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

1 Shared decision-making

Shared decision-making should be undertaken when discussing the benefits and harms related to screening/diagnosis of at-risk children in families with ADPKD, including the parents/legal guardians and the mature child (Figure 1).

2 Blood pressure control

Standardized office BP should be assessed annually in children (≥5 years) and adolescents with or at risk for ADPKD. Annual 24-hour ABPM should be performed in children and adolescents (≥5 years and height ≥120 cm) with VEO-ADPKD or EO-ADPKD and in children and adolescents with or at risk for ADPKD with BP ≥75th percentile.

3 Blood pressure target

We recommend targeting BP to ≤50th percentile for age, sex, and height or ≤110/70 mm Hg in adolescents with ADPKD. RASi (i.e., ACEi or ARBs) is the first-line therapy for high BP in children and adolescents with ADPKD.

4 Diet and exercise

Children with ADPKD should follow general recommendations for a healthy diet, consistent with WHO guidelines, and should maintain a healthy body weight and physical activity.

5 Treatment of ADPKD in children

There is currently insufficient evidence to support use of targeted or disease-modifying therapies for ADPKD in children beyond antihypertensive treatment.

6 Follow-up

The follow-up of children with diagnosed ADPKD should be performed by a pediatrician or pediatric nephrologist, tailored based on clinical indications, such as BP, kidney function, urine studies, and ultrasound (Figure 2).

7 Transition from pediatric to adult patient

As children enter young adulthood, a formal transition process should be developed for all children diagnosed with or at risk for ADPKD. Assessment for extrarenal manifestations should be recommended, as indicated for adults with ADPKD.

Figure 1

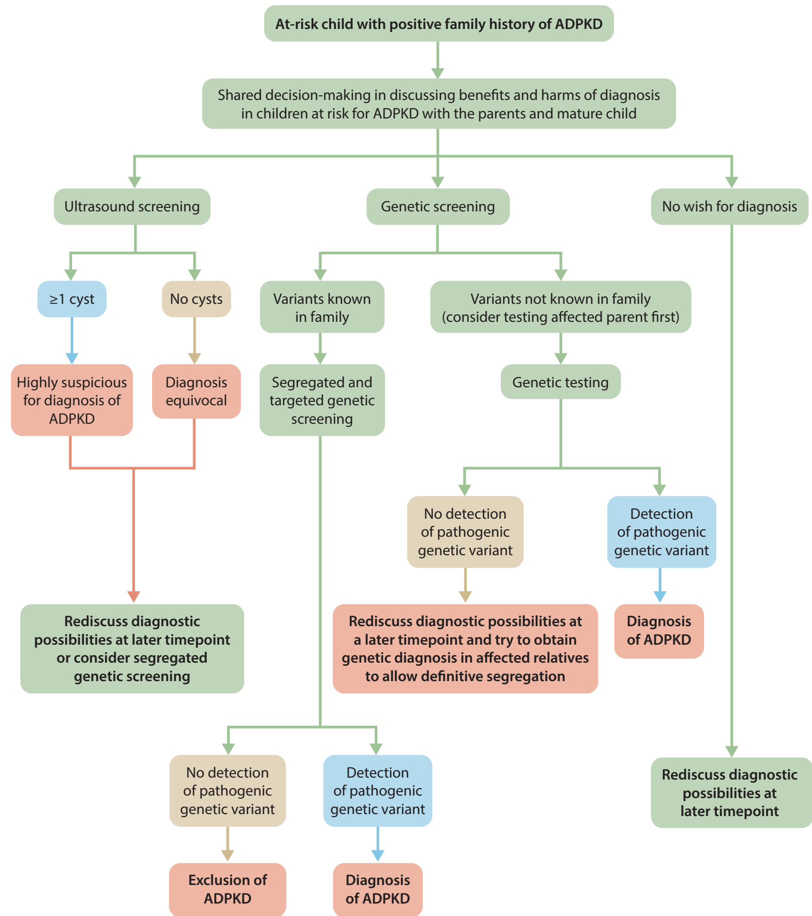
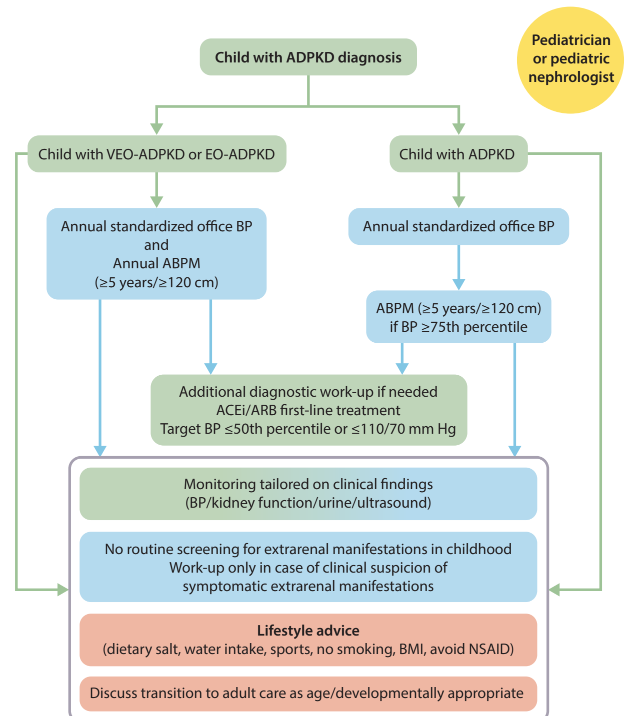


Figure 2



ACEi, angiotensin-converting enzyme inhibitor; ADPKD, autosomal dominant polycystic kidney disease; ARB, angiotensin II receptor blocker; BP, blood pressure; EO, early onset; RASi, renin-angiotensin system inhibitors; VEO, very early onset; WHO, World Health Organization