

From the National Kidney Foundation's Kidney Learning System™

Kidney Care

A Newsletter About **CHRONIC KIDNEY DISEASE**



National Kidney
Foundation™

WINTER 2005/2006
Vol. 1 • No. 2

GET EMPOWERED!
LET YOUR VOICE
BE HEARD

**WHAT YOU NEED
TO KNOW
ABOUT YOUR
KIDNEYS**

**LIVING WITH
CHRONIC KIDNEY
DISEASE:
ONE WOMAN'S STORY**

**MEDICARE PRESCRIPTION
DRUG COVERAGE
HOW CHANGES
WILL AFFECT YOU!**

BON APPETIT!
MEET A CHEF WITH
A PASSION FOR
KIDNEY-FRIENDLY
COOKING



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Welcome to Kidney Care, the National Kidney Foundation's newsletter about chronic kidney disease. If you have chronic kidney disease, we would like to give you the knowledge you need to make important choices and take control of your health care.

If you are at risk of getting kidney disease, we hope this newsletter increases your awareness and helps you to understand how you can take charge of your kidney health.

More than 20 million Americans—one in nine adults—have chronic kidney disease, and most don't even know it. More than 20 million others are at increased risk. The National Kidney Foundation, a major voluntary health organization, seeks to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation. Through its 47 affiliates nationwide, the foundation conducts programs in research, professional education, patient and community services, public education and organ donation. The work of the National Kidney Foundation is funded by public donations.

Kidney Care

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Laura's Story



A busy professional working as a vice president of sales, Laura balances a hectic travel schedule with living with chronic kidney disease (CKD). Laura's first symptoms included protein in her urine and high blood pressure found in a routine urinalysis when she was a teenager in the '70s. Later, a kidney biopsy (exam of tissue under a microscope) diagnosed her with IgA Nephropathy (IgAN), a form of CKD.

Hearing that you have a chronic kidney disease can be shocking at first. For Laura, it meant going through all the stages of grief including anger, denial, depression and bargaining until she finally reached a place of acceptance. It is normal to feel overwhelmed when you first get the diagnosis. Having a place to voice your concerns and express the emotions you are feeling is important.

The greatest challenges along the way, according to Laura, have been keeping blood pressure at an acceptable level by taking many medications to manage it and treating the anemia caused by the kidney disease. High blood pressure alone is a risk factor for CKD, and it is very important that people with CKD keep a very close eye on their blood pressure, she cautions.

Currently, a friend from Laura's Bible study is undergoing testing to be her living donor. So far, all of the blood tests indicate a match and further testing is being scheduled over the next couple of months. If all the testing goes well, Laura is looking forward to a kidney transplant sometime before the end of the year. If dialysis becomes necessary, she will start with peritoneal dialysis until the transplant can be scheduled.

Staying positive, Laura says, is key to keeping the kidney disease in proper perspective. Not one to let anything slow her down, Laura got her college degree, married, raised two daughters and has had a successful career in addition to being very involved in her church. The support of a group of friends fondly referred to as "The Treasures" are a constant source of encouragement. "We meet on a weekly basis for

prayer and sharing, and having that kind of support makes the journey filled with joy."

"Being diagnosed with CKD helped me to get serious about my health. Being careful about following my kidney diet, exercising five days a week and making sure that I get proper rest are ways that I take responsibility to keep healthy to the best of my ability," Laura says. Following the kidney diet which includes low potassium, low sodium, low phosphorus and low protein foods, has its challenges, but it is vital to staying healthy. "It means that I must be determined to avoid many favorite foods, even if that means I cannot partake of the delicious summer 'forbidden' fruits that are so high in potassium."

A devoted runner, Laura runs about 20 miles a week in addition to strength and flexibility training. After being diagnosed with any chronic disease, it is very important to take responsibility and be an active partner in your health care. "Keeping myself in top shape will help me recover from my transplant, and I plan to be back to my full-time activities as quickly as possible," Laura says.

Laura is determined to be an advocate for kidney disease and to be a living example of what people with CKD can contribute both in their work environments and in their communities. To give back, Laura serves on the Board of Directors of the Foundation for IgA Nephropathy, and acts as a moderator for a Web site devoted to educate and support members whose lives have been touched by IgAN.

