

## Symptom Burden Among Immunoglobulin A Nephropathy (IgAN) Patients in a US Real-World Setting

### Session Information

- [Glomerular Diseases: Clinicopathological Features and Outcomes in IgAN, Lupus Nephritis, and Vasculitis](#)

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- 1203 Glomerular Diseases: Clinical, Outcomes, and Trials

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### Background

Immunoglobulin A nephropathy (IgAN) is the most prevalent chronic glomerulonephritis and 15-40% of patients will progress to end stage kidney disease (ESKD) within 10-20 years of diagnosis. The symptom burden by eGFR and proteinuria levels has not been well described in IgAN and is presented here.

### Methods

This is a descriptive, retrospective study of adult ( $\geq 18$  years) patients in de-identified Optum<sup>®</sup> Electronic Health Records (2007-2019). Pre-processed physician notes were used to select patients with at least two IgAN records without any secondary or negative notion. Patients without a record of renal biopsy, valid eGFR and proteinuria levels, or with a history of ESKD/kidney transplant were excluded. The demographic and clinical characteristics, including

symptoms up to 12 months before and up to the 1<sup>st</sup> record of IgAN are presented here; these symptoms were stratified by eGFR and proteinuria levels.

## **Results**

The final cohort consisted of 846 patients with a mean age of 48.5 years; 57.7% were male and 7.0% Asian. Proteinuria levels of  $\geq 1$  g/day were found in 35.7% of patients. The median eGFR was 39.0 ml/min/1.73m<sup>2</sup>, median creatinine was 1.8 mg/dL, and 20.8% of patients had severe deterioration of kidney function (eGFR <15). Overall, more patients in higher chronic kidney disease (CKD) stages experienced any given symptom but this trend was not as consistent for higher proteinuria levels.

## **Conclusion**

Our study found that a considerable proportion of patients experienced pain, fatigue and edema. Except in a few instances, all symptoms increased with lower eGFR levels but this trend was less apparent for proteinuria. Our overall findings suggest that a relatively large proportion of IgAN patients, even those with preserved kidney functions could be experiencing substantial symptomatic burden and this warrants further investigation.



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