

IgA Nephropathy: A Real-World Comparison between Disease Severity, Symptom Burden, and Treatment Satisfaction Reported by Patients and Nephrologists

NR. Medjeral-Thomas¹, C. Aldworth², J. Kattlun³, AT. George⁴, J. de Courcy⁵, E. Chatterton⁵

¹Imperial College and Imperial College Healthcare NHS Trust, London, United Kingdom; ²Novartis Pharmaceuticals Corporation, East Hanover, United States; ³Novartis Pharma AG, Basel, Switzerland; ⁴Novartis Healthcare Private Limited, Hyderabad, India; ⁵Adelphi Real World, Bollington, England, United Kingdom

INTRODUCTION

- Immunoglobulin A nephropathy (IgAN) is the most common form of primary glomerulonephritis worldwide, with an estimated annual incidence of ~25 per million people¹.
- Patients with IgAN present with many clinical manifestations, including hematuria, proteinuria, and hypertension (high blood pressure)^{2,3}.

AIM

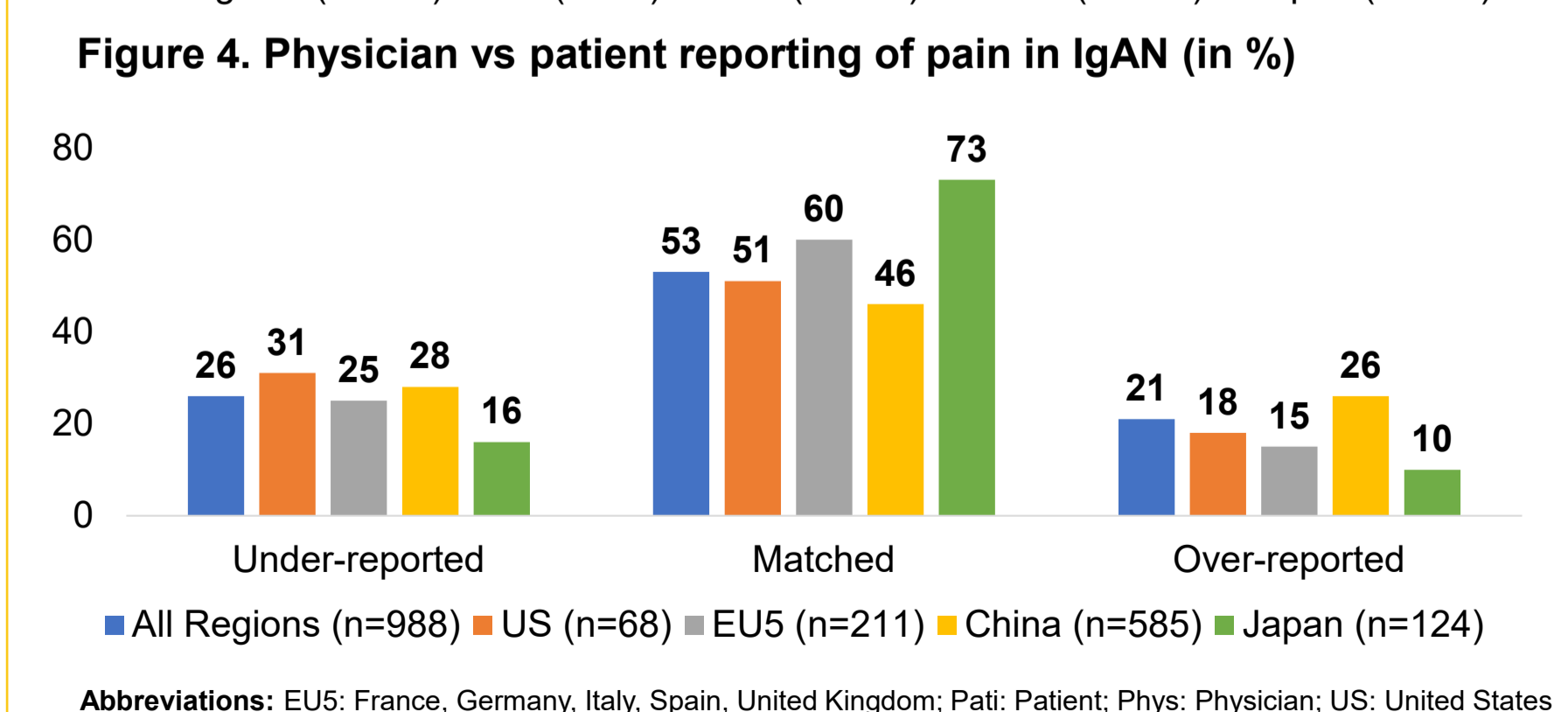
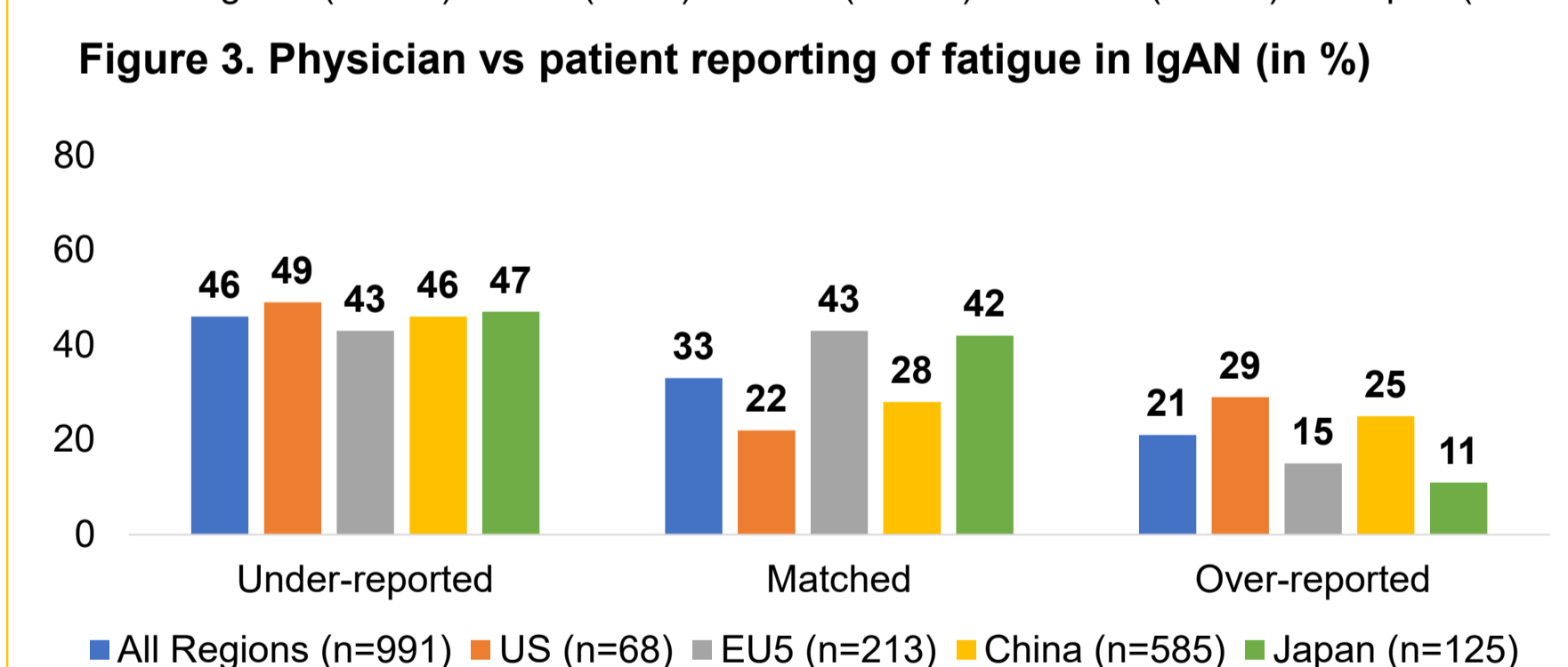
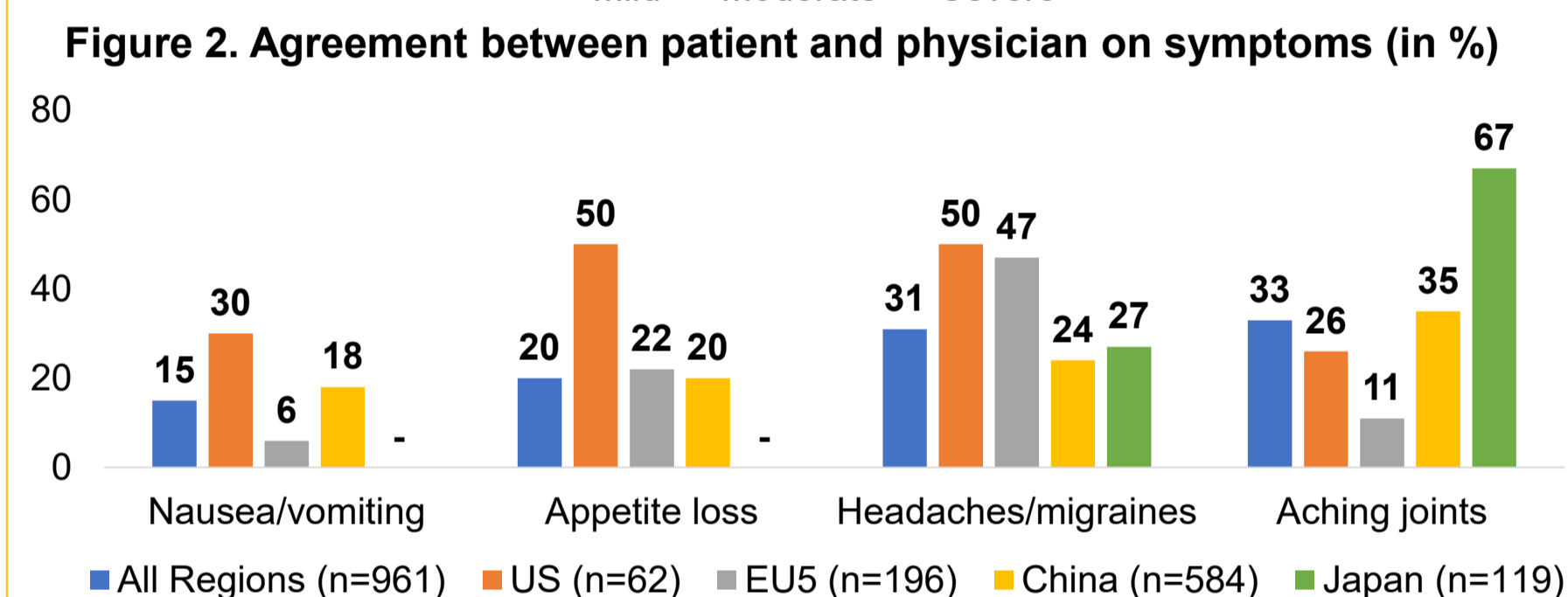
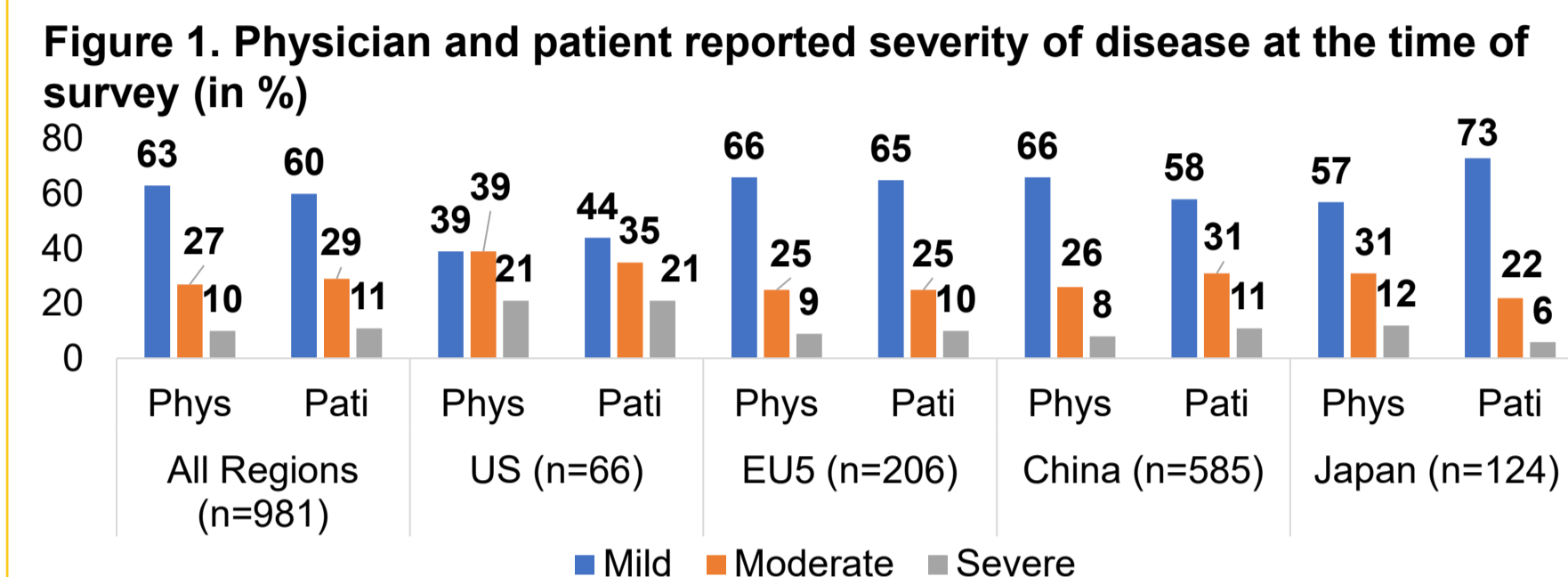
- This analysis aims to compare perceptions of disease severity, symptom burden and treatment satisfaction between patients living with IgAN and their treating nephrologists in the United States (US), Europe and Asia.

