



National
Kidney
Foundation™

kidney living

Summer 2013

Issue 3

GET MOVING

FUN AND SIMPLE
WAYS TO BE MORE
ACTIVE

TAKE THE DRIVER'S SEAT!

LEARN ABOUT TREATMENT
OPTIONS, OVERCOME DEPRESSION,
AND FIND MORE JOY EACH DAY

SUMMER RECIPES

DELICIOUS AND
KIDNEY FRIENDLY!

Support provided by:



PATIENT EDITORS

Meg Banks
Poughkeepsie, NY

Dorothy Davis
Birmingham, AL

Sheldon Francis
Bronx, NY

Celeste Castillo Lee
Ann Arbor, MI

PROFESSIONAL EDITORS

Dawn Berry, RD
West Des Moines, IA

Eileen Boyte, MSW
Los Angeles, CA

Mark Conard, PhD
Darien, IL

Denise Eilers, BSN, RN
Davenport, IA

Maria B. del Rosario, MD
Worcester, MA

Dodie M. Stein, PhD, MSW, LCSW
Indianapolis, IN

Mandy Trolinger, MS, RD, PA-C
Highlands Ranch, CO

Roberta Wager, RN, MSN
San Antonio, TX

IN-HOUSE STAFF

Jennifer Martin
Executive Editor

Kelli Collins, LICSW
Editorial Director

Bernard Rittersporn
Managing Editor

Staci McKeown
Design Director

kidney living

It's all about choices!

When I started dialysis at age 17, my doctor told me something I'll never forget: "Celeste, you're beginning a life-long journey with chronic illness, and you have two choices. You can be a passive observer, allowing others to take the driver's seat. Or you can be the driver, taking control of your life when you can, experiencing the adventure, and setting your limits."

I chose to be the driver. For me, that means that I take time to take care of myself in many ways, including my spiritual, mental, physical, emotional, and social health. I seek ways to bring joy to my life, and I learn everything I can about kidney disease and my treatment options.

I'm now 47 and I have used many different treatments for my kidney disease – hemodialysis, transplant, peritoneal dialysis, and now back to hemodialysis – I've tried all the possibilities! Each one has unique benefits and challenges.

You have choices, too. In this issue, we'll explore all the treatment options for kidney failure. As your life and needs change over time, you might decide that another type of treatment is better for you. I hope this helps you be a "driver" in your life too, and that you always enjoy the adventure.



Celeste Lee

Celeste Lee
Patient Editor, Kidney Living

National Kidney Foundation
30 East 33rd Street
New York, NY 10016
800.622.9010 | 212.889.2210
Email: kidneyliving@kidney.org
www.kidney.org/kidneyliving

kidney living is published by the National Kidney Foundation (NKF). Opinions expressed do not necessarily represent the position of the NKF or its sponsor. The NKF reserves the right to edit all articles. Please contact the NKF for article submission guidelines or permission to reprint articles.

© 2013 National Kidney Foundation, Inc. All rights reserved. 01-65-5268_BBD



What's in this Issue?

FEATURE ARTICLE

4 **What's the Best Treatment for Kidney Failure?**

You have choices! Learn about all the options for dialysis and transplant.



IN EVERY ISSUE....

8 **Ask Your Healthcare Team**

In this issue: How do I know if I'm depressed? When should I seek help?

10 **Kidney Kitchen**

In this issue: Enjoy summer recipes for chicken salad, vegetables and pasta salad. Plus, learn which fruits are safe for dialysis patients.