"I have found that having IgAN has had a positive impact on my life. I have a much deeper appreciation for life and for relationships than I would have otherwise and have therefore learned to receive IgAN as a blessing."

Determined not to let IgAN have a negative impact on her life, Laura plans to look at each day as a blessing and live life to the fullest extent possible. ■

Editor's Note: Laura received a kidney transplant at the end of October and is doing very well. At five weeks post-transplant she was already walking five miles a day!

diabetes
high blood pressure
glomerulonephritis
polycystic kidney disease

How Well do your Kidneys Work?

glomerular filter rate (GFR)



creatinine (Cr)



The kidneys perform several important jobs including the removal of chemical and mineral impurities from the blood, balancing acid in the blood, and controlling body fluids. These delicate processes take place when blood flows through the kidneys. The kidneys also help to control your body's production of red blood cells, regulate blood pressure, and help keep bones strong and healthy.

Each kidney has about a million tiny nephrons. Each nephron has a group of tiny blood vessels called a glomerulus. The glomerulus is the small structure in charge of filtering and cleaning the blood as it flows through the kidney. The rate at which the glomerulus filters the blood is called the glomerular filtration rate or "GFR". The kidneys filter almost 200 quarts of

blood every day and make approximately two quarts of urine as the waste product.

When the kidneys start to fail, products in the blood that are supposed to be removed, like the blood urea nitrogen (BUN), and creatinine (Cr) stay in the blood and can be easily measured with a blood test. Other products that are supposed to stay in the blood, like proteins, end up in the urine and can be measured with a urine test.

The National Kidney Foundation (NKF) wants doctors to calculate, and patients to know, their GFR number. If your doctor has drawn blood to check your creatinine, he or she can very easily figure out your GFR. By calculating your GFR and checking urine protein, your doctor can tell if you may be in the early stages of chronic kidney disease, or CKD (see the

chart "Stages of Kidney Disease" on page 5 for more information). If steps are not taken to slow the worsening of kidney function, the kidneys may eventually fail and either dialysis or kidney transplant would be needed to live.

The most frequent causes of kidney disease are poorly controlled diabetes and high blood pressure. Other common kidney diseases are glomerulonephritis which causes inflammation and damage to the glomerulus and polycystic kidney disease—an inherited disease that causes large cysts to form in the kidney.

Another common but often overlooked cause of kidney disease, is the overuse of analgesics, or pain-relieving medicines, especially aspirin, acetaminophen (Tylenol), and non-steroidal drugs (NSAIDs) like ibuprofen, ketoprofen, and

naproxen (Aleve). Because these drugs can be bought over the counter they can be quite easily taken in large amounts. These medicines can be toxic to the kidneys, causing permanent damage.

Symptoms of kidney disease include: weight gain from water retention, swelling, more frequent urination and protein in the urine. As kidney disease gets worse, you may have high BUN and creatinine on lab tests, nausea and vomiting, less appetite, weakness, extreme tiredness, itching, muscle cramps and anemia.

You can do some things to stop the onset or worsening of kidney damage. Work with your doctor to start an "ACE Inhibitor" blood pressure medicine. ACEs have been found to help protect kidney function as well as lower blood pressure. People with diabetes should take an ACE to protect their kidneys even if they do not have high blood pressure. Keeping good control of blood sugar is important. If protein is found in the urine, working with a dietitian to control diabetes and eating a lower protein diet may be needed.

Warning signs of kidney disease:

- 1) high blood pressure
- 2) blood and/or protein in the urine
- 3) decreasing GFR
- 4) more frequent urination; pain or difficulty urinating
- 5) puffiness around eyes; swelling of hands, feet

Staying physically fit is important for kidney function. Exercise helps kidney disease by improving muscle function, lowering blood pressure, lowering cholesterol, keeping a healthy body weight and improving your sleep. Start an

exercise program with an activity that you like, such as walking, swimming, bicycling or dancing. "Start low and go slow" but try to exercise at least 30 minutes, three times a week. You should be able to talk to your exercise partner while working out, and you should feel completely recovered within one hour of your routine.

Pain-relieving medicine should be taken carefully and only when needed. Speak to your doctor if you need to take these medicines for more than 10 days in a row because of a chronic pain problem like arthritis. Avoid combination drugs that have acetaminophen, NSAIDs, and caffeine. Always drink six to eight glasses of water each day if you are taking these medicines.

