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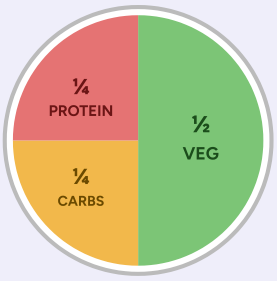
TYPE 2 DIABETES · WITH ALBUMINURIA (PROTEINURIA)

Diabetes with protein in the urine

For type 2 diabetes with albuminuria (protein in the urine) and eGFR ≥ 60 mL/min.
Albuminuria is an early sign of kidney damage — and it can be slowed.

🎯 Your targets

What	Target	Why / how
🧪 Albuminuria	Lower it	Kidney-protecting medicines + little salt + BP on target lower it.
🩺 Blood pressure	< 130/80	If well tolerated, systolic around 120 mmHg. Measure at home.
🩸 HbA1c	Individual	Usually between 6.5% and 8%, set by your doctor.
🧂 Salt	< 5 g/day	Salt reduces the effect of kidney-protecting medicines.
🍗 Protein	≈ 0.8 g/kg/day	No high-protein diets or shakes; more plant protein.
🍌 Potassium	Monitor	May rise with "-prils", "-sartans" or finerenone: follow your tests.



🍽️ The plate method

- **½:** vegetables and salad
- **¼:** fish, lean meat, egg or pulses
- **¼:** potatoes, rice, pasta or bread (wholegrain)
- Whole fruit for dessert; water

🍬 Hypoglycaemia (sugar < 70 mg/dL)

More likely with insulin or sulfonylureas (gliclazide, glimepiride).
Signs: shaking, sweating, hunger, palpitations, confusion.

- Take **15 g of sugar**: 3 sugar sachets in water, or half a glass of juice/regular fizzy drink
- Check again after **15 min**; repeat if still < 70
- Then have a small meal or snack

🚦 Food traffic lights

⚪ Choose

- Vegetables: half the plate; vegetable soup
- Pulses: beans, chickpeas, lentils*
- Fish (incl. sardines, mackerel), skinless poultry, eggs
- Wholegrain bread, oats, rice or pasta (controlled portion)
- Whole fruit: 1 piece at a time (orange, apple, pear)*
- Olive oil; unsalted nuts (small handful)*
- Water, unsweetened tea and coffee

⚪ In moderation

- Potatoes, rice, pasta, bread: ¼ of the plate
- Very sweet fruit (grapes, figs, persimmon): small portions
- Unsweetened milk and plain yoghurt; mild cheese
- Red meat: no more than 350–500 g a week
- Wine: a little and only with meals (risk of hypoglycaemia)
- Sweeteners: in moderation, as a step towards less sweetness

⚪ Avoid / rarely

- Fizzy drinks, juices (even 100% fruit), nectars, iced tea
- Cakes, custard tarts (pastel de nata), Algarve sweets (Dom Rodrigo, morgado)
- Sugar, honey, jam, sugary breakfast cereals
- Dried figs and candied fruit in large amounts
- Cured meats (enchidos), processed meats, fried food and fast food
- Liqueurs, spirits, medronho

** If your potassium rises, your doctor will tell you which of these foods to cut down.*

📞 Contact your doctor if...

- Frequent or severe hypos
- Repeated glucose > 300 mg/dL, great thirst
- Nausea, tummy pain, fast breathing*
- Vomiting or diarrhoea that stop you drinking
- A wound, blister or red area on a foot
- Swollen legs

** Especially if you take a "-gliflozin": this may be ketoacidosis — go to A&E.*

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🔄 Easy swaps

INSTEAD OF…	CHOOSE…
✗ Orange juice at breakfast	✓ A whole orange
✗ White bread with jam	✓ Mixed-grain bread with fresh cheese or egg
✗ Rice, potatoes and pasta on one plate	✓ Just one starchy food (¼ plate) and more vegetables
✗ Custard tart or cake as a snack	✓ Plain yoghurt + fruit or unsalted nuts
✗ Fizzy drink or iced tea	✓ Water, sparkling water, unsweetened iced tea

💊 Medicines and products: take care!