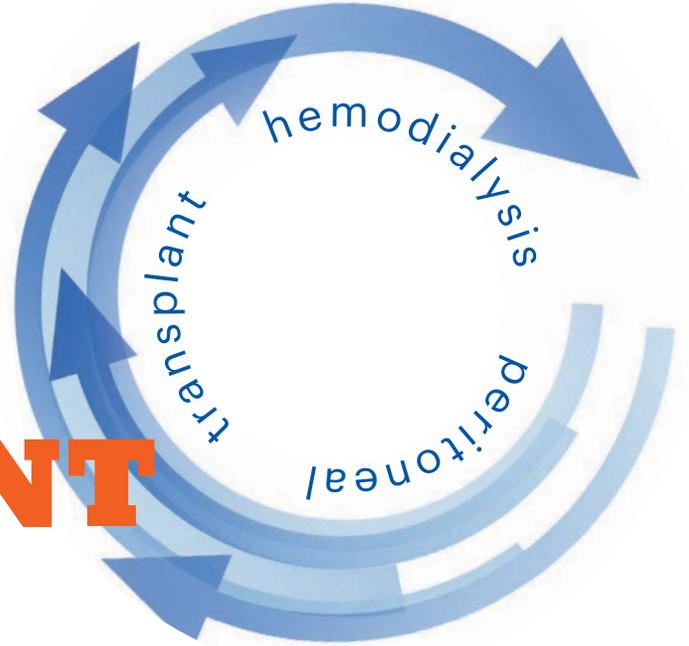
14 **kidney living Voices**

We want to hear from you! In this issue, our readers share what they do to stay physically healthy and active.



NKF Cares 15

What's the **BEST TREATMENT** for Kidney Failure?



By Maria B. del Rosario, MD

Everyone has different physical and emotional needs, as well as specific lifestyle preferences. That's why there is no simple answer to "What's the Best Treatment for Kidney Failure?" What works best for you may not work for someone else!

Choosing the "right treatment" for you is important but can be very different for one person than another. Take the time to talk with your family and your healthcare team and find out as much as you can about each option. You may even want to talk with another patient who has experience with the type of treatment you are interested in.

In the next 3 pages, we will give an overview of the treatment options available for kidney failure. You'll also learn about some things to consider with each option to help you decide what is right for you. There are two treatments for kidney failure – dialysis (hemodialysis and peritoneal dialysis) and transplantation.

Each option has different pros and cons, so it's important for you to learn as much as you can about each one. What might be a positive for one person might be negative for another. For example, one person might feel that dialyzing in a clinic with others provides needed social support during treatment, whereas others might feel that this environment lacks privacy.

You need to consider what is important to you and your family so you can decide which treatment will best fit your lifestyle needs. For example, if you need a flexible schedule for work or family responsibilities, you may prefer doing dialysis at home instead of in a center.

If you are on one type of treatment but would like to try something else, talk to your healthcare team about the possibility of changing. It's not uncommon for people with kidney failure to use different treatments during their lifetime. As your needs and your life change over time, so may your treatment. However, there may be medical reasons why a particular treatment option is not right for you. Also, you will need to talk with your social worker about your insurance and what it will cover.

As you read on and learn about each treatment, make your own list of pros and cons. This will help you ask the right questions when you talk with your healthcare team. Lastly, but most importantly, no matter what option you choose, have confidence in yourself. You can do it. Trust yourself. There will be ups and downs but you'll find the right treatment for you!

Peritoneal Dialysis (PD)

In peritoneal dialysis (often called PD), your blood is cleaned inside your body (as opposed to in hemodialysis which cleans the blood outside your body). A cleansing solution called dialysate flows into your belly through a soft tube called a PD catheter, which is placed in your belly during minor surgery. Wastes and extra fluid pass from your blood into the cleansing solution. After several hours, you drain the used solution from your belly and refill with fresh cleansing solution to begin the process again. Removing the used solution and adding fresh solution takes about 30 minutes and is called an “exchange.”



There are two types of peritoneal dialysis:

1. Continuous Ambulatory Peritoneal Dialysis (CAPD)

How Often: Every day

Treatment: Continuous, machine-free and done while you go about your normal daily activities such as work or school.

Where: Home

You will do exchanges 4-5 times each day. Each exchange takes about 30 minutes.

2. Ambulatory Peritoneal Dialysis (APD)

How Often: Every day

Each Treatment: 8-10 hours at night (some patients may also need to do an exchange during the day).

Where: Home

APD uses a machine called a cycler that you connect to your catheter before you go to sleep at night. The cycler does the exchanges for you automatically while you sleep.

Things to Consider:

- Peritoneal dialysis is done at home every day, seven days a week.
- Because your blood is cleaned inside your body, it can be done continuously while you work, play, go to school, or sleep.
- Since the process is continuous, PD may control fluid better, reducing stress on the heart.
- Dialysis occurs inside your body, so you don't have to worry about blood leaving your body and there are no needles.
- You may have fewer dietary and fluid restrictions.
- You have more flexibility in your daily routine.
- You have fewer appointments to keep at the dialysis center.
- You have more control of your treatment.
- The abdominal catheter may make you feel uncomfortable or self-conscious.
- You may gain weight if your dialysate solution is high in sugars.
- Possible risk of peritonitis (an infection in your abdomen).
- You will need adequate space for supplies and a sterile environment to perform your treatment.

more...

Hemodialysis

In hemodialysis, a dialysis machine and a special filter called an artificial kidney (a dialyzer) are used to clean your blood. To get your blood into the dialyzer, the doctor needs to make an access, or entrance, into your blood vessels. This is done with minor surgery, usually to your arm.



In-Center Hemodialysis

How Often: Usually 3 times a week

Each Treatment: 3-5 hours

Where: Dialysis center

Things to Consider:

- You must travel to the dialysis center at least 3 times weekly.
- You won't have medical supplies or a machine in your home.
- Treatment days and times are scheduled by the center and may not fit your preferences.
- There may be restrictions on eating and visitors while on dialysis.
- Trained staff perform all aspects of treatment (but you may be able to do some things yourself like insert the needles).
- Receiving your dialysis treatment alongside others with kidney failure can be a source of social support and often friendships develop. However, others feel that this setting lacks privacy.



Home Hemodialysis

Conventional Home Dialysis:

How Often: Usually 3 times a week

Each Treatment: 3-5 hours

Where: Home

Short Daily Home Hemodialysis:

How Often: 5-6 times a week

Each Treatment: 2-3 hours

Where: Home

Things to Consider:

- Dialysis is done in the comfort of your own home. You do not travel to a dialysis center, except for monthly visits with your healthcare team.
- You will need a dialysis partner with you every time you are on dialysis. Not all spouses or other family members are up to the challenge of being a care partner. Some people find that home dialysis brings their families closer together; others find that it may create additional stress on their spouse and/or children.
- You have more flexibility to choose a time of day for dialysis.
- You will need adequate space in your home dedicated to the machine, water system (if needed) and supplies.
- Both you and your dialysis partner must take time off work or regular routine to attend training, which can take 3-8 weeks depending on which type you choose.
- You may feel a greater sense of control and independence once you and your dialysis partner learn to do treatments on your own, without the center staff.



Talk to your family and other patients about their opinions and experiences.

Nocturnal Hemodialysis

How Often: Usually 3 times a week

Each Treatment: 6–8 hours overnight

Where: Home or Clinic

Nocturnal (nighttime) dialysis involves longer, slower treatments, which are done while you sleep, usually for 6–8 hours.

Things to Consider:

- Longer, slower treatments can be easier on patients who have

problems with cramping or blood pressure control during conventional dialysis treatments.

- Some patients report having better control of blood phosphorus levels, blood pressure, and anemia with longer dialysis treatments.
- Some patients have difficulty sleeping at a clinic 3 nights a week.
- You will have daytime hours free for work, school, or family.



Transplantation

A kidney transplant is an operation that places a healthy kidney from another person into your body. The healthy kidney can come from a deceased or living donor.

Things to Consider:

- Many patients feel that a transplant gives them a life most like the one they had prior to kidney failure, with more freedom and better quality of life. You may feel healthier and “more normal.”
- Transplant is a treatment, not a cure. Kidney recipients still have chronic kidney disease and may need to continue taking some of the medications that they took before their transplant.
- You won’t need dialysis.
- You will need to take immunosuppressant medications for as long as you have the new kidney.
- Your body may reject the new kidney, so one transplant may not last a lifetime.
- You may need to wait for a donor. The waitlist for a deceased donor kidney can be long. Often patients need to be on some form of dialysis while they wait for a kidney.
- With living donation, the transplant surgery can be scheduled at a convenient time for both you and your living donor.
- Transplant recipients have fewer dietary restrictions than dialysis patients.

Learn more!

- Talk to your healthcare team. They can share more information about what’s involved with each treatment, what you need to know, and help you determine what will work for you.
- Talk to your family and other patients about their opinions and experiences.
- Contact the National Kidney Foundation for more detailed, free information about your options. You can call toll-free 855.NKF.CARES (855.653.2273), email nkfcare@kidney.org or visit us online at kidney.org

is it the “kidney blues” or depression?

The key members of your healthcare team include your doctor, advanced practitioner, nurse, social worker, dietitian, patient care technician...and YOU! To be an active, informed member of your healthcare team, you need to ask lots of questions. In each issue of *Kidney Living*, we will respond to common questions from dialysis patients.