Pay attention to the warning signs of kidney disease; 1) high blood pressure, 2) blood and/or protein in the urine, 3) decreasing GFR, 4) more frequent urination; pain or difficulty urinating, 5) puffiness around the eyes; swelling of

hands, and feet.

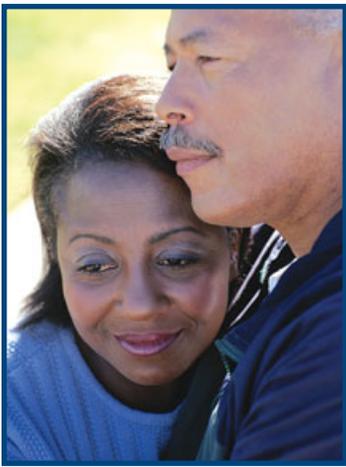
Calculating your GFR is very easy and your doctor should do it at least twice a year and more often if damage has already begun. For doctors and patients who are not familiar with how to calculate GFR, the National Kidney Foundation Web site has an online GFR calculator at www.kdoqi.org. The NKF Web site also has a lot of information about kidney disease and its treatment at www.kidney.org. Call 800-622-9010 for a copy of the NKF brochure "GFR: A Key to Understanding How Well Your Kidneys are Working." ■

By Gerard J. Stanley Sr., MD

Dr. Stanley is a family doctor at the Skaggs Community Health Center in Branson, Missouri. He is a past president of the Iowa Academy of Family Physicians and has held faculty positions at the medical schools of the University of Iowa, the University of Nebraska and Creighton University.

STAGES OF KIDNEY DISEASE

Stage	Description	Glomerular Filtration Rate
At increased risk	Risk factors for kidney disease (e.g., diabetes, high blood pressure, family history, older age, etc.)	(GFR) More than 90
1	Kidney damage (protein in the urine) and normal filtration rate	More than 90
2	Kidney damage and mild decrease in filtration rate	60 to 89
3	Moderate decrease in filtration rate	30 to 59
4	Severe decrease in filtration rate	15 to 29
5	Kidney failure (dialysis or kidney transplant needed)	Less than 15



COPING WITH Depression:

Take Action to Feel Better

Emotional well-being can be a challenge for people who have to cope with physical illness. How an illness affects independence, family life, ability to work and finances becomes nearly as important as the physical symptoms or treatment of the illness. Poor physical health and the worries that go with having chronic kidney disease (CKD) can cause depression. Depression is not just feeling down in the dumps or blue now and again. It is a real medical disorder that affects not only mood but thoughts, feelings, physical health and behavior. It is common for people who have a chronic illness, such as CKD, to also experience depression. It is not a sign of weakness, nor is it something to snap out of through will power.

Understanding more about depression may be helpful in overcoming it. Here are some facts and figures that show how common depression is:

- ▶ Depression is the leading cause of disability in the United States.¹
- ▶ Depression is now the leading cause of disability in the world.²
- ▶ Chronic illness increases one's chance for depression.³
- ▶ Depression is treatable and most people who are treated show improvement.³

When untreated, depression can cause unnecessary pain and suffering for the individual and his or her family. Symptoms can last for weeks, months or even years. Among its many effects, depression can impact one's ability or desire to follow treatment recommendations, such as a proper diet, getting enough exercise and taking part in your overall plan of care.

Learning about the signs and symptoms of depression may be a good first step. Here are some things to look for, especially if they have occurred nearly every day for at least two weeks:

- ▶ Feeling sad or empty most of the day
- ▶ Loss of interest or pleasure in life
- ▶ Difficulty concentrating or inability to make decisions
- ▶ Feeling worthless
- ▶ Thoughts of suicide.

It can be useful to talk to family members or friends to see if they have noticed mood or behavior changes that you may not have been aware of. Mental health professionals can help you find ways to better cope with the challenges you may be facing. There are important things you can do to help yourself when facing depression. (See sidebar: *How to Help Yourself If You Are Depressed.*)

If you think you may be depressed, understand that depression is treatable. Talk to your doctor or a mental health professional about your concerns to see if you could benefit



from treatment for depression. Treatment options may include prescription antidepressant medication and counseling with a mental health professional in your community.

