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Diagnosis of minimal change disease (MCD)

MCD is diagnosed by kidney biopsy. There are no non-invasive biomarkers available.

2

Initial treatment of MCD

For initial treatment of MCD, high dose glucocorticoids are recommended.

3

Duration of glucocorticoids for initial treatment

High doses of glucocorticoids should be given for no longer than 16 weeks.

4

Taper of glucocorticoids for initial treatment

A gradual glucocorticoid taper should start 2 weeks after remission and for up to a total of 24 weeks of glucocorticoid exposure.

5

Contraindications for glucocorticoids

Initial treatment regimens for patients with contraindications to glucocorticoids include cyclophosphamide, calcineurin inhibitors, and mycophenolate mofetil/sodium mycophenolate (with reduced-dose glucocorticoids). (Figure 1)

6

Prognosis

Long-term kidney survival is excellent in treatment-responsive patients.

7

Glucocorticoid-refractory patients

Glucocorticoid-refractory patients are treated similar to glucocorticoid-refractory focal segmental glomerulosclerosis.

8

Infrequent relapses

Infrequent relapses of minimal change disease are treated similarly to the initial presentation, with lower and less prolonged doses of glucocorticoids.

9

Frequently relapsing/steroid-dependent (FR/SD) MCD

After remission is induced with glucocorticoids, for frequently relapsing or steroid-dependent patients, cyclophosphamide, rituximab, calcineurin inhibitors, and mycophenolate mofetil/sodium mycophenolate may be used to prolong remission and reduce relapse rates. (Figure 2)

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Choice of therapy for FR/SD MCD

In general, there are no known differences between the medications used of FR/SD MCD. Patient choice, local availability, and costs need to be considered.

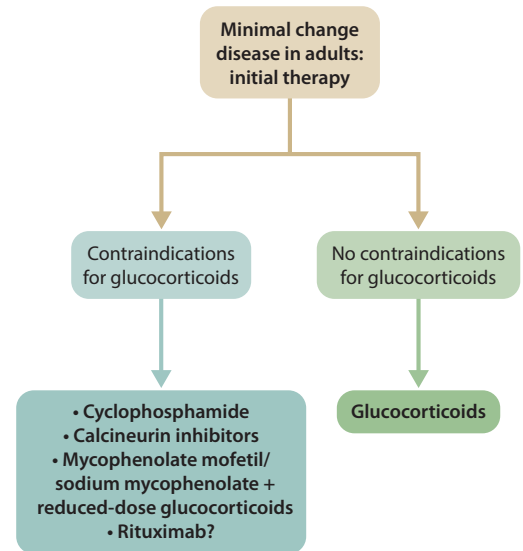


Figure 1

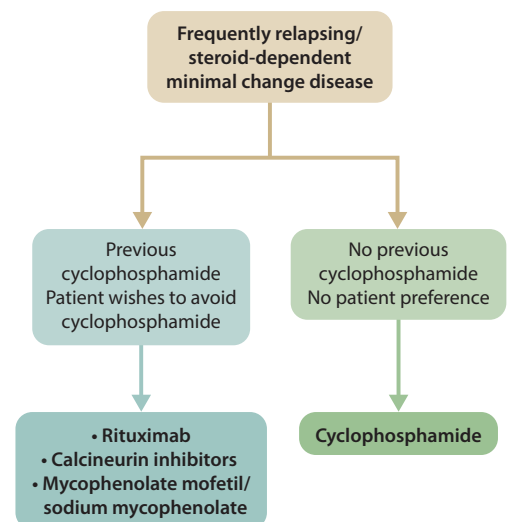


Figure 2