Overview of IgA Nephropathy (IgAN)

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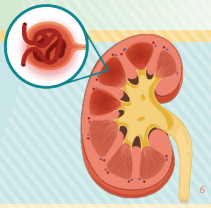
Improving Awareness & Patient Outcomes



Immunoglobulin A (IgA) Nephropathy or IgAN also known as Berger's disease, is the most common glomerulonephritis worldwide.[1]

20–40% of affected individuals progress to kidney failure.[2]

What Is IgAN?

- IgAN is an **autoimmune disease**, characterized by the production of abnormal IgA, an immune response, and deposits of IgA-containing immune complexes in renal glomeruli causing damage.[1]
- IgAN's etiology is multifactorial and is hypothesized to have a multi-hit pathogenic process.[1]
- Current theory on IgAN development is that it takes **"four hits"** (injuries or occurrences) to develop IgAN.[1]

Symptoms

Patients can present with a wide range of symptoms that can be nonspecific or may be asymptomatic for years. Symptoms may include:[4]

- **Hematuria** (both macroscopic and microscopic)[4]
- **Protein in the urine**[4]
- **High blood pressure**[1]
- In some patients, macroscopic hematuria is often preceded by an **upper respiratory infection.**[2]

Who Is Affected?

- The incidence of IgA Nephropathy is approximately **2.5/100,000/year.**[3]
- IgAN affects people of all ages, but onset often occurs in **teens and young adults.**[4]
- Males are twice as likely to be affected as females.[4]
- IgAN is most prevalent and more likely to cause kidney failure in people of East Asian ancestry, followed by Caucasians, and is relatively rare in individuals of African descent.[5]
- Although not completely understood, IgAN pathogenesis is multifactorial, primarily driven by genetic and environmental factors.[1]

Diagnosis & Validation

- IgAN is diagnosed when the patient has a kidney biopsy[4] and the microscopic examination shows deposits of **IgA-containing immune complexes in renal glomeruli.**[1]

OPTIMIZED SUPPORTIVE CARE

The primary focus of management should be optimized supportive care.

The objective of optimized supportive care is to slow down progression of CKD and reduce cardiovascular risk.[5]

- Assess Cardiovascular Risk[5]
- Controlled Blood Pressure[5]
- Dietary Sodium Restriction[5]
- Smoking Cessation[5]
- Weight Control & Exercise[5]

Patients At High-Risk Despite Maximal Supportive Care

"High-risk" is defined as **proteinuria >0.75–1 g/d** despite 90 days of optimized supportive care.[5]

- **Consider the opportunity to participate in a clinical trial**
- **Consider immunosuppressive therapy with caution**

For More Information on IgAN:

IGA NEPHROPATHY FOUNDATION
Dedicated to finding a cure.
IgAN.org

- National Kidney Foundation: Kidney.org
- KDIGO 2021 Clinical Practice Guideline For the Management Of Glomerular Diseases: KDIGO.org/guidelines/gd

References
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