Kenjiro Honda, J Kidney 2017, 3:3 (Suppl)
DOI: 10.4172/2472-1220-C1-002

Recent topics of autosomal dominant polycystic kidney disease (ADPKD)

Kenjiro Honda
The University of Tokyo Graduate School of Medicine, Japan

Autosomal dominant polycystic kidney disease (ADPKD) is one of the most common hereditary kidney diseases that develop end-stage kidney disease. Usage of renin-angiotensin-aldosterone system inhibitors and educational campaign such as salt restriction and metabolic syndrome have successfully delayed initiation of dialysis in the other kidney diseases. However, ADPKD patients have obtained littele benefit from these appearance of medicine or activities. As a result, ADPKD now requires dialysis at a younger age than the other kidney diseases. Tolvaptan is the first drug that directly inhibits growth of kidney cysts. TEMPO 3:4 study clinically showed efficacy and safety of tolvaptan treatment among ADPKD patients with creatinine clearance more than 60 mL/min. This medicine improved decline of kidney function as well as enlargement of total kidney volume. Polyuria is frequently present, and tolvaptan requires sufficient fluid intake. According to TEMPO 3:4 study, tolvaptan can be administered to ADPKD patients with chronic kidney disease (CKD) G1-G4 since 2014 in Japan. Tolvaptan has been administered to ore than 1,000 ADPKD patients. Approval of indication including CKD G3 and G4 resulted in the current situation that CKD G3 and G4 is dominant in tolvaptan-treated patients. I will introduce therapeutic effect and amount of fluid intake and urine volume in tolvaptan treatment.

Biography

Kenjiro Honda graduated from The University of Tokyo in 2005, and completed his PhD from The University of Tokyo Graduate School of Medicine in 2013. His work is genetics in kidney including ADPKD, and peripheral arterial disease. He is now an Associate Professor in Department of Nephrology and Endocrinology, The University of Tokyo Graduate School of Medicine.

khonda-tky@umin.ac.jp

Notes: