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Difference in the diagnosis and management in glomerular disease worldwide

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The prevalence of CKD has been continuously increasing, and approximately 10-15% of the entire population is expected to have CKD. CKD has now become a significant burden and is one of the leading causes of death in many countries. Diabetes and hypertension are the most common causes of CKD for middle-aged and elderly adults, while glomerular disease is a more significant disease burden for children and young adults. There are disparities in the epidemiological and clinical features and treatment patterns for glomerular disease worldwide. For instance, SLE is more common in white patients than in Asian patients, but renal involvement and severe lupus nephritis are more common in Asian patients. Additionally, some genes related to IgA nephropathy are only found in Asian patients but not in white patients, while inflammatory bowel disease is more strongly associated with IgA nephropathy in white patients. Notably, there is a distinct pattern for treating IgA nephropathy between Japan and Europe. For SLE patients, the responsiveness to a calcineurin inhibitor seems to be more favorable in Asian patients. These disparities can be partly explained by differences in genetic background, environmental and socioeconomic factors, and regional health systems. My talk will cover the differences in the epidemiological and clinical features of glomerular disease worldwide. Furthermore, I will briefly mention the unique screening programs for kidney and glomerular disease in Korea.