Q I’m worried because sometimes I feel so sad and overwhelmed by my kidney disease. Does this mean that I am depressed? How do I know if I need help?

A If you have kidney disease, you’ve likely experienced some “lows” in your mood. It’s very common to feel sad, frustrated or angry, particularly when you start treatment or when you’re faced with setbacks like failed accesses, cramping or transportation problems.

Kidney failure and depression share many of the same symptoms — like fatigue, sleep problems, poor appetite, and difficulty concentrating. Kidney failure can also affect your relationships, employment, and leisure time, resulting in symptoms of depression.

If you are experiencing these symptoms, does this mean that you are depressed? Not necessarily. These feelings

are normal and expected. They can be temporary or fleeting, but they may last longer. If your sadness doesn’t lessen over several weeks, talk with a member of your healthcare team who can help you figure out if your symptoms are related to kidney failure or if you are experiencing depression. Your healthcare team can help you find additional support and ways to cope, which might include medication, counseling or other strategies.

It is important to recognize that depression is a common occurrence in dialysis patients; however, it is very treatable! Seeking help doesn’t mean that you’re “crazy” or weak — it is a sign of strength to understand that you need help and seek it out. By

finding ways to get what you need, you can feel better. With the right help, you will learn to overcome depressive symptoms, becoming a stronger and healthier person.

Response courtesy of Mark Conard, PhD

Symptoms of Depression

- Difficulty doing things you usually enjoy
- Feelings of guilt, shame, worthlessness, or hopelessness
- Crying, sadness or irritability
- Loss of appetite or eating too much
- Difficulty sleeping or sleeping too much
- Withdrawing from friends or family
- Difficulty concentrating or making decisions
- Thoughts of harming yourself

kidney disease and depression a family affair

By Rachael S. Glasser, MA, MS, LMFT

Kidney disease affects the whole family and everyone reacts to it differently. Depression is very common when coping with chronic illness — whether it's yours or a family member's.

What one person finds difficult may not be as big of a deal for another. Some people might find it difficult to deal with the amount of time spent on dialysis. Others might find it harder to give up control and depend on others for help.

Your family's beliefs and values can also affect how each of you feels. Those who value productivity might find it harder to adjust, while individuals and families who focus on overcoming obstacles together might find it easier. Other stressors, such as financial problems, marital or childrearing issues, or a history of depression, can

make kidney disease more challenging.

So, talk to your family! Communicating is the most effective weapon against depression. This way you can work together on solutions. For example, a person who feels depressed because his or her role within the family has changed can pursue new, helpful responsibilities.

Many patients and care partners feel they are "protecting" or "not worrying" loved ones by not sharing concerns. In fact, talking through these worries can lead to new intimacy and understanding. Ultimately, this can lead to a "new normal" that satisfies everybody's needs. Talk to your social worker about coping tools. There is help — and everyone in your family will benefit.



Ways to Cope

Talk to someone. Remember you are not alone and there is help for depression. Talk with your social worker about your feelings. Confiding in someone can lessen the weight on your shoulders. Also, be sure to socialize with friends and family — a strong support network can really help!

Get moving. Exercise helps create a feeling of well-being. It doesn't have to be at the gym — try taking the stairs or parking the car further away from the store.

Set boundaries around the illness. Do what's necessary, but don't let kidney disease and dialysis consume all your thoughts and activities.

Be kind to yourself. Don't expect progress overnight — feeling better takes time.

Remember the good stuff, too. Think about what hasn't changed. Think about the positive things in your life and the things you're grateful for.

Learn more about depression. Visit www.kidney.org/kidneyliving or call toll-free 855.NKF.CARES (855.653.2273) or email nkfcare@kidney.org for more information.



summer recipes

Lemon Curry Chicken Salad

Serves 4 (1 cup per serving)

INGREDIENTS:

- 1/4 cup oil
- 4 tablespoons frozen lemonade concentrate, thawed
- 1/4 teaspoon ground ginger
- 1/4 teaspoon curry powder
- 1/8 teaspoon garlic powder
- 1 1/2 cups cooked diced chicken
- 1 1/2 cups grapes, halved
- 1/2 cup sliced celery

DIRECTIONS:

In a large bowl, combine oil, lemonade concentrate and spices. Add remaining ingredients and toss lightly. Chill.



