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HIGH BLOOD PRESSURE AND YOUR KIDNEYS

Family Focus

The Renal Community's Newspaper

VOLUME 11 NUMBER 1

WINTER 2002

WHAT DOES HIGH BLOOD
PRESSURE MEAN TO YOU?



High Blood Pressure and Chronic Kidney Disease: The "Heart of the Matter"

By Katrin Uhlig, MD, and Andrew S. Levey, MD

High blood pressure and kidney disease are two common conditions, each affecting the other. High blood pressure causes kidney disease and chronic kidney disease causes high blood pressure. More important, both conditions increase the risk of heart disease and stroke. Treatment of high blood pressure and kidney disease can reduce your chance of having a heart attack or stroke.

The epidemic of high blood pressure

Approximately 50 million adult Americans have high blood pressure. The level of blood pressure increases with age. About 60 percent of the population over the age of 60 has high blood pressure. High blood pressure (also known as hypertension) is a silent condition: that means that there are not usually any signs or symptoms. Many people with high blood pressure do not know that they have it. Sometimes, by the time they are found to have high blood pressure they already have heart disease or kidney disease or may have had a stroke. Although the diagnosis and treatment of high blood pressure have improved in the past few years, more than 70 percent of people with hypertension still have blood pressure levels above the recommended treatment goal.

The epidemic of chronic kidney disease

In this country, 300,000 people have kidney failure and have to be treated with dialysis or kidney transplantation; approximately 19 million more people have chronic kidney disease with decreased kidney function or other signs of kidney damage. More

than 50 percent of people with chronic kidney disease and more than 90 percent of those with kidney failure have high blood pressure. High blood pressure caused the kidney disease in over 20 percent of patients with kidney failure.



In adults, kidney function decreases with age. High blood pressure speeds the loss of kidney function with age. By age 60 to 69, seven percent of people have lost half their kidney function. After age 70, 25 percent of people have lost half their kidney function. Unfortunately, like people

with high blood pressure without kidney disease, more than half of those with chronic kidney disease and high blood pressure have blood pressure levels above the treatment goal. This means that their blood pressure is higher than it should be, even with treatment. If this is so, this would indicate that your current treatment should be evaluated.

The heart of the matter

In this country, heart disease and stroke are the first and third most common causes of death. People with high blood pressure and chronic kidney disease have a greater chance of having heart disease or a stroke than those without kidney disease or high blood pressure. In fact, having heart disease or a stroke is more threatening to their lives than kidney failure. At higher levels of blood pressure and lower levels of kidney function, the chance of heart disease or stroke is worse. People who go on to have kidney failure are 10 to 100 times more likely to die from heart disease or stroke than people without kidney failure. Because of this, it is clear that the treatment of high blood pressure and chronic kidney disease

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FROM THE EDITOR



Karren King

I want to begin the first issue of this year by wishing you a Happy 2002! May it be a good year for each of us, as well as for our country.

This issue is devoted to the subject of high blood pressure, or hypertension. You may be wondering why the Editorial Board selected this topic. There are a variety of reasons. Foremost, hypertension is the second leading cause of chronic kidney disease. Approximately 27 percent of you are on dialysis or have a kidney transplant due to this

problem. However, once your kidneys fail, the problem is not necessarily resolved. High blood pressure can continue to be an issue even when you are on dialysis or have a transplant. Also, it can lead to other severe health problems, such as cardiovascular (heart) disease, which is the leading cause of death for those on dialysis. The good news is that hypertension can be successfully treated. If you or a significant person in your life have high blood pressure, read this issue carefully and learn what can be done to prevent its potentially devastating effects. You can be in control and alter the course of your health!

I want to share with you the upcoming themes for our next three issues of *Family Focus*. The next issue will highlight chronic kidney disease, which covers the broad spectrum of chronic kidney disease from diagnosis through dialysis and kidney transplantation. The third issue of the year will focus on the "basics" of treatment for chronic kidney disease and the last issue will highlight future innovations in treatment. While we welcome all submissions from our readers, we would especially encourage you to submit articles, poems or cartoons that relate to these specific topics. We love to hear from you!

Karren King, MSW, ACSW, LCSW
For the Editorial Board

 **Family Focus is now available on the Web. To find this issue or back issues of the newspaper, go to www.kidney.org/patients/backissues.cfm**



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High Blood Pressure ...

continued from page 1

are very important. Fortunately, good blood pressure drugs are available that often help control it.

Treatment of high blood pressure in people with chronic kidney disease

People with kidney disease at all stages should see a doctor or other health worker regularly, have their blood pressure taken frequently and take the right medications. The treatment of high blood pressure slows the worsening of chronic kidney disease. Treatment of high blood pressure and chronic kidney disease also prevents heart disease and stroke.

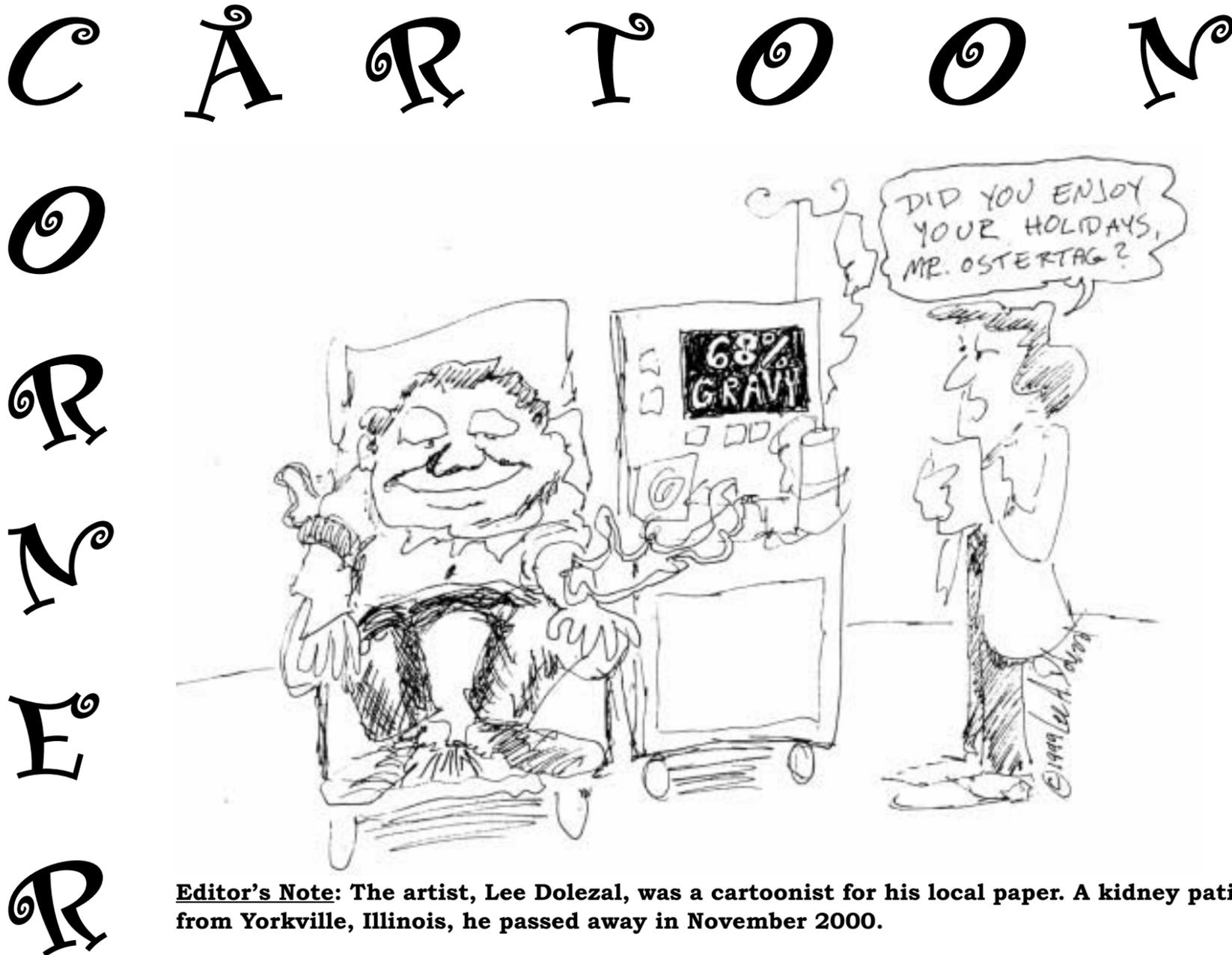
Two kinds of drugs are particularly good for the treatment of people with high blood pressure and kidney disease. One type of medicine,

"angiotensin converting enzyme inhibitors" (ACE inhibitors), decreases the body's ability to make angiotensin, a substance that increases blood pressure. Another type of medicine, "angiotensin receptor blockers" (ARBs), stops the angiotensin from working so that it can't increase blood pressure. These medicines work because of the following reasons: 1. They are good at lowering blood pressure. 2. They are better than other blood pressure medicines in slowing the loss of kidney function. 3. They protect against heart attacks and strokes and are the medicines that should be used first for the treatment of heart failure. Therefore, these two types of medicines are the best medicines for the treatment of most patients with high blood pressure and chronic kidney disease.

Prevention of high blood pressure and kidney disease in high risk individuals

Screening studies have shown that first degree relatives of people with kidney disease (parents, brothers and sisters) are more likely to develop high blood pressure and kidney disease than those without a close relative with kidney disease or high blood pressure. People with a family history of kidney disease should have regular blood pressure checks so that high blood pressure can be found early, and treated. With early and effective treatment, people with high blood pressure can have fewer problems such as heart disease, kidney disease and stroke, and live longer and better lives. **FF**

Katrin Uhlig, MD, is a fellow in nephrology, and Andrew S. Levey, MD, is chief of the division of nephrology at the New England Medical Center in Boston, MA.



Editor's Note: The artist, Lee Dolezal, was a cartoonist for his local paper. A kidney patient from Yorkville, Illinois, he passed away in November 2000.

The Highs and Lows of Blood Pressure

By Bobbie Knotek, RN, BSN, CNN

What is blood pressure and how is it measured?

Blood pressure is the force of blood pushing through arteries every time your heart beats. To measure blood pressure, a cuff wrapped around your upper arm is filled with air. As the inflated cuff gets tighter, it temporarily squeezes the artery shut. (Remember—if you have a working graft or fistula, never let anyone take your blood pressure using your graft or fistula arm!) Then, air is let out of the cuff, the pressure on the artery is decreased and blood starts to rush back into the artery, causing a thumping sound. The top number (systolic blood pressure) is the first time the thumping sound is heard. More air is let out of the cuff until the artery completely refills with blood and the sound stops. This is the bottom number (diastolic blood pressure). If your top number was 134 and your bottom number was 82, your blood pressure would be written 134/82 and spoken “134 over 82.”

What is high blood pressure?

High blood pressure is a top number above 140 and/or a bottom number above 90 (140/90) during several blood pressure readings. Many people don't know they have high blood pressure because they don't have symptoms or feel sick. By the time a person has signs of high blood pressure — headache, nose bleeds, shortness of breath, blurry vision or chest pain — it has already damaged the body. If not treated, high blood pressure can lead to a heart attack, loss of vision, a stroke and kidney failure.

How does high blood pressure damage your body?

With high blood pressure your heart muscle must work harder to pump blood. When it works harder, it gets bigger just like a weightlifter's muscles. But bigger is not better for your heart. Whether you are on dialysis or have a kidney transplant, if you have high blood pressure, it needs to be treated.

Why do people on dialysis get high blood pressure?

Many people on dialysis have had chronic high blood pressure for years. However, even without a history of high blood pressure, many people on dialysis get high blood pressure from gaining too much fluid between treatments. When you gain too much fluid, the amount of fluid in your blood increases. More fluid in your

blood means more pressure inside the blood vessels, which can cause high blood pressure between treatments. High blood pressure caused by fluid may get better for a short time after a dialysis treatment, but there are many more hours between treatments when the blood pressure is too high and your body is being damaged.

If you have high blood pressure and you're on dialysis:

- Gain 1 kilogram (2.2 pounds) or less each day between dialysis.
- Limit your salt intake. Eating too much salt makes you thirsty.
- If you take high blood pressure medicine, don't skip doses unless told to do so by your doctor or nurse.
- If you have high blood pressure that's not being treated ask your kidney doctor if you need blood pressure medicine.

Why do people with a kidney transplant get high blood pressure?

High blood pressure can be caused by side effects of transplant medicines, acute or chronic rejection of the transplanted kidney, narrowing of the transplanted kidney's artery and obesity. If you have a kidney transplant, it's especially important to treat high blood pressure because it can damage your transplanted kidney.

If you have high blood pressure and you have a kidney transplant:

- Control your weight, get regular exercise and stop smoking.
- Ask your dietitian how much salt you should eat in your diet.
- If your doctor prescribes high blood pressure medicine for you - take it!

Why do people get low blood pressure during dialysis?

Gaining too much fluid and trying to take it off in three to four hours is the most common cause of low blood pressure during dialysis. The more fluid weight you gain, the harder it is to remove the fluid without causing low blood pressure. Other things that can cause low blood pressure during dialysis:

- Eating right before or during dialysis
- Low albumin
- Low hemoglobin or hematocrit
- Diseases like heart failure, cardiac disease and diabetes.

Low blood pressure can cause a “washed out” feeling between treatments, stroke, seizures, chest pain, clotted graft or fistula and

irregular heartbeat. Signs of low blood pressure on dialysis are headache, nausea and vomiting, dizziness, sweating, feeling hot and getting anxious.

If you have low blood pressure during dialysis treatments:

- Gain 1 kilogram (2.2 pounds) or less each day between dialysis treatments.
- Don't “cheat” about your pre-dialysis weight so you can lose more weight.
- Don't eat right before or during dialysis! Eating right before or during dialysis causes veins in your abdomen to expand, which causes less fluid in your blood vessels, resulting in less blood going back to your heart. This results in low blood pressure. Low blood pressure caused by eating lasts at least two hours.
- Tell dialysis staff if your appetite changes for better or worse.
- If you take high blood pressure medicines, ask your doctor when you should take them on dialysis days.
- Learn how you feel when your blood pressure starts dropping. Tell dialysis staff right away so the low blood pressure can be treated before you start feeling bad.
- Ask your doctor about:
 - a) increasing dialysis time;
 - b) decreasing dialysis solution temperature one to two degrees;
 - c) increasing or regulating dialysis solution sodium and d) taking a medicine called Midodrine pre-dialysis. (Midodrine raises blood pressure by tightening the muscles in artery walls, increasing the amount of blood sent to the heart by the veins and sending more blood to the body with every heart beat. When Midodrine is given 30 minutes before dialysis, it may keep your blood pressure from dropping as low or as often during dialysis).¹

Remember — if you have questions about your blood pressure — talk to your treatment team. They know your medical and dialysis treatment history and are your best resource! 

