NATIONAL KIDNEY FOUNDATION®

ADVANCED KIDNEY DISEASE PLANNING WITH IgAN: WHAT YOU NEED TO KNOW

For someone with **IgA nephropathy (IgAN)** whose kidney disease is advanced, treatment planning should start before kidney failure, and not when dialysis becomes an emergency. People with IgAN should be told about their risk of kidney failure and be given treatment that meets their specific needs and preferences.

What should I do when my kidney disease is advanced?

Ask your nephrologist (kidney doctor) for a clear prognosis, along with the following questions:

- What are my current eGFR, uPCR, and other relevant lab results?
- How quickly has my eGFR been declining over the past 1–2 years?
- What is my estimated risk of kidney failure, and over what timeframe?
- Is there still an IgAN-specific treatment available for me, or is the focus now only on advanced kidney disease management?

When should I get referred to a kidney transplant program?

If kidney failure is soon approaching, ask for a transplant evaluation now, rather than waiting for dialysis. Earlier evaluation allows time to find a living donor and possibly get a transplant before dialysis is needed.

If I need to start dialysis, what treatments are available?

One type of dialysis is not automatically better than the other. The type chosen depends on lifestyle, medical conditions, home situation, support, and personal priorities.

- Hemodialysis (HD): Done in-center or at home using a dialysis machine to clean your blood. The machine is connected to blood vessels in your arm or to a catheter placed in a large blood vessel in your chest. Blood vessels used for hemodialysis are called “vascular access.”
- Peritoneal dialysis (PD): Done at home using the lining of your abdomen (belly) as the filter to help clean your blood.

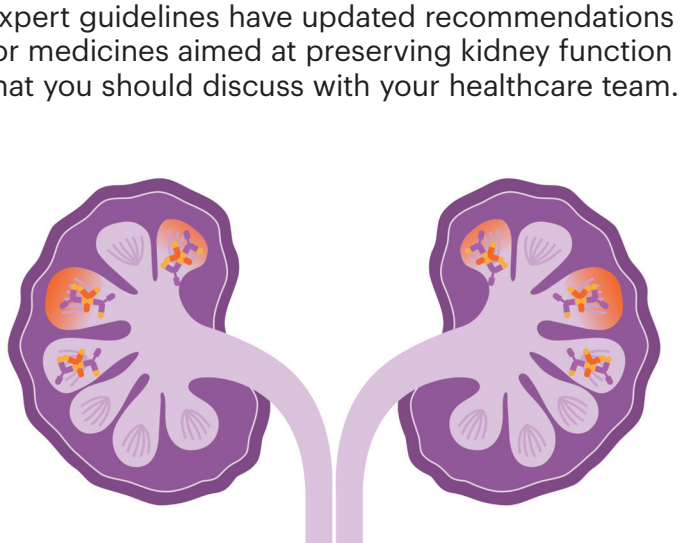
Does having IgAN make one type of treatment for kidney failure better than another?

Kidney transplant is usually the preferred long-term treatment when someone with IgAN is an appropriate transplant candidate. Having IgAN is not a reason to exclude someone from getting a transplant.

IgAN can recur in a transplanted kidney, but recurrence does not mean transplant is a bad choice.

A living-donor transplant can be very helpful because it may allow transplant before or after only a short period of dialysis, depending on the situation. Having IgAN doesn’t make a living donor kidney less suitable.

If you’re not yet at kidney failure, the situation is different. Newer treatments that target the IgAN disease process are available, and have the potential to slow kidney disease progression. Expert guidelines have updated recommendations for medicines aimed at preserving kidney function that you should discuss with your healthcare team.



CHECKLIST FOR ADVANCED KIDNEY DISEASE PLANNING WITH IgAN

Advanced kidney disease planning for IgAN focuses on managing symptoms, preserving remaining kidney function, and preparing for kidney failure treatment before kidney failure happens. Early preparation helps ensure a smoother, safer transition when treatment is needed.

Plan access ahead of time

If hemodialysis is likely, ask when you should see a vascular surgeon for arteriovenous (AV) fistula or graft planning and placement. If peritoneal dialysis (PD) is preferred, ask when a PD catheter should be placed. The goal is to avoid having to start dialysis through an emergency temporary catheter. In some cases, however, some people will prefer dialysis through a permanent catheter.

Discuss transplant and living donation as early as possible

Ask whether you are a transplant candidate and whether a living-donor transplant is an option. Transplant is a treatment rather than a cure, and IgAN can recur in a transplanted kidney, so recurrence should be part of the discussion rather than a reason to avoid evaluation. Your healthcare team will carefully monitor you for early detection of recurrence and provide care to reduce risk of impaired kidney function.

Have a medicine review

Ask your nephrologist or pharmacist to review every current prescription, over-the-counter drug, and dietary supplement to see if they can damage your kidneys or interfere with the effectiveness of your medicines. Doses and medicine choices often need to change as kidney function decreases. Don't stop prescribed IgAN medicines on your own.

Start managing complications of advanced kidney disease

Your team should be checking for problems like:

- anemia
- high potassium
- metabolic acidosis
- fluid retention
- high blood pressure
- mineral/bone abnormalities
- malnutrition or loss of appetite
- heart and blood vessel problems

These can become important well before dialysis begins and your healthcare team will be monitoring them regularly.

Talk with a kidney dietitian

Don't make major dietary restrictions based on generic "kidney diet" lists. Sodium, protein, potassium, phosphorus, and fluid recommendations should be individualized according to laboratory results, medicines, nutrition status, and stage of kidney disease.

Make an emergency plan

Ask your care team:

- Which symptoms mean call the nephrologist the same day?
- Which symptoms mean go to the emergency department?
- Who should I call after hours?

Discuss quality of life and supportive care choices

Palliative (supportive) kidney care doesn't mean "giving up." It can be added alongside active kidney treatment to help with symptoms, stress, function, and quality of life. For some people who aren't candidates for dialysis or who don't want it, active kidney disease management without dialysis is also an important treatment option.



Questions to ask

- What is my current stage of chronic kidney disease (CKD)?
- Based on my estimated glomerular filtration rate (eGFR) trend and proteinuria, when do you expect kidney failure to happen?
- Am I a candidate for transplant, and should I be evaluated now?
- Should I get a living-donor evaluation?
- If dialysis becomes necessary, which type of dialysis fits my situation best?
- When should I have a vascular access placed or a PD catheter placed?
- What complications of advanced CKD do I currently have?
- Which IgAN treatments remain appropriate at my current kidney function?
- What medicines or supplements should I avoid or have adjusted?
- Can I see a kidney dietitian and a transplant/ dialysis educator?



For more information, contact the National Kidney Foundation

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

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