Takeaways for Clinicians from the KDIGO 2021 Clinical Practice Guideline for the Management of Minimal Change Disease in Adults

1. 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)

10. 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.