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The Highs and Lows of Blood Pressure: How Exercise Can Help!

By Pedro T. Recalde

Do you feel like your doctors and nurses are obsessed with blood pressure? Whenever you go to your doctor and many times during dialysis, you have your blood pressure checked. Why is it so important?

Blood pressure is an easy way to tell how hard your heart is working, and how well blood is moving through your body from the top of your head down to your toes. Two numbers, systolic and diastolic, make up blood pressure. Systolic measures how hard your heart is working to pump blood through your body. Diastolic measures how hard your arteries are working to keep blood flowing to all your tissues. High blood pressure means that your heart muscle and your arteries are working hard to move blood through your body.

What creates all of this pressure? When your heart is pumping, it pushes blood into your arteries, and your arteries, not sure if they want to be stretched, will push back. Imagine your arteries are the roadway your blood uses to travel around your body. This roadway can expand or contract to keep traffic moving. High blood pressure is like gridlock; the traffic and roadblocks make it hard for blood to get to eyes, kidneys and small vessels in your fingers and toes.

“Another benefit of regular exercise is that your blood vessels are constantly stretching and shrinking while directing blood flow to the right body parts.”

Having very low blood pressure can also cause problems. You may experience low blood pressure during dialysis treatments. Removing fluid from your blood is similar to pulling water from a river, the "current" of blood will slow, and once again, there is a problem getting blood to vital organs. People often feel dizzy and lightheaded when their blood pressure is too low. When that happens, you may be told to put your feet up because gravity helps pull your blood

from your legs towards your heart, brain and lungs. To avoid low blood pressure, keep your fluid intake at the prescribed amount and tell your dialysis nurse or technician if you start to feel lightheaded during your dialysis treatment.

You can help control your blood pressure with regular exercise, a healthy diet and proper medications. A regular exercise routine means moving your body and getting your heart rate up for 20-45 minutes at least three times a week. When you exercise, your blood vessels will open to give blood a clear path to your muscles, and they stay open even after exercise. This opening of the vessels results in less resistance, so



your heart and vessels don't work so hard. Studies of people with high blood pressure have shown slightly lowered blood pressure for up to nine hours after only 45-minutes of exercise. People with already low blood pressure also experience benefits when exercising. Moving big muscles when walking, dancing, biking or swimming keeps the blood moving and your pressure increases slightly during exercise. People with low blood pressure should also look into exercising in a sitting position, like using a cycle while dialyzing or a recumbent bike. For both types of blood pressure, people should be sure to take a minimum of 10 minutes of cool down time after exercising to slow down your heart and lungs, so that you do not experience any quick changes in pressure.

“You need to talk to your doctor or nurse about different options before you start exercising.”

Another benefit of regular exercise is that your blood vessels are constantly stretching and shrinking while directing blood flow to the right body parts. If your vessels sit still for too long, they can become very stiff. Exercise keeps your vessels elastic and bendable, which makes them less likely to experience damage during "high pressure moments" caused by stress or too much fluid.

So now that you realize that 20-45 minutes of exercise can help control your blood pressure, you are probably wondering about how hard you have to work. Exercising at easy to medium difficulty will lower resting blood pressure (blood pressure while inactive) as much as, if not more than, exercise at higher intensities. An easy way to monitor how hard you're working is by talking. If you have trouble singing your favorite tune or chatting with your exercise partner, slow down to the point where you can speak comfortably again.

You need to talk to your doctor or nurse about different options before you start exercising. You may be referred to a physical therapist or an exercise physiologist who can teach you how to safely start an exercise program, monitor your symptoms and your intensity by teaching you about heart rate and breathing while exercising. They will also identify any individual precautions you should take while exercising.

Remember, the most important part of exercising is picking an activity that you enjoy doing. You are in control! 

Pedro T. Recalde has his master's degree in adult fitness and cardiac rehabilitation from the University of Wisconsin – La Crosse, and now lives in San Francisco. He supervises an onsite strength training program for hemodialysis patients and advises CAPD patients on beginning and maintaining fitness programs.



Good Nutrition

High Blood Pressure and Diet

By Joan Brookhyser, RD, CSR

Hypertension is one of many factors in the control and treatment of kidney disease. Whether your blood pressure is controlled by medication or not, life style habits, including diet, remain important. The following guidelines may improve your blood pressure or in some instances change the amount of medication you require to control your blood pressure.

SODIUM



Sodium intake can result in thirst, therefore increasing the amount of fluid you drink. This extra fluid can cause blood pressure problems.

One of the most obvious ways you get too much sodium is by using table salt. However, less obvious sources of salt can be found in many foods that do not even taste salty.

High salt foods include:

- *Seasonings & condiments:* soy sauce, garlic salt, onion salt, bouillon, olives, pickles, relishes
- *Dairy products:* Processed cheese, cheese spreads, buttermilk
- *Soups:* Bouillon cubes, regular, canned, dried or frozen soup mixes, canned broths
- *Vegetables:* Frozen vegetables with prepared sauces, sauerkraut
- *Meat and fish:* Canned, cured, dried, salted or smoked meats and fish, bacon, hotdogs, ham, corned beef, luncheon meats, sausage, tuna fish
- *Fast Foods:* pizza, Chinese, deluxe-type hamburger
- *Cereals and breads:* Instant mixes such as biscuits, muffins, quick breads
- *Convenience items:* Packaged sauces, e.g., spaghetti sauce, au jus or gravies, boxed noodles, rice, stuffing mix
- *Snacks foods:* corn chips, potato chips or pretzels, party dips and spreads

ALCOHOL

Ten percent of hypertension is due to excessive alcohol use. The exact reason is not known but it seems to directly affect the systolic blood

pressure rather than the diastolic pressure. Alcohol may also interfere with the effectiveness of your medications. Keeping your alcohol to a minimum or not using alcohol at all would most likely be of benefit to you.¹

PROTEIN



As a dialysis patient, you need protein! But the type of protein you choose may also have an impact on your blood pressure. Research shows that plant-based proteins cause high blood pressure less often than do animal-based proteins.¹ This does not mean you need to become a vegetarian. However, consider adding some plant-based proteins, such as tofu, gardenburgers, seitan (a high protein food made from wheat gluten) or soymilk, to your diet. Firm tofu and seitan can be easily substituted for meat in recipes like stir-fry dishes or soups, or it can be grilled by itself. Soft tofu can be mashed and used in place of ricotta cheese or cottage cheese in recipes like lasagna. Tofu is low in phosphorus, too!



The most important factor to remember is that eating a well-balanced diet and maintaining a healthy weight will be the best way to start you on the road to improving your blood pressure control. If you have any questions about what you should be eating, ask your doctor to refer you to a dietitian who can help you plan an eating program especially for you.

Note from the editor: Anytime *Family Focus* prints lists of foods it is recommended that you check with your own dietitian for what works for you, as every diet is individualized for that specific person.

HERBS AND OTHER NUTRITIONAL SUPPLEMENTS

Several herbal products can be dangerous when you have kidney disease, especially when you also have high blood pressure. Since some of these herbs stimulate the central nervous system, they can affect your blood pressure, while others will work against your blood pressure medication. Herbs of particular concern are ginseng, guarana and ephedra.² Keep in mind coffee is also an herb and may affect your high blood pressure when consumed in large quantities.