ANALYSIS:

Calories: 307
 Carbohydrates: 15g
 Protein: 17g
 Fat: 20g
 Sodium: 57mg
 Potassium: 235mg
 Phosphorus: 119mg

Kidney and Kidney Diabetic Exchanges:

2 Meat
 1 Starch
 2 Fat

Bow-Tie Pasta Salad

Serves 8 (1/3 cup per serving)



INGREDIENTS:

- 2 cups cooked bow-tie pasta
- 1/4 cup chopped celery
- 2 tablespoons chopped green pepper
- 2 tablespoons shredded carrot
- 2 tablespoons minced onion
- 1/8 teaspoon pepper
- 2/3 cup mayonnaise
- 1/2 teaspoon sugar
- 1 tablespoon lemon juice

DIRECTIONS:

Mix pasta, celery, green pepper, carrot and onion in a bowl. In a separate small bowl, blend pepper, mayonnaise, sugar, and lemon juice until smooth. Pour over pasta and vegetables and mix until well coated. Chill.

ANALYSIS:

Calories: 189
 Carbohydrates: 12g
 Protein: 2g
 Fat: 15g
 Sodium: 111mg
 Potassium: 61mg
 Phosphorus: 31mg

Kidney and Kidney Diabetic Exchanges:

1 Starch
 2 Fat

Summer Vegetable Sauté

Serves 6 (1/2 cup per serving)

INGREDIENTS:

- 2 tablespoons margarine
- 2 cups sliced zucchini
- 1/2 cup diced green pepper
- 1 10-oz package frozen corn, thawed
- 2 tablespoons chopped pimiento
- 1/8 teaspoon garlic powder
- 1/8 teaspoon pepper

DIRECTIONS:

Heat margarine in a large skillet. Add remaining ingredients and sauté until vegetables are tender, about 15 minutes.



ANALYSIS:

Calories: 81
 Carbohydrates: 9g
 Protein: 2g
 Fat: 4g
 Sodium: 38mg
 Potassium: 175mg
 Phosphorus: 38mg

Kidney and Kidney Diabetic Exchanges:

2 Low Potassium Vegetable
 1 Fat



fruit safety

Dawn Berry, RD, CSR, CDN, CNSC

Summer is almost here and with it comes lots of sweet, delicious fruit! Fruit can be a difficult choice when you are on dialysis because many fruits are very high in potassium. Healthy kidneys clear extra potassium out of the blood and excrete it in the urine.

Hemodialysis gets rid of some extra potassium, but not enough to allow people on dialysis to eat

high potassium foods frequently.

Peritoneal dialysis usually allows for a higher potassium diet, but as always, check with your dietitian to find out if YOU need to limit your potassium.

Too much or too little potassium can cause irregular muscle contraction, cardiac arrest and even death. Below is a list of some common fruits and their potassium levels.

Lower Potassium

- Apple (1)
- Berries (½ cup)
- Cherries (10)
- Fruit cocktail, drained (½ cup)
- Peach (1 small fresh or canned, drained)
- Grapes (15)
- Pear, fresh or canned, drained (1 half)
- Pineapple (½ cup canned, drained)
- Plums (1-2)
- Tangerine (1)
- Watermelon (1 small wedge)

Higher Potassium

- Apricots
- Bananas
- Oranges
- Kiwis
- Prunes and prune juice
- Melon
- Raisins
- Dried fruits
- Tomatoes

Stay Away from Star Fruit!

Star fruit, also known as carambola, is popular in Southeast Asia but is seen more and more in North America.

Star fruit is **TOXIC** to people on dialysis and eating it can lead to death. Do not ever eat it! It contains oxalic acid, which is toxic to those who have kidney disease, whether on dialysis or not.

Check with your dialysis care team if you are unsure of any fruit.

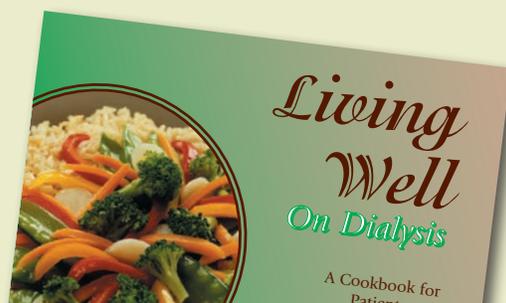


Want more recipes ?

