How you can help??

The IgA Nephropathy Foundation of America receives no federal or state funding. We depend entirely upon the generosity of corporations, businesses, clubs, organizations & individuals for support. Here are several ways you can help:

**Give the Gift of Life**
Consider becoming an organ/tissue donor and give the gift of life. To find out more, go to [https://www.organdonor.gov](https://www.organdonor.gov).

**Make a Donation**
There are many ways to support the IgA Nephropathy Foundation of America’s research efforts including memorial and tribute contributions, wills, bequests, special events and matching gifts from your workplace. Your tax deductible gift to the Foundation is not just a contribution but an investment in the health and well-being of your neighbor and for the generations to come.

**Conduct a Fundraising Event**
Have your business, organization or club conduct a fundraising event to benefit the foundation. A representative from our development department will be happy to meet with you and assist you with fundraising ideas, materials and publicity.

**Book a Speaker**
Have your club or organization schedule one of our speakers to speak at a future meeting. There is no cost and we will provide educational materials for each member.

For more information on IgAN, our various programs, or to book a speaker, please contact us at 732-770-7377 or visit [www.igan.org](http://www.igan.org).

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**Six early signs of kidney disease:**

1. Burning or difficulty during urination
2. Greater frequency of urination, especially at night.
3. Passage of bloody-appearing urine (pink to red or brown in color)
4. Puffiness around the eyes; swelling of hands and feet
5. Pain in small of back, just below ribs
6. High blood pressure

*If one or more of the symptoms listed above are present, consult your doctor.* Do not forgo seeking medical advice from your physician if you are experiencing ANY of the above symptoms as they can be caused by a number of illnesses/diseases ranging from mild to severe. The best course of action you can take is to seek medical advice from a board-certified physician.

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**What you need to know about IgA Nephropathy**
An autoimmune disorder that effects the kidneys and the most common form of glomerulonephritis worldwide.

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**Give the Gift of Life: Become an Organ Donor**

The most important thing you can do today is sign up for the organ, eye and tissue donor in the event of your death. Laws that oversee donation vary from state to state. You can find info on becoming an organ donor at [https://www.organdonor.gov](https://www.organdonor.gov) and can register to be a donor on the national registry by visiting [http://www.donatelife.net/committodonation/](http://www.donatelife.net/committodonation/). After registering, you are able to update, remove or specify your specific wishes at any time. Make the decision to donate life today!
What is IgA Nephropathy and what causes it?

IgA Nephropathy (IgAN) is an autoimmune disease that attacks the kidneys. Breakdown of the kidneys occurs when an abnormal form of IgA - an immunoglobulin (aka antibody) that helps your body fight infections - settles in the kidneys. This disrupts your kidney’s ability to filter waste & excess water from your blood. Over time, these IgA deposits may cause blood and protein to be present in urine (referred to as hematuria and proteinuria, respectively). This can appear suddenly or, most often, progresses slowly over many years and can result in end-stage kidney failure. By the time the symptoms of kidney failure occur (swelling in hands and feet, nausea, fatigue, headaches & sleep problems, to name a few), kidney damage has been done. The stage of kidney damage depends on whether patients will need dialysis or a kidney transplant.

Though scientists and physicians suspect genetic factors to be involved, the exact cause of IgAN is unclear. In some cases, IgAN runs in families and scientists have been able to pinpoint several genetic markers that may play a role in the development of the disease but this is rare (only 5% of patients have family members who also have biopsy-confirmed IgAN, microscopic hematuria or proteinuria). This suggests that other factors are likely involved. In other cases, the disease may be related to respiratory or intestinal infections & how the immune system responds (IgA is the main antibody found in mucosal secretions of the body including tears and saliva). When such an infection occurs, the body produces more IgA to combat the infection, thereby increasing the chance of producing abnormal antibodies that cause IgAN.

Who does IgAN affect?

IgAN is one of the most common kidney diseases in the world aside from those caused by diabetes and high blood pressure. In North America, IgAN is twice as likely to occur in men than in women, whereas in Asia, women are just as likely to have the disease as men. It can occur at any age but most often between 20 and 30 years of age and is more common in caucasians and asians than in African Americans.

How is IgAN diagnosed?

The first sign of IgAN is often blood in urine. Should this occur, you should immediately consult your doctor. If your doctor suspects IgAN, he or she will most likely order urine tests as well as a kidney biopsy which is the only way to confirm the diagnosis with certainty.

How is IgAN treated?

There is no current cure for IgAN and that is why the IgA Nephropathy Foundation of America was founded. Since the disease varies from one person to another, there is no definite progression or course that the disease will take. What works for one person may have virtually no effect on another, but our goal is to bring those with IgAN together to share experiences and bring awareness to this disease.

Since there is no cure, treatments focus on slowing the progression of the disease and preventing complications. Some individuals experience complete remission, while others live normal lives with medications to treat their symptoms (such as high blood pressure meds, immunosuppressants, omega 3 fatty acids & vitamin E supplements), yet others experience complete kidney failure (end-stage kidney disease) and require either dialysis or a kidney transplant depending on the severity. It is estimated that as many as half of those affected with IgAN will develop end-stage renal disease. This poses one large problem... there aren't enough kidneys and many patients wait on the transplant list for years.