Takeaways for Clinicians from the KDIGO 2021 Clinical Practice Guideline for the Management of Lupus Nephritis

**Diagnosis of lupus nephritis**
Early diagnosis and timely treatment of active lupus nephritis are important to preserve nephrons. Changes in kidney function or proteinuria based on serial measurements may suggest lupus nephritis (LN), and this can be confirmed by kidney biopsy.

**Antimalarial therapy**
Hydroxychloroquine is recommended for all patients with LN if there are no contraindications.

**Class I/II lupus nephritis**
Immunosuppressive therapy in patients with Class I/II LN should be guided by extrarenal disease manifestations unless the patients have nephrotic syndrome due to lupus podocytopathy, which is managed as minimal change disease.

**Initial immunosuppression for active Class III/IV lupus nephritis**
The initial treatment of active proliferative (± membranous) LN is glucocorticoids plus either mycophenolate mofetil or low-dose (Euro-Lupus) intravenous cyclophosphamide. (Figure 1)

**Glucocorticoid dosing**
Although glucocorticoids have generally been given in high doses for LN, emerging data suggest that lower doses may be equally effective but with fewer short- and long-term toxicities.

**Long-term immunosuppression for Class III/IV lupus nephritis**
Following initial therapy of proliferative LN, mycophenolate mofetil is the preferred immunosuppressive and should be continued for at least 36 months. (Figure 2)

**Class V lupus nephritis**
Class V lupus nephritis is managed with RAS blockade, blood pressure optimization, and hydroxychloroquine, and the addition of immunosuppression in patients who develop nephrotic range proteinuria.

**Unsatisfactory response to treatment**
Unsatisfactory treatment responses can be due to non-adherence, inadequate immunosuppressant dosing, or significant chronic kidney damage that preclude complete resolution of kidney abnormalities. Patients in whom these factors are excluded may have treatment-resistant LN. (Figure 3)

**End stage kidney disease**
Kidney transplantation is the preferred form of kidney replacement therapy for LN patients who develop end-stage kidney disease.

**Pregnancy in patients with lupus nephritis**
Good pregnancy outcomes require pre-pregnancy counselling and planning. Pregnancy should be avoided when LN is active or when patients are exposed to potentially teratogenic medications.