Same Disease, Different Stories: Contrasting Patient and Physician Perspectives in IgA Nephropathy

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Background:

IgA nephropathy (IgAN) is a kidney disease caused by buildup of immunoglobulin A (IgA) in the kidneys. It often progresses slowly and has no cure, though new targeted treatment options can help slow its progression. This research explores the differences in perspectives between treated patients and their physicians to identify opportunities to enhance patient care.

Methodology:

The patient perspective was captured through an online survey of 127 IgAN patients fielded 2/7/25-3/2/25. The physician perspective was collected via an online survey of 177 nephrologists fielded from 1/6/25-2/6/25, and 507 patient charts. Both surveys were HIPAA-compliant and data was analyzed by the Spherix analytics team.

Acknowledgements:

Thank you to Spherix Global Insights' network of nephrologists and their patients.

Figure 1

Self-Reported Disease Classification
% of respondents

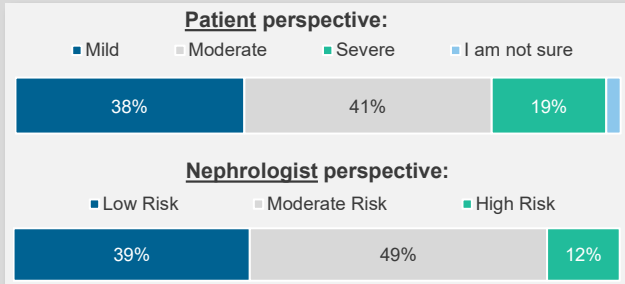


Figure 2

Quality of Life Perceptions
% of respondents

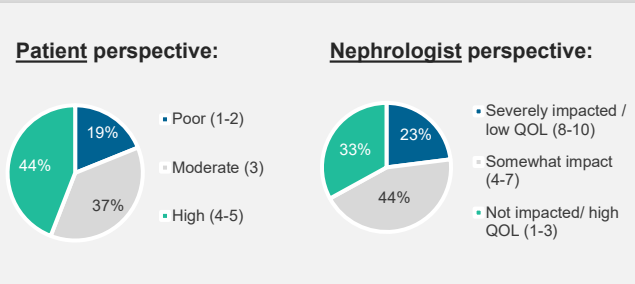


Figure 3

Patient Symptoms over Past 12 Months
% of patients/ physicians

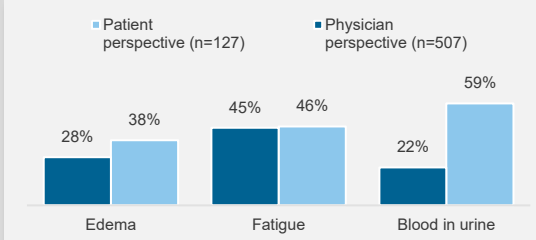
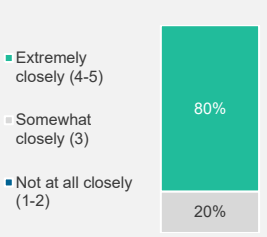


Figure 4

Patient Self-Reported Adherence to Regimen
% of patients



Nephrologists Reported Adherence to Regimen
% of respondents

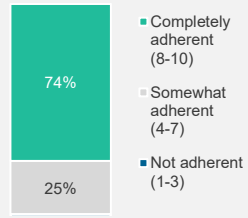


Figure 5

Self-Reported General Health
% of respondents

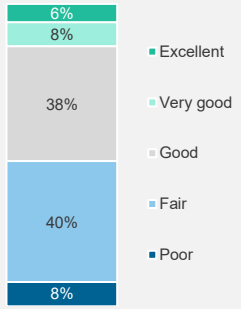


Figure 6

Physician Perspective on Overall Patient Health
% of respondents

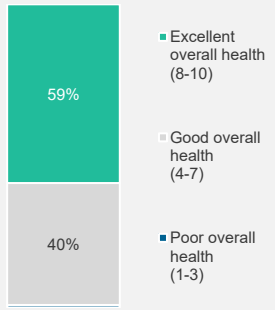
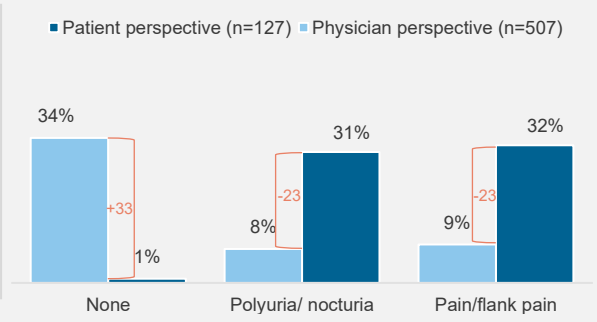


Figure 7

Patient Symptoms over Past 12 Months
% of respondents



Results:

Nephrologists and patients are closely aligned when it comes to evaluating several aspects of their disease. Both report similar perceptions of disease severity and the impact IgAN has on their quality of life. Nephrologists classify 12% of their patients as severe, versus 19% self-reported by patients, and consider 23% of their patients to have a "poor" quality of life, versus 19% self-reported by patients (Fig. 1-2). There are also similarities in the most reported symptoms (i.e., blood in urine, fatigue, and edema) and the degree to which patients are adherent to their treatment regimens (74% of nephrologists report that patients are highly adherent vs. 80% of patients) (Fig.3-4).

Despite the similarities, perspectives of nephrologists and patients differ on patient's overall health assessment and the number and types of secondary symptoms reported. While nephrologists consider their IgAN patients to be healthy (rating 100% in good or excellent health), only 52% of patients consider themselves healthy, with 48% reporting their health as fair or poor (Fig.5). Additionally, nephrologists report that patients have few symptoms beyond their CKD and IgAN – saying that 34% do not have any other co-morbid conditions, while virtually all patients report additional symptoms, with just 1% not identifying any others (Fig.6). The symptoms nephrologists are most likely to overlook include pain (reported by 32% of patients vs. 9% of nephrologists) and polyuria/nocturia (reported by 31% of patients vs. 8% of nephrologists) (Fig.7).

Conclusion:

The gaps in perspectives between patients and physicians highlight a need for enhanced communication and education aimed at patients to help them better understand their disease and treatment options.

Disclosures:

Stephanie Tomazin and Jennifer LaFave are employees of Spherix Global Insights, an independent market intelligence firm and have received no industry funding to conduct and report on this study.

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