range of 20 mg/L; 22.58 % (21/93) had 50 mg/L of UmA and 19.36 % (18/93) showed 100 mg/L of UmA. It is recommended that until UmA is detected, all diabetes patients should undergo the test once a year and more often upon detection. Considering that there were 2884 HbA1c requisitions, there should have been at least that many requests for UmA. The all cause UmA was 17.86 % (515/2884) and that which was most definitely due to diabetes was a meager 8.88 % (256/2884). The cause of such a low turnout could be attributed to a combined effect of 'Clinical inertia' [15],[26] among the practitioners and lack of understanding of the disease implications among the patients. Microalbuminuria reflects diffuse vasculopathy and endothelial dysfunction, thus leading to atherosclerosis in large arterial beds. Prospective and epidemiological studies have demonstrated UmA as an independent risk factor of cardiovascular mortality [27]. A recent report from south India [28] put the occurrence of overt diabetic nephropathy at 2.2 % and microalbuminuria at 26.9 %. It is alarming that in our area it is 33 %, although we are limited by the nature of the study (laboratory based) and by the absence of details relating to patient characteristics and clinical history.

Conclusion
In the absence of economical means for SMBG and CGMS, HbA1c is a good measure of long term glycaemic control, particularly in the treatment of type 2 diabetes. In patients with very infrequent HbA1c estimations, RPG best predicts their HbA1c. It would be a better practice for laboratories to mention the MGV with HbA1c. This allows the patient a better translation of the HbA1c values in terms of average glucose concentration and better adherence to treatment. Based on the laboratory data, the prevalence of microalbuminuria is found to be much higher in the present study. Hence, requests for UmA must be an adjunct to HbA1c requests. Data from regional areas have a better impact on the seriousness of the problem. Despite the costs involved, awareness regarding the complications and the importance of their early diagnosis should be reinforced to the patients so as to improve the quality of life and expectancy.

References