METHOD

- Data was collected from the Adelphi IgAN Disease Specific Programme (DSP^{®4})TM, a point-in-time survey of IgAN-treating nephrologists and their consulting IgAN patients, conducted in the US, Europe (EU5; France, Germany, Italy, Spain, United Kingdom), China and, Japan between June and October 2021.
- Nephrologists completed structured online patient record forms for successive patients presenting with IgAN.
- Patients voluntarily completed questionnaires that corresponded with the nephrologist records.
- Both the nephrologist and patient-reported data included demographics, disease severity, IgAN signs and symptoms and treatment satisfaction.
 - Based on their responses, agreement between physician and patient was calculated; if they provided same answer to a question, it was considered of having an agreement. This analysis reported the agreement percentage for various outcomes.

RESULTS

- Data were collected for 991 patients with IgAN, where matched nephrologist and patient-reported forms were completed.
- Mean (standard deviation [SD]) patient age was 42.1 (13.8) years, and 57% were male.
- Nephrologists and patients reported their perceived severity of disease, on a scale of mild, moderate, and severe (n=981) (**Figure 1**).
 - Nephrologists and patients agreed on severity for 77% of patients (US: 82%, EU5: 77%, China: 78%, and Japan: 70%).
- The level of nephrologist awareness of patient-reported symptoms was analyzed (**Figure 2**).
 - Where patients reported nausea/vomiting, it was not recognized by nephrologists in 85% of cases.
 - This was similarly seen for appetite loss (80%), headaches/migraines (69%), and aching joints (67%).
- Patients and nephrologists were asked to score the patient's fatigue and pain on a scale from 0 (none) to 10 (worst possible).
 - Fatigue was under-reported by nephrologists in comparison to what patients reported in 46% of 991 cases with a mean (SD) difference in score of 2.47 (1.46) and over-reported in 21% of 991 cases with a mean (SD) score difference of 1.95 (1.27) (**Figure 3**).
 - Pain was under-reported by nephrologists in 26% of 988 cases with a mean (SD) score difference of 2.24 (1.44) and over-reported in 21% of 988 cases with a mean (SD) 2.06 (1.48) score difference (**Figure 4**).
- Nephrologists and patients reported their satisfaction with the patients' current IgAN treatment as satisfied, neither satisfied/dissatisfied, or dissatisfied (n=982).
 - There was a 65% agreement between the nephrologists and patients' treatment satisfaction.
 - Percentage agreement varied across countries: US: 77% of 66 patients, EU5: 76% of 211 patients, China: 61% of 585 patients and Japan: 58% of 120 patients.



CONCLUSIONS

- Although there was a good level of agreement between nephrologists and patients on their overall IgAN severity, nephrologists under-reported patient symptoms, notably nausea/vomiting, appetite loss, and fatigue.
 - These symptoms are not IgAN specific, but they can decrease patient's quality of life.
- Satisfaction with current treatment also differed in around one-third of cases.
- Cultural differences may impact symptom perception and reporting, as evidenced by differences between nephrologists and patients in different countries/regions.
- This study highlights a need for improvement in communication between nephrologists and their patients which may lead to a better disease management, including treatment and subsequently a better quality of life for patients with IgAN.

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CONTACT INFORMATION

For more information, please contact Serge Smeets (e-mail: serge.smeets@novartis.com)