You can regain feelings of emotional well-being. Taking action is a necessary first step toward feeling better. ■

¹ US Department of Health and Human Services. *Mental Health: A Report of the Surgeon General Executive Summary*. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

² World Health Organization Web site. *The World Health Report 2001/Mental Health: New Understanding, New Hope*. [Message from the Director-General]. Retrieved from www.who.int/whr/2001/dj_message/en/

³ US Department of Health and Human Services. *Fact Sheet: Depression Co-Occurring with General Medical Disorders*. Bethesda, MD: National Institutes of Health, National Institute of Mental Health, 1999.

By Barbara K. Campbell, MSW, ACSW, LSW

Barbara Campbell works as the Director of Patient Services in the Intermountain End-Stage Renal Disease Network (ESRD Network #15) in Denver, CO. She began work in the field as a dialysis facility social worker in 1977.

HOW TO HELP YOURSELF IF YOU ARE DEPRESSED

Depressive disorders may make one feel exhausted, worthless, helpless and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the actual circumstances. Negative thinking fades as treatment begins to take effect. Some things you can do include:

- ▶ Set realistic goals in light of the depression and assume a reasonable amount of responsibility.



- ▶ Break large tasks into small ones, setting priorities and doing what you can as you can.
- ▶ Try to be with other people and to confide in someone; it is usually better than being alone and isolated.



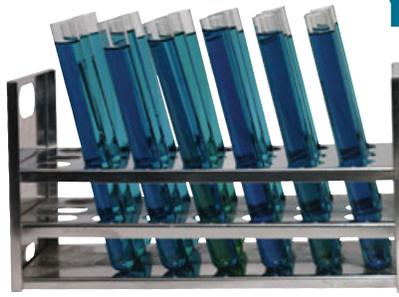
- ▶ Participate in activities that make you feel better.
- ▶ Exercise, go to a movie, a ballgame, or participate in religious, social or other activities.



- ▶ Expect your mood to improve gradually, not immediately. Feeling better takes time.

Taken from Depression, a 2002 brochure from the National Institute of Mental Health.

THREE SIMPLE TESTS YOU SHOULD ASK YOUR DOCTOR TO DO



More than 20 million Americans — one in nine adults — have kidney disease. Another 20 million are at increased risk for getting it, and most don't know it. Kidney disease can be found and treated early to prevent more serious kidney disease and other complications.

The National Kidney Foundation (NKF) recommends three simple tests to check for kidney disease.

- **Blood pressure.** High blood pressure is the second most common cause of kidney disease. High blood pressure may also happen as a result of kidney disease. A blood pressure of 140/90 or higher is called high blood pressure. If you have diabetes or kidney disease a target less than 130/80 is recommended. Keeping blood pressure under control is important to lower risk of kidney disease, heart and blood vessel disease, and stroke.
- **Urinalysis.** A urinalysis is a test that checks a sample of your urine for the amount of protein, blood (red blood cells and white blood cells) and other things. Protein and red and white blood cells are not normally found in the urine, so having too much of any of these may mean kidney disease. Having protein in the urine is one of the earliest signs of kidney disease especially in people with diabetes. Several other tests can be done to check for protein in urine. One of the tests is called the **protein to creatinine ratio**. It is the most accurate way to measure of protein in the urine. A value of 200 mg/gm or less per day is normal. A value higher than 200 mg/gm is too high. Another test, called the **albumin to creatinine ratio**, is good for

people at increased risk for kidney disease— people with diabetes, high blood pressure, or family history of diabetes, high blood pressure or kidney disease. A value of less than 30 mg/gm per day is normal for the albumin to creatinine ratio; a value of 30 mg/gm per day or higher is high and may be a sign of early kidney disease. With either of these tests, you don't need to collect a **24-hour urine sample**, which may be hard to collect.

- **Glomerular filtration rate (GFR).** GFR is estimated from results of a **serum (or blood) creatinine** test. The GFR tells how well your kidneys are working to remove wastes from your blood. It is the best way to check kidney function. *A serum (or blood) creatinine test alone should not be used to check kidney function.* GFR is calculated using the serum creatinine and other factors such as age and gender. In the early stages of kidney disease GFR may be normal. A value of 60 or higher is normal (GFR decreases with age). A GFR number of less than 60 is low and may mean that you have kidney disease. Check with your doctor about having the GFR test (a GFR calculator can be found at NKF's Web site www.kidney.org/KLS).