Visit NKF's Kidney Kitchen online at

www.kidney.org/patients/kidneykitchen

You can also order NKF's "Living Well on Dialysis" cookbook, where these recipes were first published, at www.kidney.org/store



the Unexpected IRON man

By Shad Ireland

I started dialysis when I was 10 years old and my parents were told, “He’ll never live a normal life.” I’d always dreamed of becoming an athlete, but I was told that would never happen. I was told that I’d never be an athlete, never get married, and never graduate from college. I’ve now done all of the above.

My turning point came in 1993. At that time, I was very sick, with severe muscle wasting and multiple other health conditions. I had been given less than 6 months to live. Lying on the couch flipping through TV channels, I came across something I’d never seen before — the Ironman triathlon, an intense race involving a 2.4 mile swim, 112 mile bike ride and a marathon run. It inspired me!

I told my mother that some day, I’d compete in that race. People thought I was crazy! But my mind was made up and I wanted to change my life — to not only live, but thrive.

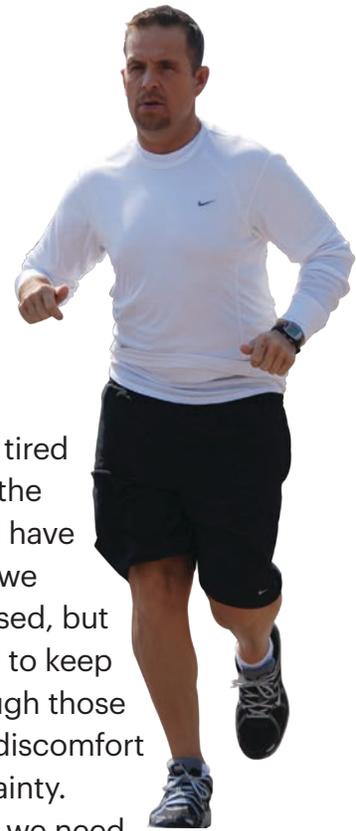
Slowly but surely, and with the guidance and monitoring of my healthcare team, I started to work out in the gym. That first day, I couldn’t even walk 30 seconds on the treadmill, but I persevered and each day, I could do a little more. I started to understand what I needed to do to take control of my body. I learned that I could manage my fluid weight gains and phosphorus.

I took control of my health and in 2004, I made history by becoming the first and only dialysis patient in the world to finish the Ironman triathlon.

This journey has taught me a lot of things. I used to feel

uninspired, tired and sad all the time. We all have days when we feel depressed, but I’ve learned to keep going through those feelings of discomfort and uncertainty. Sometimes we need other resources to help combat depression — for example, medication or counseling — and that is ok, too.

Now the “old me” is gone—the one who doubted is gone, and my perception of myself has changed forever. I’m not superhuman, but I have strived to become stable and healthy. You can too! Don’t give up. Talk to your healthcare team about how to take control of your health and create the life you want. If I can do it, you can too.



A promotional banner for the National Kidney Foundation Kidney Walk. On the left is the National Kidney Foundation logo, an orange heart shape. In the center, the text reads: "Join us for a Walk near you!" in a cursive font, followed by "Kidney Walk" in large bold letters, "REGISTER TODAY!" in orange, and "KidneyWalk.org" at the bottom. On the right is a photo of a young girl and a woman smiling, both wearing white t-shirts with a blue footprint graphic and the text "012 TAKE A LIFESAVING STEP".

keep moving

Exercise is important for everyone's overall health, but it's especially important for people with kidney failure.

Did you know that if you have kidney failure, you are three times more likely to develop heart disease? Physical activity can help fight heart disease and can also improve your emotional and mental health by building self-confidence and self-esteem. Exercise can also help control other diseases like high blood pressure, diabetes, and high cholesterol.

If you follow an exercise program, you'll feel stronger and have more energy! Exercise will also help you get around more easily, allowing you to complete your necessary tasks and still have some energy left for other activities that you enjoy. Staying active and exercising regularly can help you lose excess weight and keep the weight off. It can also improve muscle strength and function. People often think exercise involves a strenuous workout at a gym. But, there are many ways to exercise! Here are some ideas to get you started:

- Go for a walk or hike outside
- Take a bike ride
- Take care of daily household tasks like cleaning and grocery shopping
- Garden
- Park your car further away and walk
- Take the stairs, instead of an elevator or escalator
- Play with your children



Typically, it is recommended to exercise at least 3 times per week for 30 minutes each time. If you have not exercised for a while, start slow. Stay positive and be patient with yourself. Don't worry if you do not see progress right away; it may take weeks before you notice a change. Set realistic goals for yourself. Finally, before beginning any exercise program, be sure to check with your doctor. You may have limitations on how you're able to exercise based on your physical and medical conditions.

