Prevent, Detect, Support.

Fact sheet

IgA Nephritis

How do the kidneys work?

The kidneys are two large bean-shaped organs located in your lower back. Each contains up to one million nephrons, the filtering units of the kidneys. Inside a nephron, there is a tiny set of blood vessels called the glomerulus. The glomerulus filters your blood allowing excess fluid and waste to pass into your urine. In a healthy kidney, this filter helps to keep blood cells and protein in your bloodstream.

What is nephritis?

Nephritis is a group of diseases that cause inflammation of the filtering units in the kidneys. Inflammation of these filtering units can reduce the kidney’s ability to filter waste from the blood. There are many different types of nephritis. IgA nephritis (also called IgA nephropathy) is the most common type of nephritis in Australia.

What is IgA nephritis?

IgA refers to the IgA antibody molecule. This is a normal substance present in all of us which helps us to fight infections in the throat, airways, and intestine.

In IgA nephritis, the IgA antibody gets deposited in an abnormal way in the filter units of the kidneys. The build-up of this material damages the filtering units, allowing protein and blood to leak into the urine. Both kidneys are equally affected by this condition.

IgA nephritis is a type of kidney disease that may slowly worsen over 10 to 20 years.

What causes IgA nephritis?

Possible causes of IgA nephritis that are being researched include:

- Extra production of IgA in bone marrow
- Reduced removal of IgA from the body
- Abnormal IgA, which sticks more easily to the cells in the filter units of the kidneys.

Who gets IgA nephritis?

IgA is one of the most common kidney diseases. It is found more often in males than females and it is usually diagnosed around the age of thirty. In most cases, the disease is not thought to be hereditary but in some families there may be a genetic link.
What are the signs of IgA nephritis?

IgA nephritis may be picked up during routine health checks. Signs of IgA nephritis can include the following:

- Blood in the urine (haematuria) - can make urine pink or cola-coloured
- Protein in the urine (albuminuria or proteinuria) - can cause frothy urine
- High blood pressure (hypertension) - can cause widespread damage in the body if left untreated, such as headaches, dizziness, strokes and shortness of breath
- Anaemia - not enough red blood cells in your blood, which can cause tiredness and shortness of breath
- Kidney failure, may need dialysis or transplant.

The majority of people with IgA nephritis develop high blood pressure. High blood pressure must always be treated. Unfortunately, a small number of patients (around 20%) may develop severe hypertension (high blood pressure) and kidney failure. If the kidney failure is very severe, the patient may need treatment with either dialysis or kidney transplantation.

Regular visits to a doctor or kidney specialist are important for anyone with IgA nephritis.

See [Anaemia], [Blood in Urine], [Albuminuria], [All about Chronic Kidney Disease] and [Nephritis] fact sheets for more information.

How is IgA nephritis diagnosed and treated?

Finding blood or protein in your urine combined with the other common complications may suggest a diagnosis of IgA nephritis. A final diagnosis needs a kidney biopsy. During a kidney biopsy, a very small sample of kidney tissue is removed and then examined under a microscope.

There is currently no cure for IgA nephritis. Slowing the disease and preventing other complications are key treatment goals.

Control of high blood pressure is the most important treatment for IgA nephritis. Studies show that use of medications such as angiotensin converting enzyme inhibitors (ACE-i) or angiotensin receptor blockers (ARB) is an effective treatment for high blood pressure. These drugs lower blood pressure and help to protect kidney function. Other medications such as beta-blockers and calcium-channel blockers may also be used to reduce your blood pressure.

Fish oil supplements may help to reduce inflammation.

Discussion with a kidney specialist will help decide whether these are useful treatment options for you. New treatment such as glucocorticoid is being tested to see if it can help to slow down kidney failure.

For more information about kidney or urinary health, please contact our free call Kidney Health Information Service (KHIS) on 1800 454 363. Or visit our website kidney.org.au to access free health literature.