If you are at increased risk for kidney disease (have diabetes, high blood pressure, or family history of diabetes, high blood pressure or kidney disease), you should find out if you have kidney disease. Ask your doctor about these three simple tests. They should be done at least once a year so that if you have early kidney disease, it can be treated right away. *Early kidney disease can and should be treated to keep it from getting worse!*

For information on upcoming NKF kidney health screenings in your area, visit the KEEP (Kidney Early Evaluation Program) Web site at www.kidney.org/KEEP. ■



Kidney Disease Friendly Cooking



From the viewpoint of someone with chronic kidney disease (CKD), I find creating kidney-friendly diets one of the most interesting culinary challenges I have ever had to face in my professional cooking career. The more I study and talk with kidney dietitians and doctors the more determined I am to make tasty kidney-friendly cuisine. Kidney cuisine has become my new culinary obsession. I believe flavor is the key to helping people with CKD maintain their diets. I'm not fond of the word diet because it's a four-letter word. Instead, I use the term lifestyle. Here are few of the culinary techniques I use to keep my kidney-friendly lifestyle.

PROTEIN

I try to lower the amount of animal protein (found in beef) or replace the animal protein in my diet with a plant based protein like tofu, grains, seitan (a wheat protein), legumes (beans), or couscous. Once I decide on a plant-based substitution, my next hurdle is making up for the flavor I have removed. I might add more non-sodium (non-salt) seasonings like a salt-free grilling spice mixture for meats or seafood in the cooking process. I also try to increase flavor by changing the cooking method like roasting vegetables to add more flavors in to the cooking liquid for soups and sauces. When cooking with tofu I marinate overnight to allow the flavors to be absorbed by the tofu. I also use a dry-rub mixture of herbs on plant-based proteins to add more flavor.

SAUCES

Some plant-based dishes, like grilled tofu or seitan, might become dry. To improve the quality of the flavor I will add a sauce that adds moisture and flavor into the dish. I use

seasoned, thickened rice milk in place of traditional cream sauces. By simmering roasted vegetables and seasonings in rice milk before thickening it the flavors are allowed to blend together. Another important cooking technique is to use home-made roasted vegetable stock (see recipe on next page). My old European chef-instructors I studied under taught me that a flavorful stock will always enhance the flavor of any dish.

SODIUM

Keeping track of my sodium is the most difficult of challenges because sodium is in so many different foods, condiments, and combinations of seasoning mixtures. I removed garlic salt, onion salt, and celery salt from my spice rack and replaced them with garlic powder, onion powder, and celery seeds. One of the cooking methods we use in commercial kitchens is to mix our dried whole herbs or seeds together, heat the mixture in a medium heavy bottom pan, over medium heat, shaking constantly until the mixture becomes aromatic. This brings out more flavors without adding sodium. I also learned from many talented chefs to buy a separate coffee grinder for grinding these herb combinations. Warning: let the roasted herbs cool slightly before grinding.

POTASSIUM

When watching potassium levels I try to cook only with foods that are low in potassium. This is when I brainstorm and become very creative. Our cooking school experimented with this last year by making beet sorbet. We served it to guests in our restaurant and the comments were all very positive; even from people who are not fond of beets. Who said low potassium vegetables are just for the dinner plate anymore?

FAT

I take out as much fat from recipes as I can without giving up my goal of keeping flavor in. I use vegetable stock in place of salad oils when making salad dressings. One gifted chef-instructor at our culinary school taught me this technique. The results are great; the dressing is tasty and our dietitian likes the lower calories.

SUGAR

I use as much fresh fruit as possible. I find sugar very addictive; the more I use it the more I crave it. So I stopped myself from this cycle by slowly weaning myself down. I eat fresh fruit for dessert. See the recipe Chilled Gingered Apple Soup (page 15), it makes a great dessert and I use ginger to decrease the normal amount of sugar in cooked apples.

A trick I learned from a clever chef in Scottsdale showed me how to make smaller protein portions and give the customers larger portions of fresh fruit for dessert. The flavors eaten during the last course are the ones that stay on our palates the longest. By doing this I don't feel deprived of foods I like.