Don't forget about stretching! Stretching before and after exercising helps to prevent injuries and strengthens your muscles and bones.

Listen to music or exercise with family or friends to keep motivated. Try different activities and alternate your routine to include more variety. Make it fun! With practice and planning, you will find it easier to make exercise part of your daily life.

What do you do to stay physically active?

We asked our readers this question through our website and email list. If you want to join our email list, please visit www.kidney.org/kidneyliving and under "Sign Up Today," be sure to provide your email address.

I remain active by working full time in a job I absolutely love. My husband and I belong to a health club where we exercise about 3-4 times per week. We keep ourselves active by living in an exciting college town and taking advantage of all the city has to offer. Dialysis allows us to live —so let's embrace what we CAN do, not what we CANNOT. — **Celeste Lee**

We go dancing twice a week. I walk the dog occasionally although my wife does it most of the time. Well, she's younger: 85. I'm pushing 87. — **Charles Melmed**

I stay in shape by lifting weights, running and playing softball and flag football. Being on dialysis has not stopped me from continuing what I love to do. Keeping up with my fitness makes me feel really good and happy. — **Darrin Garcia**

The most important thing I do to stay healthy and active is dialysis 6 days a week. After that, I fish, hunt, hike, and watch my diet very closely. Dialysis isn't a prison sentence; it's a different lifestyle that allows me to do everything I love to do and keep on doing it. — **Chris**

I swim 25 laps three times a week. I attend yoga classes and also belong to a hiking club. I am 66 years old and I know I have to KEEP MOVING. I go to dialysis from 4:30 to 8:30 p.m. three times a week and then go to bed. I sleep 8 to 9 hours each night. I feel really good! — **Jacqueline Thomas**

Swimming is my way to stay active. I attend aerobic swimming classes and do laps. It helps me mentally, physically, and socially. — **Vicky Quillian**

To stay physically healthy: I go to my dialysis treatments, take my medicines, and do what I am told by my doctors. I have been waiting for a kidney going on five years now. I just live "one day at a time." — **Krista Thomas**

I try to stay healthy and active by taking all my prescribed medications and keeping busy such as cooking and cleaning. I also work at a hotel as a front office supervisor, so that also helps me. I try not to let my disability get the best of me. My husband, my son, and my family help me through rough times when I am not myself. — **Jannie**



Got kidney questions?

NKF *Cares* Can Help!

Do you have pressing questions and need a trustworthy place to turn? The National Kidney Foundation's **NKF Cares Help Line** is your answer.



You can call NKF Cares via a toll-free number, 855.NKF.CARES (855.653.2273), Monday through Friday, 9 AM-5 PM (Eastern Time). If you'd prefer to write in a question, you can email nkfcare@kidney.org.

NKF Cares offers personal attention when you need it most, offering patients and families the opportunity to contact trained professionals who are equipped to help you confront the daily challenges of living with kidney disease.

If you're battling fear of being newly-diagnosed or you have financial or insurance issues, we can help. If you need kidney-friendly nutrition tips or diet planning ideas, NKF has the answers. NKF Cares information specialists will provide resources and

educational materials as well.

"Mid-wedding planning, my daughter's fiancé was diagnosed with a type of kidney disease that progressed rapidly," said Shelley Powers, a Help Line caller. "I wasn't sure how it would affect their future, so I turned to the National Kidney Foundation. From the time of his diagnosis to planning for his transplant, I placed many calls to NKF Cares. Each time the staff was supportive and kind, always providing me with the latest resources and diminishing my fears."

Shelley is just one of the nearly 10,000 people the NKF Cares Help Line supported during its first year of operation. NKF Cares aims to improve the well-being of kidney patients and their loved ones everywhere. What are you waiting for? If you've got a kidney question, contact NKF Cares.

***¡Hablamos
Español!***



kidney *living* is online

READ

additional features, stories and back issues

SUBSCRIBE

to the magazine if you haven't already!

