

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



1

Individualized approach

ADPKD is a complex genetic disorder, affecting many organs, with variable rates of progression between and within families; therefore an individualized and comprehensive approach to evaluation and management is needed, including attention to nutrition and lifestyle, physical activity and body weight, and socioeconomic wellbeing and mental health (Figure 1).

2

Diet & lifestyle

No specific diet has been proven to delay progression of ADPKD. A generally healthy diet with emphasis on fresh fruits and vegetables, fish, whole grains and nuts, and limitation of salt, sugar, fat and animal proteins is recommended to maximize general and cardiovascular health. Salt should be restricted to 5 g daily. Recreational toxins (tobacco, drugs, or excessive alcohol) should also be avoided.

3

Weight management

Avoidance of overweight and obesity is strongly recommended for general health benefits; there is also preclinical and clinical evidence that overweight and obesity might accelerate kidney growth and ADPKD progression.

4

Water & caffeine

High water intake (2–3 liters/day) is recommended for people with ADPKD and CKD G1–G3 to avoid dehydration, reduce the risk of kidney stones, and possibly slow the progression of the cystic disease. Caffeine intake should not exceed the recommended amount for the general population, which is <400 mg/day (e.g., 4 cups of brewed coffee/day).

5

Exercise

Appropriate exercise is important for maintenance of general health and strength, and it also contributes to psychosocial well-being. The recommended intensity should be individualized according to the patient circumstances, bearing in mind that people with very large kidneys or liver could be vulnerable to direct organ injury from contact sports.

6

Stressors for people with ADPKD

Having a slowly progressive genetic disease presents unique psychosocial stressors for people with ADPKD, which should be elicited and addressed during healthcare encounters (Figure 2). Some patients may require referral to specialized services for management of depression/anxiety, job training, or financial counseling. Patient information and education about self-care should be integrated into all patient care encounters. (Tools for evaluation are available in Appendix 1 of the full guideline at www.kdigo.org)

7

Multidisciplinary team

Implementation of an individualized and comprehensive approach to evaluation and management requires a multidisciplinary team that includes physicians, nurse educators, accredited nutrition providers or registered dietitians, physical therapists, social workers and other caregivers as needed. Potential benefits of this multidisciplinary approach include a reduction in the rate of progression of the disease, better blood pressure control, reduction in cardiovascular events and early mortality, and better general health and quality of life.

8

Comprehensive information about all aspects of the disease

People, caregivers and families affected with ADPKD should be provided comprehensive information about all aspects of the disease and the resources available. These resources should be provided to people, caregivers and families affected by ADPKD (Figure 3) and should include disease information, education about basic management and self-care, prognostic assessment, information on kidney-protective pharmacotherapy including clinical trial opportunities, adequate planning to manage the psychosocial and financial impact of the disease including family planning, and when appropriate discussion of kidney replacement options, research and resources for social support, among others.

Figure 1

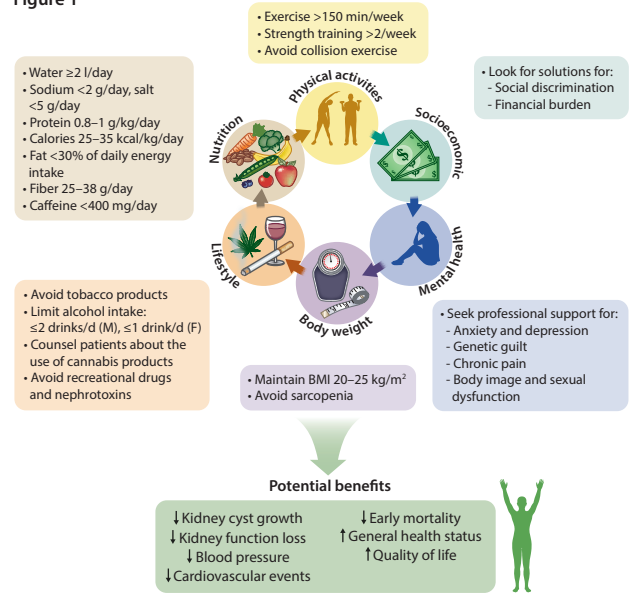


Figure 2

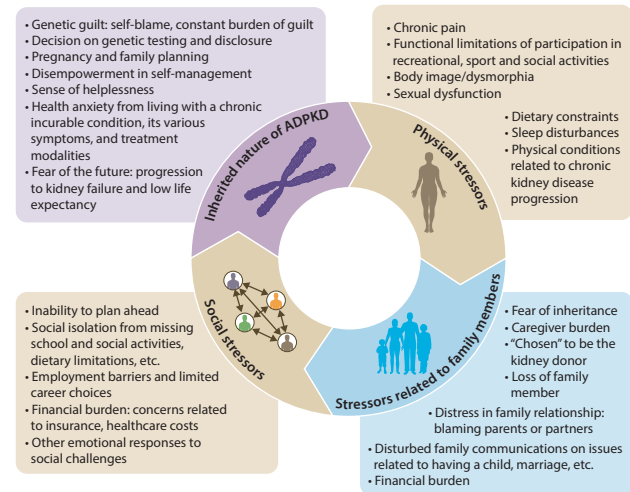


Figure 3

Disease information	• Explanation of the disease and its potential course and manifestations
Basic management and self-care	• Self-management: water intake, low-salt diet, low-protein diet (where appropriate), weight control, lifestyle (e.g., exercise), smoking cessation, caffeine intake, etc. • Cardiovascular risk management: importance, antihypertensive therapy, cholesterol-lowering therapy • Situations for contacting clinic (e.g., pain, complications)
Prognostic assessment	• Rationale, interpretation and implications of prognostic risk score
Specific kidney-protective pharmacotherapy	• Indication, rationale/benefit, adverse effects, monitoring requirements • Clinical trial opportunities
Managing disease impact	• Potential impact of the disease on activity (e.g., work and lifestyle) • Psychological impact and support available • Discussing ADPKD with employers • Issues regarding health insurance and mortgage applications • Family planning, including genetic counselling and preimplantation genetic diagnosis, contraception, and pregnancy issues
Kidney replacement therapy	• Dialysis and transplantation options (according to clinical situation and availability)
Research	• Registry entry, clinical trials, patient-reported outcome data collection
Resources for social support	• Details of financial burden of ADPKD and how to get socio-financial support • Details of ADPKD patient organizations
Hereditary nature of ADPKD	• The most common hereditary kidney disease and its genetic transmission • Importance of kidney imaging in the diagnosis of ADPKD • Possible benefits and harms of genetic screening