

**Harvard Medical School Department of  
Continuing Education and the Renal Division  
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*Nephrology Rounds*  
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**Treatment of IgA Nephropathy in Adults**

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**Objectives**

This issue of *Nephrology Rounds* will help readers to critically review:

- current controversies and uncertainties in the treatment of primary or idiopathic immunoglobulin A nephropathy (pIgAN) in adults
- clinical risk factors that predict poor renal outcome in pIgAN
- published and ongoing randomized controlled trials (RCTs) of therapy for pIgAN in adults
- the rationale for a reasonable and clinically useful approach to the therapy of pIgAN in adults based on a “clinical risk stratification” scheme to minimize or normalize the major clinical risk factors associated with poor renal outcome.

**Questions:**

1. Although the most common presentation of pIgAN is microscopic hematuria or recurrent macroscopic hematuria, it may also present as nephrotic syndrome or rapidly-progressive glomerulonephritis.  
True  False
2. The strongest clinical predictors of poor outcome for pIgAN are impaired renal function at presentation, high-grade proteinuria at presentation and/or follow-up, and arterial hypertension at presentation and/or follow-up.  
True  False
3. A recent meta-analysis indicates that, at present, steroids are not an effective treatment option for intervening in patients presenting, early in the course of pIgAN, with clinical risk factors for poor renal outcome.  
True  False
4. Angiotensin-converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) therapy, either alone or in combination, is the therapy of choice for all hypertensive and/or proteinuric pIgAN patients.  
True  False
5. Definitive evidence from large RCTs exists to support the use of fish oil supplements for the treatment of progressive pIgAN.  
True  False

6. According to Dialysis Outcomes Quality Initiative (DOQI) guidelines, the therapeutic aim is to achieve a blood pressure (BP) target of  $\leq 135/85$  mm Hg in patients with renal disease and proteinuria.

True  False

7. In the plgAN patient with proteinuria  $< 0.5$  g/d and creatinine clearance  $> 70$  ml/min, management may consist of observation alone or the initiation of either an ACEI or ARB, even in the absence of arterial hypertension.

True  False

8. Mycophenolate mofetil (MMF) alone at appropriate doses has been definitively proven in multiple RCTs to be effective in preserving renal function and lowering proteinuria in progressive plgAN.

True  False

9. The role of steroid pulses with tonsillectomy for the treatment of plgAN in adults remains unproven in RCTs.

True  False

10. A 6-mon course of corticosteroids plus a cytotoxic agent (eg, cyclophosphamide or azathioprine) should be reserved for plgAN patients with high-grade proteinuria and rapidly progressive disease (typically associated with a proliferative glomerulonephritis on histology), despite aggressive anti-proteinuric and BP management with combination ACEI/ARB/statin therapy.

True  False

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