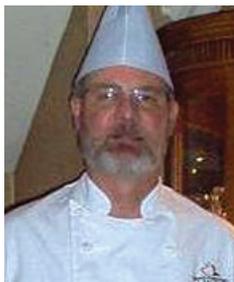
CRAVINGS

I often get cravings. The best defense is a strong offense. Plan ahead and have healthy choices ready when cravings arrive. I always try to have in-season fresh fruit in my kitchen for a snack, or I will have a plant-based dip (made from tofu) or a vegetable spread to put on low-sodium crackers. Remember most people satisfy their cravings with foods that are easy to grab like cookies or prepackaged snacks. I have learned to make my own convenient foods ahead of time before the cravings arrive.

As someone with CKD I live with these challenges every day. I find this new culinary challenge one of the most difficult and most rewarding in my 35 year culinary career. When I find a recipe that tastes good and falls into the "kidney-friendly" category, I feel as though I have just won a gold medal in the Olympics. ■

By Duane Sunwold

Duane Sunwold, Department Chair for the Inland Northwest Culinary Academy at Spokane Community College was diagnosed with CKD five years ago.



Roasted Vegetable Stock



- 3 large onions
- 6 medium carrots
- 4 parsnips
- 2 leeks, white with two inches of the green top
- 8 white mushrooms
- 3 tablespoons vegetable oil
- 2 tablespoons dry Marsala wine
- 6 celery stalks
- 1 garlic head
- 4 plum tomatoes
- 3 fresh thyme sprigs
- 3 fresh parsley sprigs
- 8 whole peppercorns
- 1 bay leaf

Pre-heat oven to 400°F. Coarsely chop onions, carrots, parsnips, leeks and trim and quarter mushrooms. Place in two shallow roasting pans. Toss vegetables with oil. Place in oven and stir every 15 minutes until the vegetables are golden brown, about 1½ hours. Transfer roasted vegetables to a stock pot or sauce pan. Place roasting pans on stovetop with 1 tablespoon of dry Marsala wine to each pan and pour 1 cup of cold water into each roasting pan. Heat over medium-high heat until water boils and brown drippings on the bottom of the pan can be scraped off. Pour roasting pan liquid into the stock pot with the roasted vegetables. Add the remaining ingredients and enough cold water to cover vegetables by a ½ inch. Bring to a boil over high heat; reduce heat to a simmer, and let cook for 45 minutes. Strain the stock and discard the vegetables.

Chill stock in a cold water bath before storing in the refrigerator or freezer for up to three months.

Nutritional Analysis (1 cup of stock): Calories 21; Carbohydrates 4 g; Protein 0.5 g; Fat 0.5 g; Sodium 27 mg; Potassium 149 mg; Calcium 24 mg; Phosphorus 19 mg

See page 15 for another recipe.

In an effort to strengthen and unify the voices of the more than 20 million people with chronic kidney disease (CKD), the NKF has established “People Like Us,” a movement to educate, empower and enable patients to become effective advocates on issues related to their health care.

“People Like Us” was officially launched in Washington, DC in May 2005, when one hundred people with kidney disease, their family members, transplant recipients, living organ donors and donor families from around the United States spent three days learning how to

become their own best advocates. They participated in advocacy training workshops, and learned about public policy issues that can help prepare them to become proactive advocates and effective spokespeople. In a sharing session, participants were given the opportunity to discuss issues most important to them. At a special reception on Capitol Hill, they mingled with members of the Congressional Kidney Caucus, and some participants met with their Congressional representatives.

Since its May 2005 launch, “People Like Us” members have given input on public policy and

other issues, met with and written letters to their Members of Congress and presented a proclamation to U.S. Department of Health and Human Services Secretary Michael Leavitt formally thanking the government for providing dialysis and other life-saving treatments to thousands for more than 30 years through Medicare’s End Stage Renal Disease (ESRD) program. ■

Join the National Kidney Foundation’s People Like Us, the largest group of advocates in support of people with kidney disease and their families. Membership is free. For information or a membership application call the NKF at 1-800-622-9010, or send an e-mail to peoplelikeus@kidney.org.



The NKF is Empowering
Patients Through
**“PEOPLE
LIKE US”**

Ask the Doctor



Q My kidney specialist has told me that I may need a kidney biopsy to find out more information about my kidney disease. He said I will be given a medication to help me relax and a local anesthetic, but I am still concerned about how much pain I will have during and after the procedure. Can you shed some light on this?
—Gerald P.

