

Microalbuminuria among patients with type II diabetes mellitus: early screening and intervention required

To the Editor—I am writing with reference to the article by Tam et al¹ in the October 2004 issue of the *Hong Kong Medical Journal*. The authors are to be congratulated for conducting such a comprehensive study on a topic of immense public health and clinical importance that needs prompt attention and intervention. I wish to comment more on the importance of early screening and intervention of microalbuminuria in patients with type II diabetes, which is never a benign condition.

The prevalence of microalbuminuria is as high as 53% among diabetics² and is significantly associated with modifiable factors, such as hyperglycaemia and elevated levels of blood pressure.³ Microalbuminuria is a predictor of advanced nephropathy and a risk indicator for cardiovascular mortality,³ and is correlated with overall deaths⁴ among patients with type II diabetes. Nevertheless, I am concerned about the suboptimal surveillance and screening of microalbuminuria among type II diabetics by care providers in different parts of the world. Khuwaja et al,⁵ for example, recently reported that only 38% of patients with type II diabetes were screened for microalbuminuria in a multicentre study in Karachi, Pakistan. Moreover, large number of diabetics in that study had modifiable factors (high systolic blood pressure of 65%, high diastolic blood pressure of 75%, and high glycaemia level of 74%), which were already proven to be strongly associated with microalbuminuria. The literature indicates that intensive diabetes management with modification of risk factors can significantly decrease the burden of this condition.³

I highly recommend the early detection of micro-

albuminuria with aggressive management of modifiable risk factors by means of lifestyle changes and therapeutic measures. Thus, the burden of premature morbidity and mortality associated with this condition can be significantly reduced. In this regard, physicians should be trained about more comprehensive and integrated management protocols for diabetics in general and for diabetics having microalbuminuria in particular.

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Suicides in general hospitals in Hong Kong

To the Editor—Ho and Tay¹ gave a useful description of the characteristics of suicide patients and their suicidal acts occurring in general hospitals of Hong Kong in the October 2004 issue of the *Hong Kong Medical Journal*. It is a retrospective study and focused on the hospital records of patients who died of suicide or attempted suicide between 2000 and 2002. Results indicated that a total of 166 suicidal acts occurred in

general wards, consisting of 34 completed suicides and 132 attempts with a rate of 9.46 on average per 100 000 admissions. Among them, 16.9% (28/166) were admitted to the general ward because of their suicidal act. Certainly, we agree with the authors that there is a particularly high re-attempt risk for these patients, and in the meantime the suicidal risk of other patients should not be neglected. Increased alertness