

# Aging Promotes Progression of IgA Nephropathy: A Systematic Review and Meta-Analysis

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Am J Nephrol 2013;38:241-252

DOI:10.1159/000354646

## Commentary

By Professor Richard Glassock

IgA Nephropathy has traditionally been a disease of children and young adults, but as the general population ages it is likely that more and more older adult subjects will be discovered to have IgA nephropathy when renal biopsies are undertaken for unexplained hematuria and/or proteinuria. While the features indicating a favorable or poor prognosis are reasonable well known in younger patients, little information is available about the older adult with IgA nephropathy. Duan and colleagues from Beijing, China, conducted a systematic review and meta-analysis of the published literature examining the prognosis of the older adult (>50 years; n=651) with biopsy-proven IgA nephropathy compared to a younger group (10-50 years; n= 5892). Older age at diagnosis was significantly associated with a poorer outcome (increased incidence of treated ESRD - Relative Risk= 1.95 (C.I.= 1.27-3.01)), but the meaning of this difference was blunted by the presence of significant heterogeneity between the included studies. This effect of age was seen only in Asian, but not in European cohorts. No North American cohorts were included in the study. No data was provided regarding treatment with angiotensin-II inhibition or glucocorticoids, Oxford MEST renal pathology scores or newer prognostic indices such as the Absolute Renal Score - significant omissions, in my opinion. Nonetheless, focal glomerulosclerosis and tubulo-interstitial fibrosis were increased in the older

population - a not surprising finding. In my opinion, this study is rather inconclusive and does not provide solid evidence that age at the time of diagnoses of IgA Nephropathy is a poor prognostic feature per se. More studies examining the details of the clinical and histological prognostic features, other than age at the time of diagnosis, are needed to be convincing.

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