NATIONAL KIDNEY FOUNDATION®

Discussing IgA Nephropathy Diagnosis: A Guide for Healthcare Professionals

EDUCATE YOUR PATIENTS

Reassure the person about the diagnosis

- Try to ensure the conversation happens in a quiet, private space without interruptions.
- Preface that the following news can be difficult.
- State the diagnosis plainly and pause to let the news sink in.
- Deliver information in small, digestible pieces, as much as possible.
- Validate their feelings. Acknowledge that hearing about a new diagnosis is difficult and can feel overwhelming.
- Mention that IgAN as a chronic condition that requires monitoring and management.
- Reassure the person that modern therapies can slow progression and help protect the kidneys.
- Emphasize that IgAN can vary widely. Kidneys are resilient and treatment is aimed to protect them. Some people may live with the disease for years without complications while being monitored. However, over time, other people with IgAN can be at risk for progressive kidney failure.
- Remind them that they are not alone in this. The healthcare team is available to help answer questions and provide advice.

Discuss topics or terms that may need more clarity

- Mention that the kidney biopsy was the definitive tool that confirmed the diagnosis. It allowed clinicians to see IgA deposits in the glomeruli, the kidney's tiny filters.
- Discuss the labs and tests that may be given and what may need to be monitored.
  - A **urinalysis** is a test that checks your urine for signs of health issues.
  - An **eGFR, or estimated glomerular filtration rate,** is a blood test that shows how well your kidneys are filtering, or removing, wastes from your blood.
  - A **urinary albumin-to-creatinine ratio (UACR)** is a urine test that checks for high protein (albumin) in the urine, which is a sign of kidney damage.
  - A **urine protein-to-creatinine ratio (UPCR)** may also be used. This test is similar to the UACR test, which measures albumin. Instead of measuring only the amount of albumin in your urine, it measures all the different proteins that may be present
- Discuss blood pressure and the critical role of blood pressure control in protecting kidney and heart health.



Keep it conversational

- Ask the person what they have you been told so far, and what are their biggest concerns.
- Ask what they have heard about IgA nephropathy.
- Let them know it is normal to have questions, especially when there is so much information to sort through.
- Explain any terms that might need to be clarified.
- Make a clear recommendations based on the person's kidney condition and overall health.
- Talk with the person or their care partner about steps they can take to manage their health. Also discuss how to keep track of lab tests, including whether online records are available.

Discuss next steps

- State what will be monitored and when.
- Discuss supportive kidney care and disease treatment options through shared decision-making, based on the person's clinical profile and current guidance.
- Review medicines, adherence, over-the-counter products, diet or sodium guidance, smoking, activity, pregnancy plans when relevant, and when to contact the care team.
- Provide a written follow-up plan and reliable educational resources.
- Mention that the healthcare team will tailor a monitoring and treatment plan specific to any diagnosis or test results.
- Clarify that early action is intended to slow kidney function loss and reduce long-term complications.
- Reaffirm that treatments will be chosen together, based on kidney function, protein levels in the urine, blood pressure, biopsy findings, other health conditions, and the person's preferences.



For more information, contact the National Kidney Foundation

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

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Information contained in this NKF educational resource is based on data available at the time of publication. It is intended to help clinicians stay informed about new scientific findings and developments. This resource is not intended to establish a preferred standard of care and should not be interpreted as prescribing an exclusive course of management.

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