When controlling your blood pressure, balance and moderation in your overall diet are the key. These guidelines not only help improve your blood pressure but also improve other aspects of your health. You are paving the way for a better quality of life with kidney disease by making changes in any of these areas. **FF**

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Joan Brookhyser, RD, CSR, is a dietitian in nephrology services at St. Joseph Medical Center in Tacoma, Washington.

There are lots of reasons to donate a vehicle. Funding kidney research and patient care are only a few. Make your car a Kidney Car. Cars that save lives. For more information, call 1-800-488-CARS.



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*Consult your tax advisor for details.



PATIENT AND FAMILY CORNER

My Top 10 Reasons Why It's Hard to Control High Blood Pressure

By Dale Ester

Hypertension can be one of many concerns when treating problems caused by chronic kidney disease. It is a nagging challenge, especially for the dialysis patient who must assist with the plan to control it! Controlling hypertension involves the health care team in full force because it takes a combination of professional direction along with adequate dialysis, and sometimes medications, to properly treat high blood pressure. Controlling hypertension is a task that must be taken seriously because its short and long-term effects can have a very large impact on your health.

What can be done to control high blood pressure? The answer comes with multiple choices that have to be carefully considered by your health care team. However, your personal involvement is extremely important to the success of any treatment plan. It may seem like you have received far too many requests to change your behavior to improve your health. But, you are the only one who can really treat your hypertension. The suggestions made by the health care team are only the start of a good plan of action. You should be willing to continue the treatment exactly as you are instructed without changing or being forgetful about what was directed.

I have made a list of the items that seem to cause the most problems with good management of hypertension. If any of these seem familiar to you, then a change might be needed to help you be more successful with managing your hypertension. Here are my top ten reasons why hypertension is often difficult to control:

10. I don't think high blood pressure is important enough for me to worry about it.
9. I often forget to take my medicine for high blood pressure.
8. I think the blood pressure readings must be wrong because I feel just fine!
7. I don't like feeling dizzy or sleepy when I take my blood pressure medicine.
6. Blood pressure medicine tends to make me feel sick, tired, weak or have dry mouth.
5. I have less energy when I take my blood pressure medicine as prescribed.
4. My blood pressure medicine is too expensive and I can't afford to buy it.
3. I ran out of blood pressure medicine and have not yet refilled the prescription.
2. I don't think blood pressure medicine works for me because I don't feel any different.
1. I don't feel sick, so how can I have high blood pressure problems?

Sound familiar? If any of these "Top 10 Reasons" comes close to things you can relate to, then you might be best advised to take a more serious look at the effects of high blood pressure. Did you know that it can cause strokes, end-stage organ damage and even problems with physical love and intimacy? Many people have kidney failure as a direct result of years of uncontrolled high blood pressure!

The goal should be to take control of your hypertension and manage it. Do not let high blood pressure keep you from living a long and fulfilling life. Life is what you make of it, and what you make of it can give you longer life. Control hypertension and you will be the winner in the real game of life! 

Patient and Family Council Update



The Patient and Family Council (PFC) now has over 20,000 members! We thank the members for their participation in helping us to *Make Lives Better* for those with chronic kidney disease. Keeping in touch with our members is a priority for the National Kidney Foundation. As a membership benefit Council members have been receiving *PFC Connection* in the mail on a quarterly basis. *PFC Connection* provides updates on legislative and medical activities, information on PFC initiatives and resources available to patients and family members. In 2002, information previously in *PFC Connection* will be available to members through the new PFC announcement listserv. While members will continue to receive *Family Focus* in the mail, we will no longer be mailing *PFC Connection* to the homes of our constituents. If you are a member and would like to subscribe to the PFC listserv to receive *PFC Connection* and announcements about other kidney disease-related events, please give us your e-mail address by writing to:

National Kidney Foundation
Patient and Family Council
30 East 33rd Street
New York, NY 10016.

If you have any questions or you are not a PFC member and would like to find out about membership, you can also contact the PFC staff by phone at (800) 622-9010 or e-mail simones@kidney.org.

Life is Like a Rubber Band

By Mary Beth Callahan, ACSW, LMSW-ACP

Have you ever tried to stretch a rubber band to see just how wide you could make it? Have you ever wondered when it was going to pop? Sometimes it seems stress is like a rubber band. We just don't know how much more of it we can take. And, yet, humans are very resilient. Sometimes, though, we may need to learn new skills to deal with what life has presented.

Stress is a fact of everyday life. We can't avoid it, no matter how hard we try. If you add a chronic illness, such as kidney disease, to the picture, the stress level increases and can cause other health problems, such as high blood pressure, to become worse. Therefore, the goal with stress is not to get rid of it (because that wouldn't be realistic), but to manage it before we "pop" like the rubber band.

WHAT IS STRESS?



Stress is any change that triggers adjustment in your life. Not all stress is bad. The marriage of a child is stressful but hopefully this is good stress. Whether the

stress you feel is the result of a major life change, like starting dialysis, or the effect of minor everyday hassles that have built up over time, it is how you respond to these experiences that determines the way stress will affect your life.

It is best for your health to manage stress on a regular basis so that it doesn't build up over time. Learning to bring your stress level down can be very helpful in lowering your blood pressure and preventing heart disease.

SO WHAT IS STRESS MANAGEMENT?

Facing day-to-day problems can be much easier if you use stress management techniques. Stress management means using easy-to-learn skills on a regular basis to keep

“Remember, life gives us many chances to try again as we make mistakes or challenges present themselves.”

your stress under control. Stress management also means learning to both prevent and respond to stress.

Skills for preventing stress include:

- Assertiveness skills—assertiveness training can teach you how to communicate more effectively with your family, your health care team and others.
- Problem-solving skills—these might include:
 - writing down a situation to help you understand your feelings and thoughts about it
 - making a list of possible things you can do to improve the situation
 - evaluating each idea carefully to decide the best solution
 - setting specific dates to do the things you think are good ideas
- Anger management skills, which can help you control anger and handle conflict.
- Learning to think differently about things that bother you. When a negative thought begins, identify it as a negative thought and mentally say "Stop!" to replace the negative thought.

Techniques for responding to stress include:

- Stress-monitoring skills—keeping a stress diary, which involves writing down when you feel stress, the event that triggered it and any physical symptoms that result, such as headaches, tightness in stomach, shoulder tightening can help identify stress.
- Relaxation exercises—these can take many forms and might include listening to a tape that instructs you on how to relax your muscles.
- Focused breathing—use breathing exercises to increase your awareness and ability to relax, as well as to release tension. With each breath of air, you get oxygen

and release the waste product, carbon dioxide. Poor breathing habits make it harder to cope with stressful situations. Breathing usually has two patterns: chest breathing or abdominal breathing. As you become more aware of your breathing and practice slowing your breaths, your mind will quiet and your body will relax. As you become able to breathe more deeply, you can reduce the muscle tension and anxiety that you might have in stressful situations.

- Prayer or meditation—focusing on one thing at a time or placing your hope in a higher power can be a great source of strength.
- Music—select and listen to music that you find peaceful and soothing.
- Distraction with a pleasant activity—take a moment to read a book, take a walk, or visit the grandchildren.
- Refocusing your thoughts—develop positive thoughts that you can substitute for negative ones.
- Physical activity/exercise is one of the simplest and most effective means of stress reduction, and even mild activity can be helpful. Exercise returns your body to its normal state by releasing natural chemicals that build up during the stress response.



