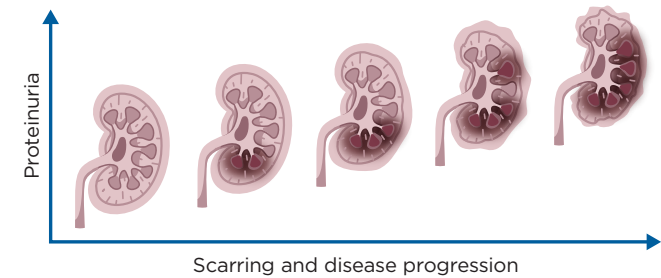


Managing proteinuria in IgA nephropathy

When managing your IgA nephropathy (IgAN), **reducing urine protein (proteinuria)** is one of the main goals.¹

It is important to consult your doctor and create a plan to lower or maintain your proteinuria levels in order to protect your kidneys.



As proteinuria levels increase, kidneys may scar more, leading to **irreversible kidney damage**.²

While there is currently no cure for IgA nephropathy, a person can slow the progression of their IgA nephropathy by lowering their proteinuria levels to **300 mg/day or less**, which is referred to as **complete proteinuria remission**.³

The table below explains what various levels of protein in the urine mean for your health.

Interpreting your proteinuria lab values⁴

Amount of protein in your urine	Classification	What does this mean?
300 mg/day or less 0.3 g/day or less	Complete proteinuria remission	There is very little protein leaking into your urine
More than 300-500 mg/day More than 0.3-0.5 g/day	Moderately increased	Protein levels in your urine are moderately higher than normal, and could be causing damage to your kidneys
More than 500-3500 mg/day More than 0.5-3.5 g/day	Severely increased	Protein levels in your urine are high and could be causing irreversible damage to your kidneys
More than 3500 mg/day More than 3.5 g/day	Nephrotic-range	Protein levels in your urine are very high, which can lead to serious irreversible kidney damage

Sometimes, proteinuria values are expressed as mg/g (mg of protein per gram of creatinine), rather than mg/day. As a rule of thumb, you can find an estimate by multiplying the “per day” measurement by 0.7 (e.g. 300 mg/day x 0.7 = 210 mg/g).

Talk to your doctor to better understand your proteinuria levels and actions that you can take



If you experience a prolonged increase in proteinuria levels after maintaining remission for a prolonged period of time, it is referred to as a **flare-up**, also known as relapse.^{5,6}

If you experience flare-ups, **there is hope**.

It is important to adhere to your treatment plan and discuss with your doctor how to continue to **manage and reduce your proteinuria levels to slow further kidney damage**.

References:

- Aucella F, et al. Proteinuria in the prognosis of IgA nephropathy. *Minerva Urol Nefrol*. 2009;61(3):235-248.
- National Institute of Diabetes and Digestive and Kidney Diseases. IgA Nephropathy. <https://www.niddk.nih.gov/health-information/kidney-disease/iga-nephropathy>. Accessed May 2025.
- Mayo Clinic. IgA nephropathy (Berger disease). <https://www.mayoclinic.org/diseases-conditions/iga-nephropathy/symptoms-causes/syc-20352268>. Accessed May 2025.
- Kidney Disease: Improving Global Outcomes (KDIGO) Glomerular Diseases Work Group. KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases. *Kidney Int*. 2021;100(4S):S1-S276.
- Laranjinha I, et al. IgA nephropathy - Are intravenous steroid pulses more effective than oral steroids in relapse prevention? *Nefrologia*. 2018;38(4):355-360.
- Horino T. IgA nephropathy flare-up following SARS-CoV-2 vaccination. *QJM*. 2021;114(10):735-736.

