Key Takeaways for Clinicians from the KDIGO 2025 Clinical Practice Guideline for the Evaluation, Management, and Treatment of ADPKD:

Kidney manifestations

1 Blood pressure management

Management of high blood pressure (BP) in people with ADPKD should include regular BP monitoring, preferably with home BP measurements (HBPM), dietary and lifestyle modifications, and pharmacotherapy, if indicated (Figure 1).

2 Target blood pressure

- For people with ADPKD aged 18–49 years with CKD G1–G2 and high BP (>130/85 mm Hg), we recommend a target BP of ≤110/75 mm Hg, as measured by HBPM, if tolerated.
- For people with ADPKD aged ≥50 years, with any stage of CKD, we suggest a target systolic BP < 120 mm Hg, as assessed using standardized office BP measurement, if tolerated

3 Pain management

Shared decision-making between the healthcare provider and the person with ADPKD or their caregiver should guide pain-management strategies in ADPKD (Figure 2). This process is expected to reduce the patient's anxiety, increase the patient's cooperation, and respect the patient's personal choices and views.

4 Gross hematuria

Healthcare providers should be aware of the causes and natural history of gross hematuria in people with ADPKD to provide proper guidance and, if appropriate, reassurance.

5 Kidney cyst infection

People with ADPKD who present with fever, abdominal or flank pain, and increased white blood cells and/or CRP should be worked up for kidney cyst infection (Figure 3). In people with ADPKD and kidney cyst infection, we suggest treatment with 4–6 weeks of antibiotic therapy rather than a shorter course.

6 Kidney stones

The management of kidney stones and gout in people with ADPKD should be similar to the general population. Obstructing kidney stones are more challenging to treat in people with ADPKD and should be managed by centers of expertise.

Figure 1

Hypertension in ADPKD		
Monitoring	**Non-pharmacologic interventions**	**Medical management**
• Standardized office BP measurement in preference to routine office BP measurement • HBPM is preferred to office only measurements • Consider ABPM in children and adults with difficult BP control, LVH, proteinuria, or declining kidney function but normal office BP readings • Consider work up for secondary high BP when >3 BP medications are needed in the setting of medication and dietary compliance	• Reduce dietary sodium including minimizing processed foods • Optimize body weight with a healthy diet and regular exercise • Optimize pain management	• Inhibition of RAS provides the cornerstone of BP management and includes the use of an ACEi or ARB • Optimize BP with a 2nd-line agent, if needed • Individualized therapy is indicated

Figure 2

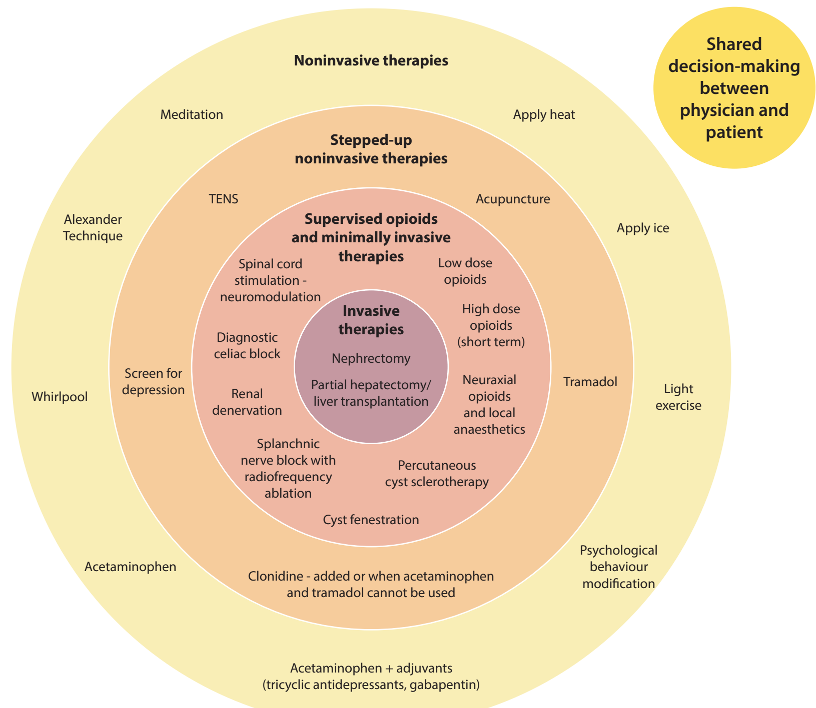
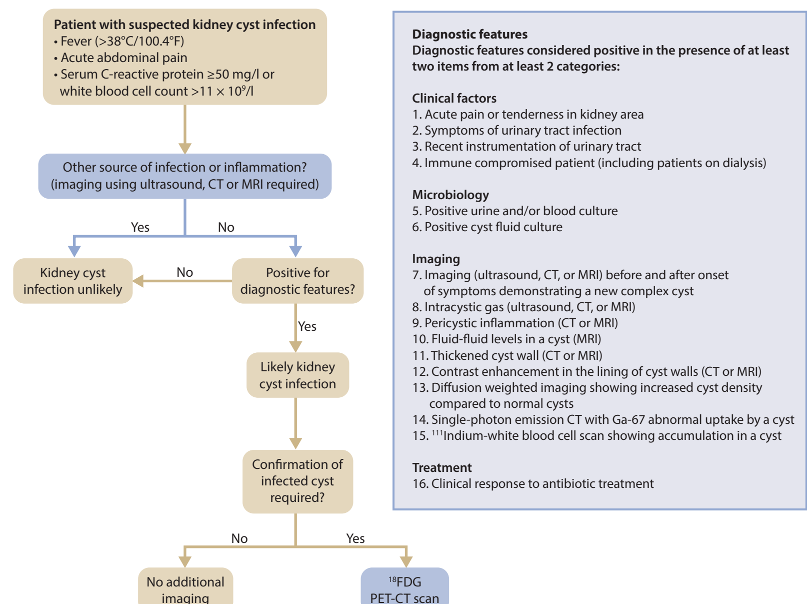


Figure 3



ADPKD, autosomal dominant polycystic kidney disease; CKD, chronic kidney disease; CRP, C-reactive protein