The social worker at your dialysis center is trained to assist you in dealing with stress. Consider asking the social worker to be your partner in developing new skills for managing stress. Remember, life gives us many chances to try again as we make mistakes or challenges present themselves. Life can seem like a rubber band, but you can "bounce back" with the assistance of stress management skills. **FF**

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The More

YOU KNOW



BROCHURES FROM THE NKF



Diabetes and Kidney Disease and *High Blood Pressure and Your Kidneys* are revised and now available through your local National Kidney Foundation affiliate or by calling (800) 622-9010 or by sending an e-mail to info@kidney.org.

Diabetes and Kidney Disease explains the connection between diabetes and kidney disease, covering prevention, recognition and treatment options (kidney and pancreas transplants, hemodialysis and peritoneal dialysis) for the patient with diabetes.

High Blood Pressure and Your Kidneys describes hypertension and kidney disease and control of blood pressure.



CD-ROM FOR KIDS WITH KIDNEY DISEASE



In a world where kids socialize by e-mail and research school projects online, even health information needs to be interactive.

Pre-teens and adolescents with kidney disease can learn about their condition and how to cope with it by using the new STARBRIGHT Explorer Series: Living With Kidney Disease CD-ROM. This multimedia program offers information on everything from medications, diet and dialysis to tips from peers and what to expect before and after a transplant. The National Kidney Foundation reviewed the program content and is assisting the STARBRIGHT Foundation with the program's distribution. To order The STARBRIGHT Explorer Series: Living With Kidney Disease at no charge or for more information, please call 800-315-2580, extension 3, visit <http://www.starbright.org> or use America Online Keyword: STARBRIGHT.

I'm Not Sick. I Have a Condition

By Fred McCord

I went on dialysis 25 years ago. I thought that my world as I knew it had ended. All of my hopes and dreams of a bright future went out the door when my doctor told me I had kidney failure and would have to be on the machine for six hours three times a week. I felt as though I was sick and there was nothing I could do about it. I prayed real hard that I would have the strength to get through this.

My prayers were answered and my whole attitude changed toward my illness. I knew with my strong faith in God that anything was possible. God showed me that I could make the best out of being on a machine. The social workers, doctors, dietitians, and technicians are always



Fred McCord

there for me to make my time on the machine a bearable experience.

I now realize that I have a normal life if I do what I am supposed to do. I thank God that I can get up in the mornings, dress myself, and go about

doing whatever I want to when I don't have to go to dialysis. My hobby is fishing, and I'm at my best when I'm casting out my line in the lake. I also held a job and had the opportunity to attend summer camp for dialysis patients during my 25 years on dialysis.

Many advances have been made since I began dialysis. I now stay on the machine three hours instead of six hours, and that is much better, believe me! I would like to thank the staff for always being there for me during these 25 years, helping me to realize that I can function normally every day if I just do what I'm supposed to do. That's why I say, "I'm not sick. I have a condition!" 

How and When Will Medicare Pay for Medications Not Currently Covered?

By Dolph Chianchiano, JD, MPA

The development of new medications and better ways to use them have helped many Americans live longer, healthier lives. Yet, as the number and types of medications that we use grows, so does the amount of money we spend on health care. As a matter of fact, the amount of money that was spent in our country on prescription drugs went up by almost 19 percent over the last year. Insurance coverage for medications may not always be adequate, and for those on Medicare, it is virtually non-existent unless they have other insurance that covers the cost of medications. In the words of President Bush, "Medicare's most pressing challenge is the lack of coverage for prescription drugs." Many members of Congress also want to see this shortcoming addressed. More than 10 million Medicare beneficiaries do not have prescription drug coverage. Yet progress towards the goal of creating a Medicare program that would pay for drugs has been disappointing and prospects for such legislation are guarded. The reasons for this deadlock are many.

A) A Medicare prescription drug program is likely to result in a major increase in spending at a time when many are concerned about the future fiscal health of the Medicare program.

Congress has calculated that it could cost \$300 billion over 10 years to provide this coverage.

B) Influential members of Congress from both political parties are convinced that changing Medicare's drug coverage should be part of a more comprehensive (and potentially controversial) attempt to "modernize" the whole Medicare program.

C) Democrats want any new drug benefit to be run by the Centers for Medicare and Medicaid Services (CMS, which was formerly called the Health Care Financing Administration or HCFA), an agency of the federal government. In contrast, Republicans think private insurance companies should manage any new drug program.

D) There is disagreement as to whether all Medicare beneficiaries should be required to enroll in a Medicare drug program. If participation is voluntary, it is expected that only those people who have high medication costs would enroll, and that would put too much financial strain on the program.

It is important to understand that, even if these problems are resolved, a Medicare prescription drug program,



at least the kind of program currently being considered, will not be a cure-all. The following are likely to be included in any new benefit.

A) Premiums (in the range of \$35 to \$50 per month) will be required. However, some proposals would create a program of subsidies to help low income Medicare beneficiaries pay the premiums; others would relate the size of the premium to the beneficiary's income.

B) The portion of drug costs not covered by insurance, deductibles and coinsurance will be high.

For example, a bill sponsored by Senator Tom Daschle (D. SD) would require beneficiaries to pay half of the first \$3,500 of their drug costs each year. Under the proposal advanced by Senators Breaux (D. LA) and Frist (R. TN) Medicare's responsibility would be 50 percent across the board.

C) Only certain drugs may be covered. Medicare might publish a list of the drugs for which it will provide reimbursement and it could limit reimbursement to a single brand or

type of drug for each specific illness. Medicare would undoubtedly take comparative cost into account in developing such a list.

D) The program may be introduced in phases. For instance, President Bush's "Helping Hand" initiative would help finance state drug assistance programs for Medicare beneficiaries with incomes below 175 percent of the federal poverty level. This assistance would be given until a comprehensive Medicare prescription drug benefit is put into place in December 2004. Yet, many of the existing state drug assistance programs give benefits only to Medicare beneficiaries who are over age 65.

Last July President Bush unveiled yet another temporary solution. This one would not need Congressional approval. He proposed that the government promote drug discount programs in which Medicare beneficiaries could enroll. He acknowledged that drug discounts are not a substitute for strengthening Medicare with a drug benefit. Twenty-eight organizations have applied to the government to participate in this new drug discount program but a federal judge approved a request from the National Association of Chain Drug Stores for a preliminary injunction, meaning that the discount program cannot begin now as planned.

It would be premature to guess whether Congress will take action on a Medicare prescription drug benefit during the second half of its 107th Session that started in January 2002. Every seat in the House of Representatives (and one-third of the Senate seats) will be up for election in November 2002. As a result, members of Congress may be open to pressure from constituents to expand Medicare benefits. To keep informed about this and other developments in the nation's capital, patients and family members can join the National Kidney Foundation Legislative Advocacy Network by calling (800) 889-9559. 

Dolph Chianchiano, JD, MPA, is NKF's Director of Scientific and Public Policy.