🩸 **Metformin**: take with meals. The dose is adjusted if kidney function falls.

💉 **Semaglutide, dulaglutide, tirzepatide…**: may cause nausea — eat slowly and little at a time, drink water. Tell staff you take them before anaesthesia or endoscopy.

🛡️ **"-prils", "-sartans", finerenone**: protect the kidneys and lower proteinuria; may raise potassium — blood test 2–4 weeks after starting or increasing the dose. Don't stop without advice.

🌿 **"Diabetes" supplements** (cinnamon, teas, vitamins): no proven benefit and they do not replace your medicines.

🤒 **Sick days** (vomiting, diarrhoea, fever): drink fluids, check your glucose more often and contact your doctor — you may need to pause metformin, "-gliflozins", "-prils", "-sartans" and diuretics.

💧 **"-gliflozins"** (dapagliflozin, empagliflozin…): protect kidneys and heart. Drink water, keep the genital area clean; pause on sick days and 2–3 days before planned surgery.

⚠️ **Insulin and sulfonylureas**: risk of hypoglycaemia; alcohol increases it. Always carry sugar with you.

🚫 **Anti-inflammatories (NSAIDs)** — ibuprofen, diclofenac…: affect kidneys and blood pressure. Only on medical advice.

💊 **Steroids** (tablets or injections) raise blood sugar: check your glucose more often.

🏃 Lifestyle

🚶 Exercise
≥ 150 min a week + strength 2–3 times a week; get up every 30 min.

⚖️ Weight
If you are overweight, losing ≥ 5% already improves sugar, blood pressure and cholesterol.

🚭 Smoking
Quitting protects your heart, kidneys, eyes and feet.

🍷 Alcohol
Little or none; always with food. It can cause hypoglycaemia hours later.

👣 Feet
Check them every day; comfortable shoes; foot check at least once a year.

🧪 Kidneys
eGFR and albuminuria 2 or more times a year, as advised.

🍽️ Little salt and more plant protein — example

Breakfast	Lunch	Snack	Dinner	Drinks
Oat flakes with plain yoghurt and cinnamon	Oven-baked fish with potatoes, onion and tomato; salad	Wholegrain bread with fresh cheese and tomato	Stewed lentils with vegetables; fruit	Water; coffee or tea without sugar

🏷️ Labels: salt and sugar (per 100 g)

- **Salt**: more than 1.5 g is high; 0.3 g or less is low.
- **Sugars**: more than 22.5 g is high; 5 g or less is low.
- "No added sugar" is not "sugar-free" (e.g. juices); special "diabetic" products are not needed.

References (sources of these recommendations):

1. American Diabetes Association. Standards of Care in Diabetes—2026 (sections 5, 6, 10, 11). Diabetes Care. 2026;49(Suppl 1).
2. Davies MJ et al. Management of hyperglycaemia in type 2 diabetes, 2022. Consensus report ADA/EASD. Diabetologia. 2022;65:1925–1966.
3. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in CKD. Kidney Int. 2022;102(5S):S1–S127.
4. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of CKD. Kidney Int. 2024;105(4S):S117–S314.
5. KDIGO 2021 Clinical Practice Guideline for the Management of Blood Pressure in CKD. Kidney Int. 2021;99(3S):S1–S87.
6. 2023 ESC Guidelines for the management of cardiovascular disease in patients with diabetes. Eur Heart J. 2023;44:4043–4140.
7. Direção-Geral da Saúde (Portuguese Directorate-General of Health) – PNPAS: Food Wheel and salt reduction recommendations (≤ 5 g/day, WHO).

This leaflet is for information only and does not replace individual advice from your doctor or dietitian. Targets should be personalised. Do not change or stop any medicine without talking to your doctor.