

Impact of immunoglobulin A nephropathy on work, productivity, and activity impairment in the United States: Results from a real-world study

Briana Ndife¹ (Presenting author), Michel Kroes²(Primary author), Carolina Aldworth¹, Aneesh Thomas George³, Luis Prieto¹, Jonathan DeCourcy⁴, Jade Garratt-Wheeldon⁴, Richard Lafayette⁵

¹Novartis Pharmaceuticals Corporation, East Hanover, USA; ²Novartis Pharma AG, Basel, Switzerland; ³Novartis Healthcare Pvt. Ltd, Hyderabad, India; ⁴Adelphi Real World, Bollington, UK; ⁵Department of Medicine, Division of Nephrology, Stanford University School of Medicine, Stanford, CA, USA

Background: Immunoglobulin A nephropathy (IgAN) is the most prevalent form of primary glomerulonephritis, with an incidence of ~7–21/million/year in the United States (US). IgAN typically affects young adults and is one of the leading causes of kidney failure, with up to 50% of patients developing kidney failure within 20 years of diagnosis, placing considerable socioeconomic burden on patients, their caregivers, and healthcare systems. Here, we describe the economic burden, in the form of work, productivity, and activity impairment due to IgAN in the US.

Methods: This was a retrospective analysis of secondary data from the Adelphi Real-world IgAN Disease-specific Programme, a cross-sectional survey of IgAN-treating nephrologists and their consecutively seen patients with IgAN, conducted in several countries, including the US, from June–October 2021. The survey captured, among other aspects, data on insurance coverage of patients and impact of the disease on patients' routine activities and their work using the WPAI-GH (Work, Productivity, and Activity Impairment – General Health questionnaire).

Results: A total of 43 US nephrologists completed records for 305 patients while 68 patients completed their own forms and were included in this analysis. Mean patient age was 43.5±12.9 years and mean duration of diagnosis of IgAN at the time of survey was 1471.4 days. At the time of survey, 44/67 patients (66%) had proteinuria ≥1 g/day, a known risk factor for IgAN progression. Nearly all patients (96%; n=55/57) had health insurance that covered IgAN treatment. Many patients surveyed had employer-provided/sponsor insurance (49%; n=24/49), while 8% (n=4/49) were covered under various Medicare plans, and 10% (n=5/49) had Medicaid (or equivalent) coverage. At the time of the survey, patients reported 7.9% missed work time, 24.3% impairment while working, 32.9% overall work impairment, and 28.5% activity impairment due to IgAN. In patients with proteinuria ≥1 g/day and <1 g/day, impairment while working was 31.8% vs 9.4%, overall work impairment was 40.0% vs 12.3%, and activity impairment was 36.4% vs 14.3%, respectively.

Conclusions: The results of this analysis indicate that IgAN typically affects the prime, working-age population in the US, resulting in noticeable impairment in work, productivity, and activity.

**Academy of Managed Care Pharmacy (AMCP) 2023
San Antonio, March 21–24, 2023**

Funding: Novartis Pharma AG

Disclosures:

This study was conducted and supported in collaboration with Novartis

Michel Kroes is an employee and shareholder of Novartis.

Carolina Aldworth is an employee and shareholder of Novartis.

Aneesh Thomas George is an employee of Novartis.

Briana Ndife is an employee of Novartis.

Jonathan DeCourcy and Jade Garratt-Wheeldon are employees of Adelphi Real World.

Richard Lafayette is an employee of Stanford University Medical Center, his employers have received research funding from Omeros, Vera, Chinook, Alexion, Otsuka, Calliditas. R.

Lafayette has provided consultancy for: Omeros, Vera, Calliditas, Chinook, Alexion, Otsuka, Novartis.”