A A kidney biopsy is generally a safe procedure that results in mild pain. It is done under “light conscious sedation,” meaning that a drug is given to lower anxiety and still keep the patient awake enough to hold his or her breath for short periods of time. Pain medication is also often given during the procedure. After the procedure, bed rest is recommended. The pain felt during the procedure is that of a needle stick into the back and flank (side of the body). After the procedure, most people describe a dull ache in the flank area. Acetaminophen (Tylenol®) or mild narcotics are usually given for pain relief. Occasionally, some blood in the urine is noted, which may cause some discomfort when urinating. This can also be treated with pain relieving medications.

Dr. Leslie Spry answers your questions about kidney disease. Dr. Spry is a nephrologist in Lincoln, Nebraska but prefers to be called a “Kidney Guy”. He has been practicing kidney medicine since 1980.



Q I was diagnosed with SLE (lupus) two years ago and was recently told that I have about 60 percent of my kidney function. I need to know exactly what this means. Could this be due to some of the medications I have been given to treat the SLE or are the kidneys just getting weaker?
—Sarah M.

A Lupus itself can cause kidney damage. However, if you think that one of your medications may be harmful to your kidneys, you should speak to your doctor. Some medications used to treat lupus are very powerful and have many side effects. These side effects can be reviewed with your doctor.

People can live quite well with as little as 20 percent or 25 percent kidney function, so at 60 percent, you are okay for now. Your doctor can tell if your kidney function is getting worse over time by checking your glomerular filtration rate, or GFR, regularly. GFR is a measure of your kidney function that can be calculated from the results of your blood test for creatinine (a waste product that comes from muscle activity). Find out from your doctor about your GFR number. If it is going down, ask your doctor what you can do to help prevent further decline. You can learn a lot more about the kidneys and how to care for them at the National Kidney Foundation Web site www.kidney.org.

MEDICARE PRESCRIPTION DRUG COVERAGE (PART D)

On January 1, 2006, Medicare starts helping you pay for the drugs you need. Anyone with Medicare can receive this benefit. It's not free. You must join a plan to get it. You can join as soon as November 15, 2005. Most must join by May 15, 2006 to pay the lowest premium.

Private companies sell Medicare-approved prescription drug plans. Each plan has a list of covered drugs and where you can get them. Go to www.medicare.gov to compare plans. Medicare Part D will replace Medicaid for drugs beginning on January 1, 2006. You need to choose a plan by December 31, 2005 or Medicare will assign you to one.

If you have low income and assets, you may be able

to get extra help. You could pay as little as \$1 to \$3 for each drug. To find out more about the low-income subsidy call 1-800-772-1213 or visit www.socialsecurity.gov



If You Don't Get Extra Help...	What You'll Pay in 2006
Premium (\$32.20 per month)	\$386.40
Deductible (first \$250 of drug costs)	\$250
Co-insurance (25% of \$2,000)	\$500
Coverage gap (\$2,251-\$5,100)	\$2,850
Catastrophic benefit	5% over drug costs of \$5,100

"Medicare is changing in 2006."
"How so?"
"Well, it may pay for the prescription drugs we take now and may need to take in the future."



"If you have limited income, you may be able to get extra help."



"I'm glad you came to see me"

"Everyone will be able to choose a plan that meets their needs. We're going to have to think about this and learn more to help us decide."

"Medicare está cambiando en 2006."
"¿Cómo?"
"Pues, tal vez pague las medicinas recetadas que tomamos ahora y las que necesitemos en el futuro."



"Si sus ingresos son limitados, tal vez usted pueda obtener más ayuda."

"Todo el mundo podrá elegir un plan según sus necesidades. Vamos a tener que pensar acerca de este tema y aprender más para poder decidir."

"Me alegra que hayan venido a verme."

Visit www.kidneydrugcoverage.org to find out more.

THE GOVERNMENT'S “HEALTHY PEOPLE” PROGRAM AIMS TO IMPROVE THE LIVES OF AMERICANS WITH CHRONIC KIDNEY DISEASE (CKD)

“Healthy People 2010” (HP2 010) is the blueprint for the future of American health care developed by the Office of Disease Prevention and Health Promotion in the United States Department of Health and Human Services. Healthy People goals are reissued every 10 years and updated at five year intervals. HP 2010 includes 467 objectives in 28 focus areas, designed to improve the health of all Americans by the end of the decade. HP 2010 challenges individuals, communities, and professionals – indeed, all of us – to take specific steps to ensure that good health, as well as long life, is enjoyed by all.