The CP Parent Connection

Ambulatory Blood Pressure Monitoring (ABPM) in Children

By Jonathan Sorof, MD

Blood pressure is the measurement of the pressure of the blood flowing through your arteries. When blood pressure is higher than is considered normal or safe, this is called "hypertension." As many as 50 million Americans have hypertension, many of them children, and this elevated blood pressure increases their risk for heart attacks, strokes and kidney failure. Therefore, the measurement of blood pressure is important even during childhood. Here are some facts about blood pressure in children:

- It is normal for blood pressure in children to increase as they get older and taller.
- As many as five percent of children and adolescents may have blood pressure that is too high for their age and height. That is the definition of hypertension in children.
- The damage to the body from hypertension can begin during childhood.
- Children with hypertension also tend to have other medical problems such as obesity, high cholesterol and diabetes.

One of the difficult problems in deciding whether your child has hypertension is that blood pressure is constantly changing, every minute of every day. Some normal daily activities can raise your child's blood pressure. For example, exercise may cause blood pressure to increase, and then return to normal. In contrast, sleeping normally can cause your child's blood pressure to fall. Some, but not all, children have increases in blood pressure when they are nervous or scared, such as when they go to see the doctor. For that reason, your child's blood pressure when measured in the doctor's office may be higher than when it is measured at home. This is often called "white coat hypertension," because doctors usually wear white coats in their office. If the doctor only looks at your child's blood pressure numbers in the

office, the child may be diagnosed as having hypertension when in fact most of the time the blood pressure is normal. Therefore, measuring the blood pressure many times during a normal day is often the best way to really diagnose hypertension in your child.



Ambulatory blood pressure monitoring in progress.

You may wish to purchase a pressure machine to check your child's blood pressure at home. These home checks can be helpful, but they still only tell the doctors about your child's blood pressure a few times out of the whole day.

A new and more helpful way to measure your child's blood pressure, frequently and in a comfortable environment away from the doctor's office, is by using something called ambulatory blood pressure monitoring or ABPM. ABPM is performed by placing a small blood pressure measuring machine about the size of a large cell phone on your child's belt. It is attached to a blood pressure cuff that is wrapped around your child's arm just as it is in the doctor's office. The machine automatically measures blood pressure every 20 to 30 minutes (even while you are sleeping!). That means about 50-75 blood pressure measurements in a single day. That may seem like it would be uncomfortable or painful for your child, but actually hundreds of children as young as two years of age have had ABPM, and most of the time it doesn't bother them much at all. The blood pressure measuring machine stores all of the readings for

the doctor to put into a computer and examine later.

ABPM can help the doctor better understand what your child's blood pressure is away from the office, in your own home doing your normal activities. ABPM may tell the doctor that your child's blood pressure is usually normal. That could save him or her from having more tests or having to take medicine. One study of children who had ABPM because of high blood pressure in the doctor's office found that about half of the children actually had normal blood pressure at home¹.

If your child's blood pressure really is too high most of the time, the doctor will likely recommend starting blood pressure medication. There are many different blood pressure medications used to treat high blood pressure in children, and the doctor will pick the one that is best for your child. Many of the same blood pressure medications used for adults are also used for children in smaller doses, according to the size of the child.

Once the blood pressure medication is started, ABPM can help the doctor adjust the dose of medicine to keep your child's blood pressure in a safe range both day and night. Not every child needs to have ABPM to check blood pressure or to diagnose hypertension, and not all doctors use ABPM in the office. Yet ABPM is becoming a more common and valuable tool to help doctors understand and treat hypertension in a select group of pediatric patients. 

References:

1. Sorof JM, Portman RJ: White Coat Hypertension in Children with Elevated Casual Blood Pressure. *The Journal of Pediatrics*. 137:493-497, 2000.

Dr. Jonathan Sorof is an associate professor of pediatric nephrology and hypertension at the University of Texas-Houston Medical School and co-director of the Houston Pediatric and Adolescent Hypertension Program.

Word Search • Word Search • Word Search

s w q k n L y n y q e h w s a d q y w h j c o a w
s x q m o y w o r s r r p s d u b w z p x o g c p
e z p q i o a t i o u s i l e n t k i l l e r s e
c e k a t n i t l a s p c s g h g h u g k b i q s
x o o j a z v f h x s h l g k p s u h s l l g n s
e k w u c q a y i f e e b a a f o a i d e s o a n
m h g v i a m y h a r h u v s g a r l n v i h d d
u a m p d t h p d u p z a t r m h c t f l x n b t
i q c m e h r a l c d c n v n t a d t l t p b a z
d o e d m x c i h q o b x o l e i v i o r o l n m
o m i s s h a d e q o k l a i s m m o e r a h e v
s g h r e f n z a w l f e u e s s t v l v q y u e
b x s s n j j y r b b h a a r t n e a i u e t r k
n f c a x n h h t l h t s c c r n e v e a m s i i
o q g d d n u f a t g e e e t t e r t i r b e s d
c r i l l g i u t w i u f f a o u d n r l t r m n
o e g e c h f h t h h f p b t s r k v y e o f s e
t h p z c j k q a g a x l f g m e s s i e p t z y
p r e v a l e n c e m e y c y v s m t h s h y f d
f k d h i r e e k s s e n i z z i d r z x i b h i
v h j c o n t r o l o d j m m q c i o i e j o b s
d a o l r e v o d i u l f t e t r x k j b d r n e
i p j w r d i g p g m q i q t v e a e f k x w p a
t v s q e a q k r q y f c p j g x j f p v g x t s
a t h e r o s c l e r o s i s r e u i r u y l v e

Words to search for in puzzle:

- affectsmillions
- aneurisms
- atherosclerosis
- blurredvision
- control
- diet
- dizziness
- exercise
- factors
- fluidoverload
- headaches
- healthrisk
- heartattack
- highbloodpressure
- hotflashes
- hypertension
- kidneydisease
- medication
- organfailure
- plasmavolume
- prevalence
- preventable
- riskfactor
- saltintake
- silentdisease
- silentkiller
- sodiumexcess
- stroke
- survival
- treatment

(see answer on page 16)

Letter to the Editor

My name is Kenny Cherrin. I am 36, and I am from Philadelphia. Two years ago, I had arthroscopic knee surgery. At that time it was noticed that my blood pressure was significantly elevated. It wasn't until I went to see a new physician, who immediately ran tests, that a nephrologist was consulted. After meeting with the nephrologist and having a kidney biopsy (ouch!), I was diagnosed with kidney disease. Needless to say, I felt a bit overwhelmed and depressed, especially after he told me what the treatment could be.

Before I was diagnosed I was an active weight lifter, basketball player, hiker/camper, roller blader and so on and so on. I loved to play sports and the competition that went right along with it. I had planned to enter body building competitions in the upcoming year—then I was diagnosed! What makes this a human-interest story is that I chose not to quit after finding out about my condition. Neither did my wife, Amy. She kept me going through a really rough time, and I love her for it.

What was happening to me? Where was my life going? Was I going to live? Why me? Why, why?? Now, I had a huge lump in my throat and a 9.5 on the panic attack scale.

It has now been about two years since I have been on medication and my numbers have dramatically

improved. I am also limited to about 56 grams of protein. It was at my last doctor's appointment that I asked what the chances of such an improvement actually were. He told me they were very slim, and that is what prompted me to write this letter. Needless to say, the treatment has been working and there has been no need to look back and second-guess the medication, the nephrologist or myself.

