Autosomal Dominant Polycystic Kidney Disease (ADPKD)

Fact sheet

ADPKD is a genetic disease characterised by the progressive development and enlargement of fluid-filled cysts in the kidneys and progressive loss of kidney function[1]

The prevalence of **ADPKD** is 3.96 per 10,000 in the general population[3*]

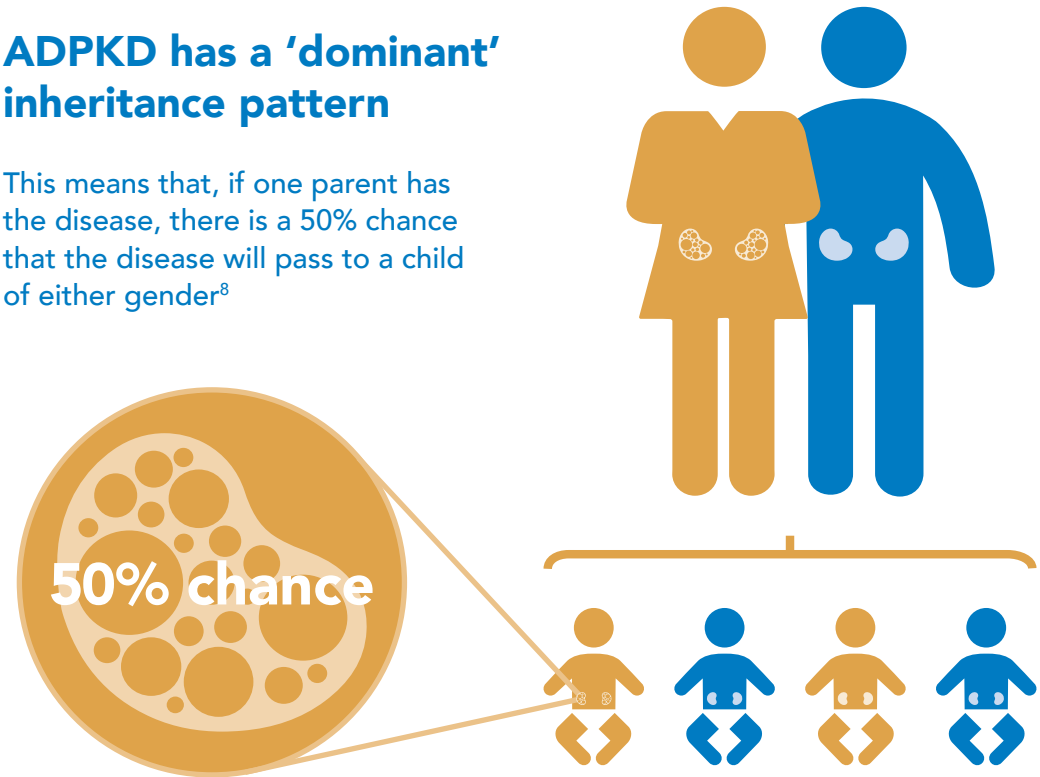
*Based on EU data

ADPKD is the most common inherited kidney disease[2]

- ADPKD is caused by faulty genes that can affect both sexes of all age, racial and ethnic groups[5]
- In the early stages of ADPKD patients often do not experience any symptoms[6]
- Diagnosis is often the result of screening among those with a family history of ADPKD[6]
- By the time a decline in kidney function is identified, the destruction in kidney anatomy can be advanced[7]

ADPKD has a 'dominant' inheritance pattern

This means that, if one parent has the disease, there is a 50% chance that the disease will pass to a child of either gender[8]



ADPKD frequently leads to **End-Stage Renal Disease (ESRD)** and the need for treatment with **Renal Replacement Therapy (RRT)** - dialysis or kidney transplant[9]

4th

ADPKD is the 4th leading cause of ERSD in adults[10]

58

The mean age at which patients with ADPKD start RRT is 58 years[11]

6%

Up to 6% of Australians with ERSD have ADPKD[12]

THE PHYSICAL BURDEN

- ADPKD can cause a significant increase in kidney volume – **up to 4-fold**[8]
- The enlarged kidneys can affect a person's physical appearance and can limit a person's ability to perform everyday tasks.[7]
- ADPKD patients experience a variety of complications, including hypertension, chronic and acute pain, repeated urinary tract infections (UTIs) and blood in the urine (haematuria)[13]

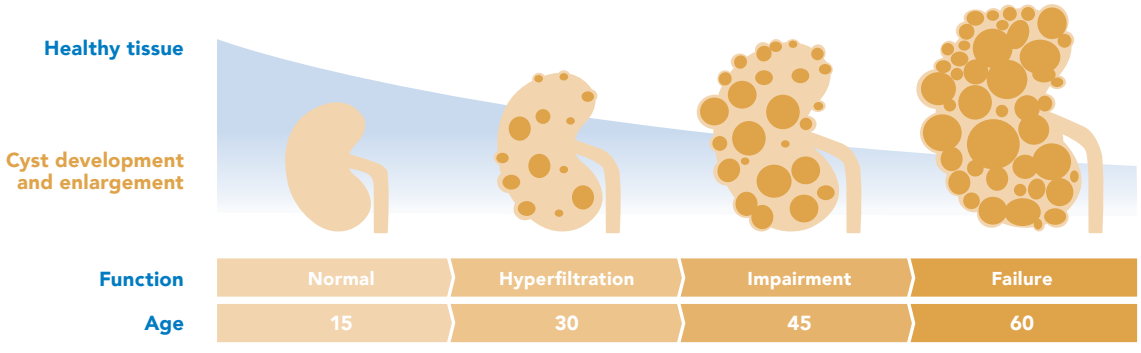
THE PSYCHOLOGICAL AND EMOTIONAL BURDEN

- In addition to the physical symptoms of the disease, ADPKD can cause marked psychological and emotional suffering, even in the early stages.[14]
- With disease progression there is a marked decline in quality of life[15]
- People with ADPKD are more likely than those in the general population to suffer from anxiety and depression[16]

THE FINANCIAL BURDEN

- ADPKD imposes high, direct and indirect costs on the community. Factors involved include loss of productivity, outpatient care, drug treatment, hospitalisations and, in the later stages, the frequent need for Renal Replacement Therapy (RRT).[17-19]

Kidney disease progression in ADPKD[20]



Adapted from Grantham et al, 2011.

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