephritis schedule. See *Rx for Success* on Glomerulonephritis (Rx #69). 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, please use the Ask "Rx" pert Underwriter on the next page for an informal quote.

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Ask "Rx"pert Underwrit	er (Ask Our Expert)		
After reading the <i>Rx for Suc</i>	cess on Proteinuria, use this Ask "Rx"pert	Underwriter for an informal quote.	
Producer	Phone	Fax	
Client	Age/DOB	Sex	
If your client has a history o	f Proteinuria, please answer the following:		
1. How long has this abnor	mality been present? (Years)		
2 llas e encoifie ecuse fer	the proteinuria been found?		
	ls		
	ls		
	I results of the most recent urinalysis.		
	Ds)		
	BCs)		
	io		
	ent has had any of the following:		
□ Weight loss	Biliary cirrhosis		
☐ Heart disease			
Lung disease	□ Kidney disease		
Raynaud's disease			
	rinary tests have been completed, please gi	ve the date and result:	
	earance		
d) Other			
6. Is your client currently o	n any other medications?		
🗖 Yes. Please give detai	ils		
□ No			
7. Has your client smoked	cigarettes in the last 12 months?		
☐ Yes. Please give detai	ls		
□ No			
8. Does your client have ar	y other major health problems?		
☐ Yes. Please give detai	ls		
🗖 No			