As far as my activity level is concerned, I still play basketball three times a week, weight lift five times a week (not competitive yet but maybe someday), roller blade, canoe, camp, and work full time. I am also a husband and now the daddy of a five-month-old named Brandon, who puts a smile on my face whenever I think of him. I do not by any means think that I am a "Superman." I am just a very active guy who wanted to remain active and healthy. I wanted to share this with you in hopes it could shine a ray of hope on someone who desperately needs it, as I once did.

Thank you,

Kenny Cherrin

Editor's Note: Kenny, what a perfect example of "where there's a will, there's a way"! Thanks for sharing your inspirational story. 

T R A N S P L A N T

R A N S P L A N T

Transplantation and High Blood Pressure

By Linda Harte, RN, BSN, MA, CNN, CCTC

It's important to remember that receiving a kidney transplant is truly a gift, and should never be taken for granted. There are responsibilities that go along with getting a new kidney. These include keeping regular appointments with your physician or clinic, watching your weight, diet and blood pressure and most important, taking your medications as recommended.

For as long as you have a transplant, you will have to take immunosuppressive medication. This medication keeps you from rejecting the new kidney. You must take this medication exactly the way your physician or nurse has instructed you, without missing a single dose. **Not taking these medications is one of the most common reasons for transplant failure!**

Other problems sometimes experienced by transplant patients are hypertension (high blood pressure) and coronary artery disease. The coronary arteries are the blood vessels that supply your heart muscle with blood and oxygen. Disease in these vessels decreases the blood flow and can result in poor heart function and can lead to a heart attack. High blood pressure is a leading cause of heart attacks, strokes and kidney failure. You are probably saying to yourself—kidney failure—if I have a kidney transplant wouldn't I have just gotten over that with a new kidney? Your blood pressure may be just as much of a problem after a transplant as before. But you and your health care team can manage it very successfully.

High blood pressure is often called a silent killer because it usually causes no symptoms until it becomes severe. Having high blood pressure means the pressure inside the blood vessels is above normal. The heart then has to work harder to pump blood through the body. This higher pressure damages the blood vessels in the heart, kidneys, eyes and brain. The damage causes these organs to function abnormally. The kidneys, which are full of tiny blood vessels, are very sensitive to high blood pressure. Too much pressure inside these vessels causes the vessels to scar. When there is too much scarring, they can no longer filter your blood. After enough of the vessels have been damaged, the kidneys fail.

High blood pressure after kidney transplantation has several causes. These are weight gain, lack of exercise, genetic make-up (African Americans have a greater risk of high blood pressure) and medications. Which medications? The immunosuppressive drugs! What?! You thought medications were good for you, right? They are very effective in preventing rejection but are not without side effects. Prednisone, a very good medication for those who have a transplant, can cause your body to hold onto salt and water, raising your blood pressure. Cyclosporine and tacrolimus, two of the drugs that are the reason for the success of

transplantation, can also raise blood pressure, but this side effect is manageable.

Your physician can monitor your blood pressure closely to keep it in a safe range so you won't develop serious side effects. But a lot of the responsibility is up to you. There are several important steps you should take to manage your blood pressure and protect your new kidney and, most important, your health.

- ⇒ **Lower salt intake.** A high salt diet, along with immunosuppressive medications, can make blood pressure worse. A transplant dietitian can help you make your diet very tasty using herbs and spices.
- ⇒ **Lose weight.** Being too heavy makes blood pressure higher.
- ⇒ **Exercise.** Regular exercise helps to lower blood pressure and to keep weight in control. It also helps make bones stronger and increases general well being, such as reducing depression and helping you sleep better. Ask your physician or nurse before you start an exercise program. The best way to start is to get up and walk, slowly increasing your distance and intensity. There are books available for transplant patients who want to exercise.
- ⇒ **Blood pressure should be checked regularly.** Immediately after a transplant, you may be advised to take your pressure and record it twice a day. As soon as all of the medications are at a stable level, this can be reduced to once a day and then just a couple of times a week. Taking blood pressure should be a habit, just like weighing yourself. Blood pressure should be written down so the health care staff can see what the readings are at home. Your physician will tell you what your "target" blood pressure should be and work with you to reach it.
- ⇒ **Blood pressure medication should be taken exactly as prescribed.** Your doctor will decide which medications, often a combination of several antihypertensives and diuretics (water pills), work best for you. You should keep a record of the medications and doses you take. All medication should be taken as directed. Do not ever stop taking any medication because of side effects; instead you should discuss them with your physician. Also, do not stop because you are feeling fine. Other medications should never be taken unless they were prescribed or approved by the transplant team because they could interfere with your blood pressure or kidney function.



Blood pressure management takes a team effort, and you, as a member of that team, can make the difference. Taking care of your health is a responsibility you owe not only to yourself, but, when transplanted, also to your donor and donor family. 

Drug Treatment of Hypertension

By George L. Bakris, MD

High blood pressure (hypertension) is a blood pressure level at or above 140/90. At or above this level the number of people who die from strokes, heart attacks or kidney failure goes up dramatically compared to people with blood pressure below this level. High blood pressure affects more than 50 million Americans. It is the second most common cause of kidney failure that requires dialysis in the United States (diabetes is the most common cause). High blood pressure increases the pressure in the small blood vessels of the kidney, which damages the kidney. Reducing the level of blood pressure to less than 140/90 can dramatically decrease the risk of developing kidney failure. If you have diabetes, your blood pressure needs to be decreased even further to below 130/80. This will lower your risk of having a heart attack or stroke and may slow the loss of kidney function.

Only 27 percent of people with high blood pressure who take blood pressure medicines have blood pressure levels below 140/90 and only 11 percent of people with diabetes have levels below 130/80. Because of this, and because deaths from heart disease have gone down, there has been a dramatic increase in the number of people who live long enough to develop kidney failure and require dialysis. Thus, it is very important to use medicines that reduce blood pressure and are known to protect the kidneys from failing.

It is important that you realize you have a 20 percent chance of having a heart attack or stroke each year you are on dialysis. If you are on dialysis, taking all of your medicines is very important, as it can help to prevent these problems. Drugs known as ACE inhibitors, such as "the prils" (enalapril, ramipril, lisinopril and others), as well as ARBs, or the "the sartans" (losartan, irbesartan, valsartan and others) can help people on dialysis by decreasing their chance of death from cardiovascular disease. However, you also have to follow your diet and avoid too much potassium, which can come from some fruits and vegetables. If your potassium level goes too high it can cause your heart to stop. You should also avoid too much water and salt intake, as that

could cause your blood pressure to go up and fluid to build up in your lungs, making it hard for your heart to work properly. The other advantage of these classes of drugs is that they have relatively few side effects. Since it takes about three and a half to four different types of blood pressure lowering medicines to have blood pressures below 140/90 in people with kidney disease and on dialysis, the use of other blood pressure lowering medicines will probably be needed.

It is very important that you pay attention to your blood pressure to make sure you achieve your target of less than 140/90 or less than



130/80, as recommended by your doctor. If you have not achieved your goal, you should bring it to the attention of your doctor. In this way, you can work together with your physician to achieve your blood pressure goal and decrease your risk of a heart attack or stroke.

It is possible for drugs to lower blood pressure too much, especially in

older people, and you can feel bad from the lower blood pressure. Tell your doctor about any feelings of dizziness when standing because it could be a symptom of low blood pressure.

