NATIONAL KIDNEY FOUNDATION®

IgA NEPHROPATHY (IgAN): FREQUENTLY ASKED QUESTIONS ABOUT YOUR TREATMENT

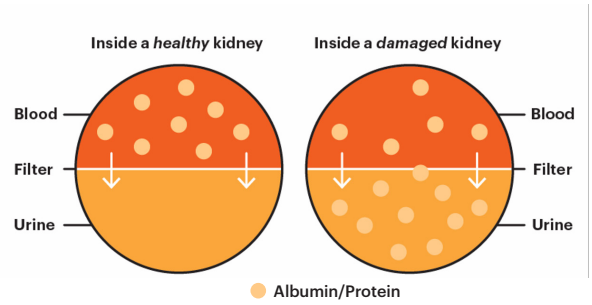
Why do I need treatment?

Treatment helps protect your kidneys. It helps lower your risk of other health problems too, even if you don't notice any symptoms. The main goals are to:

- Lower the amount of protein in your urine (also known as proteinuria)
- Slow down your loss of kidney function
- Keep your blood pressure in a healthy range
- Lower your risk for needing dialysis or a kidney transplant in the future

What is "proteinuria" and why does it matter?

Proteinuria means protein is getting into your urine. Healthy kidneys keep protein in your blood. When your glomeruli (kidney filters) are damaged because of IgAN, protein can spill into your urine. Higher levels of protein in the urine mean more kidney damage is happening.



What lifestyle changes can help my kidneys?

Along with medicine, these steps can help protect your kidneys:

- **Limit your sodium (salt).** Try to eat less than 2300 mg of sodium per day (about 1 teaspoon of salt from all the food and drinks you consume each day). Your care team may advise an even lower target depending on your other health conditions.
- **Keep a healthy weight.** If your care team recommends weight loss, even a modest amount can improve your health. Healthy eating, regular activity, and medicines (when appropriate) can all be helpful tools to support your goals.
- **Stay active.** Regular exercise like walking, biking, or swimming is good for your kidneys and heart. It's okay to start slowly – taking short walks is a great way to begin.
- **Do not smoke or vape.** Smoking can increase proteinuria, speed up the kidney disease process, and increase your risk of kidney failure. It also increases your risk for other serious health problems like high blood pressure, heart disease, cancer, and stroke.

Will I need to take more than one medicine?

Many people living with IgAN take more than one medicine. Each medicine works differently. Some medicines stop the harmful IgA from being made. Others work to protect your kidneys from the damage that has already started. Using different medicines together can help target the disease process in multiple ways, slowing it down. For most people, this is better than relying on one medicine to do all the work.

Some of these medicines cause my eGFR to go down at first – how is that helpful for my kidneys?

A small decrease ("dip") in your eGFR is to be expected with any medicine that helps lower the pressure in your kidneys. These medicines include ACE inhibitors, ARBs, SGLT2 inhibitors, and ERAs. For many people, this can make it seem like your kidney disease is getting worse. This is usually not a concern and is a sign the medicine is doing its job. Over the long term, people taking these medicines have seen a much slower progression of their kidney disease than those not taking them, despite a small initial decrease in eGFR. Rarely, the eGFR may go down more than expected. If that happens, your care team will provide specific guidance on what to do next.

How will my care team know if my treatment is working?

Your care team will check a combination of the following tests:

Test	Goal/Target
Urine protein-creatinine ratio (uPCR)	Should go down with treatment; lower is better **Target:** under 500 mg/g (0.5 g/g); ideally under 300 mg/g (0.3 g/g)
Urine albumin-creatinine ratio (uACR)	Should go down with treatment; lower is better **Target:** under 300 mg/g; ideally under 30 mg/g
Estimated glomerular filtration rate (eGFR)	Should stay stable or go down slowly **Target:** decrease ~1 mL/min per year
Blood pressure	**Target:** less than 130/80; ideally less than 120/70

How long will I need to take these medicines for IgAN?

Some medicines for IgAN are taken for a set amount of time. For example, Tarpeyo (targeted-release budesonide) is usually taken for 9 months and systemic steroids for about 6–9 months. Other medicines are taken long-term, possibly for life. These include ACE inhibitors, ARBs, ERAs, and SGLT2 inhibitors. The ideal duration for other medicines that affect your immune system, like complement inhibitors and APRIL or APRIL/BAFF blockers, is still being studied. Keep in mind that your treatment plan may change over time.

Appointment details

Nephrology office/clinic: _____

Date and time of appointment: _____

Location: _____

Phone: _____

For more information, contact the National Kidney Foundation

Toll-free help line: **855.NKF.CARES** or email: **nkfcares@kidney.org**

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