SHARE

your thoughts on our latest "kidney living Voices" question

kidney.org/kidneyliving





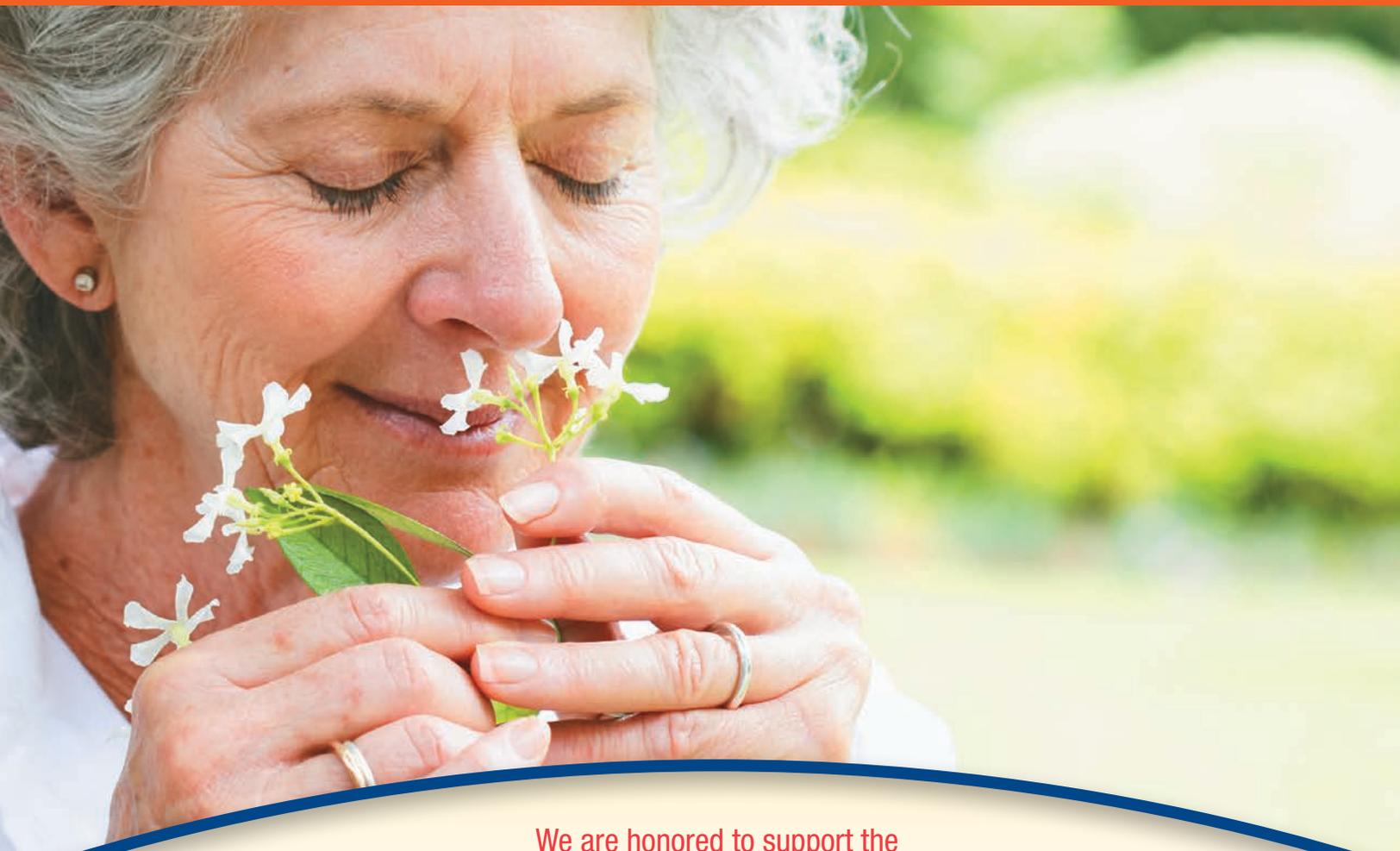
National
Kidney
Foundation™

30 East 33rd Street, New York, NY 10016

Nonprofit
US Postage Paid
National
Kidney
Foundation



Electronic Service Requested



We are honored to support the
National Kidney Foundation

About the Affymax/Takeda Partnership

In 2006, Affymax, Inc. and Takeda Pharmaceuticals U.S.A., Inc. established a partnership aimed at fostering innovation and teaming with the renal community to understand its needs and support the work it does for patients.

To learn more about each company,
visit www.affymax.com and www.takeda.us.com.