The doctor will work with you to achieve the best combination of medicines to help you reach your blood pressure goal. Additional advice, offered by your doctor or dietitian such as cutting down on salt and, for those on dialysis, watching for foods with high potassium, will also help reduce your risk of a heart attack or stroke. Following this simple advice could keep you off dialysis for many years, or aid you in living well on dialysis if your kidneys have already failed.

Note from the editor: If you have high blood pressure your family is at risk. KEEP (Kidney Early Evaluation Program) is a free health screening program coordinated by the NKF. To find out where KEEP screenings are held, contact your local NKF affiliate or look up our KEEP screening schedule online at www.kidney.org.

George L. Bakris, MD, is a professor of preventive medicine and internal medicine and director of the Hypertension/Clinical Research Center at Rush Presbyterian/St. Luke's Medical Center in Chicago, Illinois. 

Life is Good

By Helene DeSilva

I was diagnosed with hypertension in the early 60's. At that time, I was a working wife and mother of two sons, Jack and Dennis. Learning to cook with spices instead of sodium wasn't much of a problem. Medication helped a great deal. In the summer of 1999, however, my blood pressure soared, and I started to get weak and dehydrated.

In no time, I was in intensive care and was told I had kidney problems. I then had a crying spell, although I wasn't feeling sorry for myself. It was the unknown. I was in the hospital almost a month and when I was released, I was very weak.

I tried to do what I did years before I became sick. I always walked half an hour a day, spent half an hour on the stationary bike and did exercises for senior citizens. It was a slow come back. It took me four months to gain back what I did before I became sick. I now go to dialysis three times a week at Hudson Valley Dialysis, a small price to pay for a few more years of my life.

I am thankful for my two doctors and the love and support of my two families. I now do everything that I did before. I have been a widow for many years, I am 83 years old and all I can say is "life is good." 

Helene DeSilva lives in Briarcliff, NY.





POETRY

CORNER

Dialysis Today

By Audrey Rogers
(To be sung to the tune of "In Your Easter Bonnet")

I could not find a bonnet
With many frills upon it
But I'm the best dressed lady
In Dialysis today.

Now look at me dear Sandy
I really am a dandy
Cause I'm the best dressed lady
In Dialysis today.

Oh my there goes Wendy
Her perfume it would send thee
But I'm the best dressed lady
In Dialysis today.

When I see Dawn a breakin'
I'll get my picture taken
I'm the gorgeous, happy lady
In Dialysis today.

Why is Rachel running
Don't she know I'm only funning
With all the frills I'm wearing
In Dialysis today.

Now Judy is the typer
And she's really hyper
Looking at this lady
In Dialysis today.

Linda went on breaky
She had a belly achy

Laughing at this lady
In Dialysis today.

And down the aisle comes Diane
She's carrying the bedpan
To the lovely lady
In Dialysis today.

Well, Penny, don't be jokin'
When my arm you are a pokin'
Cause I'm the nicest lady
In Dialysis today.

Now Wanda comes a racing
While candy she is tasting
She's tempting this big lady
In Dialysis today.

With her head a spinin'
Tall Tammy's carrying linen
She knows I'm really happy
In Dialysis today.

Rita hard is working
Her duty never shirking
She's helping this great lady
In Dialysis today.

No one here I'm harming
Amy told me I was charming
Cause I'm the craziest lady
In Dialysis today. 

A Second Chance

By Gloria G. Fuller

I received the call late at night
Instead of joy and elation, I was filled with fright.
I had waited with great anticipation for this one
special call to come;
Even though I knew some loving family had lost a
special loved one.
A new kidney I would soon receive.
That this was really happening seemed difficult to
perceive.
My recovery was difficult; my faith was tested.
But God was with me, and in his loving arms I rested.
Because of someone's unselfish, generous deed, I now
have the kidney that I desperately need.
A second chance at life was suddenly given to me,
And eternally grateful, I always will be.
A second chance to live life anew.
A second chance to restore my faith, and to God be
forever true.
Dear Lord bless this most generous family, and let them
know that I'll be grateful eternally. 

An Organ Donor

By Donald Ray Hunter

An organ donor is someone who doesn't mind giving a part
of him or herself to help their fellow man

An organ donor is someone who doesn't mind lending a
helping hand

We should all praise organ donors for all the sacrifices they
will be making

We should praise organ donors for all the extra steps they
will be taking

I often wonder why there aren't more people willing to give
up a body part

Don't they realize that they could help someone else have a
brand new start

When the Lord calls you home your organs won't be needed
anyway

So why not be an organ donor and help someone else have
a brighter day

Being buried with all your organs should not be a goal

Because the Lord isn't interested in your body, He's
interested in your soul. 

Perspectives of a Kidney Patient's Wife

By Elaine Denise McMahan

My mother said, "Don't marry this.
Honey, he's on dialysis.
In a few years I know you'll be sorry
And depressed from all the worry."

I don't regret the choice I made.
I couldn't have done any better.
But I'm really glad that I stayed
After twenty-four years together.

When I walked into the dialysis unit,
It was the first time I saw your blood
pour.
My stomach flip flopped, my legs got
weak,
And I nearly fell on the floor.
Being in love and naïve, I had no
Idea what was in store.
That didn't really matter,
I loved him even more.

So what if he doesn't have kidneys
My man has a big heart.
Despite the ravages of his renal
disease,
He's kept me from falling apart.

We've made sacrifices and
adjustments,
To honor our sworn loving covenant.
A deep and painful yearning for,

But not having the blessing of
procreation,
Entwined our hearts even more
To endure that hollow situation.

Why did I fall in love with this man?
What was it that made him
appealing?
That fact that he has the heart of a
lion
And his mind and spirit are willing.

The trials and difficulties made us
stronger.
Our commitment together has lasted
longer.
We handled our problems with hard
work and tears,
Knowing that a good love means a lot
of years.

Love makes dialysis a minor
inconvenience,
Yet I've learned so much from this
experience.
I stayed because it's the right thing
to do.
Most of all, I stayed because I love
him too. 

Note from the editor: Audrey Rogers, a kidney patient from Danville, Illinois, passed away in June 2001.

Q: DOES DRINKING TOO MUCH LIQUID HAVE ANY EFFECT ON THE HEART?

A:



by Lee Dolezal

Answers to the Word Search Puzzle on page 12 (Over,Down,Direction)

SALTNITRATE(1,4,W)
SILENTDISEASE(2,3,SW)
SILENTKILLER(1,2,3,E)
SODIUMEXCESS(1,12,N)
STROKE(19,18,S)
SURVIVAL(16,17,NE)
TREATMENT(22,16,NW)

KIDNEYDISEASE(25,13,S)
MEDICATION(6,10,N)
ORGANFAILURE(1,17,NE)
PLASMAVOLUME(12,4,SE)
PREVALENCE(1,19,E)
PREVENTABLE(22,9,SW)
RISKFACITOR(12,2,SE)

FACTORS(12,12,SE)
FLUIDOVERLOAD(13,22,W)
HEADACHE(12,5,SW)
HEALTHRISK(12,13,NE)
HEARTATTACK(9,10,S)
HIGHBLOODPRESSURE(1,17,N)
HOTFLASHES(23,11,NW)
HYPERTENSION(24,20,NW)

AFFECTSMILLIONS(1,18,NE)
ANEURISMS(24,9,S)
ATHEROSCLEROSIS(1,25,E)
BLURREDVISION(12,10,SE)
CONTROL(4,21,E)
DIET(4,15,SW)
DIZZINESS(18,20,W)
EXERCISE(17,25,N)

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