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## **Common Glomerular Disorders in Older Population**

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Recently, chronic kidney disease in the elderly has been on the rise and is associated with an increase in glomerular disease in the elderly. Glomerular filtration rate can gradually decrease as part of the aging process, and this "aging kidney" can be a barrier to diagnosing glomerular disease-related kidney deterioration in the elderly. Glomerular disease in the elderly can be caused by systemic conditions such as diabetes, hypertension and ischemic nephropathy. Primary glomerulonephritis and secondary glomerular injury associated with drugs, amyloidosis, plasma cell dyscrasia and autoimmune diseases are also common in the elderly. In older patients, membranous nephropathy is relatively common in primary glomerular disease, and pauci-immune crescentic glomerulonephritis is increasing in incidence. These multiple causes of glomerular disease suggest that there are more causes of glomerular damage to differentiate than in younger patients with glomerular disease. Early recognition and treatment of rapid progressive glomerulonephritis is critical to reducing patient's morbidity and mortality.

In older adults, glomerular disease should be suspected when clinical signs of renal damage, such as hematuria and proteinuria, along with reduced renal function. Clinicians may avoid renal biopsy in the elderly because of complications such as bleeding following renal biopsy, however, as noted above, glomerular disease in the elderly can have a variety of causes and more aggressive renal biopsy may be needed to differentiate the cause of glomerular disease. This biopsy can reduce unnecessary use of immunosuppressive drugs, which could be harmful in older adults, and can predict the prognosis of the disease. If immunosuppressive drugs are indicated, the patient's comorbidities, risk of infection and drug interactions should be taken into account.