The “Healthy People” program is not new but the focus on kidney disease in chapter four of “Healthy People 2010” is a new, and important, addition. Moreover, the diabetes chapter (chapter five) includes an important objective related to kidney disease. Americans with chronic kidney disease (CKD) should know about the following objectives in chapter four and work with the National Kidney Foundation to achieve them:



- ❖ Lower the rate of new cases of End Stage Renal Disease (ESRD – or kidney failure).
- ❖ Lower kidney failure due to diabetes.
- ❖ Increase the number of people with type 1 or type 2 diabetes and proteinuria (protein in the urine – a sign of kidney disease) who get recommended treatment to lower the incidence of kidney failure.
- ❖ Lower the risk of death from cardiovascular disease (heart and blood vessel disease) in people with CKD.
- ❖ Increase the number of people with CKD who receive transplants within three years after getting on the transplant waiting list.

- ❖ Increase the number of people with CKD who have had counseling on nutrition, choices for treating kidney failure, and cardiovascular care, 12 months before the start of kidney replacement therapy (dialysis or transplantation).

The following objective is included in Chapter 5:

- ❖ Increase the number of adults with diabetes who get checked at least once a year for protein in the urine.

As we prepare for the development of Healthy People 2020, readers can get additional information about the Healthy People 2010 goals at www.healthypeople.gov



Keeping in Control: Lowering Your Risk for Kidney and Heart Disease

Diabetes and the Kidney

Keeping in good blood glucose control is important for lowering your risk for health complications. Glucose, often described as sugar, is made by the body, usually after eating, and serves as the fuel for every body cell. Diabetes mellitus, either type 1 or type 2, is the leading cause of kidney disease. When blood glucose levels stay high and uncontrolled over a period of time, blood flow to the kidneys is impaired, resulting in damage to the kidneys and their important functions. In addition, high blood glucose levels will lower the ability of the nerves to empty the bladder. The urine that stays in the bladder may then cause added pressure to build up, and may injure the kidneys.

What Are the Signs and Symptoms of Kidney Disease?

In order to prevent or delay kidney disease from developing, you must be aware of its early and late stage signs and symptoms. The presence of albumin (a type of body protein) in the urine is the first sign of kidney disease, even before abnormalities in blood are found. Albumin in your urine may also be an early sign of changes in your blood vessels. Other early signs of potential problems with kidney function include frequent trips to the bathroom and high blood pressure. Treatment at these early stages will lower the likelihood that kidney disease will progress to kidney failure.

Later, symptoms of kidney disease include edema (swelling of legs and ankles) and leg cramps. Changes in blood are found at this time, such as high levels of blood urea nitrogen (BUN is a substance your body makes when it uses protein) and lowering of the glomerular filtration rate (GFR), which identifies your current level of kidney function. You may also feel tired and weak, which may be a sign of anemia (low blood count). Other people may experience nausea and vomit, or have itchy skin. Lastly, you may notice that you need less insulin or diabetes medication taken by mouth, since the diseased kidneys cannot break down or metabolize the insulin, and your body does not need as much.

The Link Between Diabetes, Kidney and Heart Disease

The leading cause of death in the United States is heart disease; having both diabetes and kidney disease increases your risk. It is well known that high blood glucose levels that stay high over a period of time create changes in the blood vessels, leading eventually to heart disease. On the other hand, the relationship between kidney disease and heart disease is complex, and seems to be related to many factors, including anemia, malnutrition, or infections, as well as changes in bone metabolism (bone health).

What Can You Do to Lower Your Risk?

Being involved in your treatment plan is essential! Checking your

blood glucose levels at home and making sure that your hemoglobin A1C (a blood test that tells how well your blood glucose has been controlled over the last few months) is less than seven percent is first and foremost. Keeping in good glucose control is the best way to lower your risk of both kidney and heart disease. Follow-up with your primary care doctor or endocrinologist (a doctor specializing in diabetes) to make sure that you have your urine tested at least once a year to find any early changes in kidney function. You should also have your blood checked regularly for calcium, phosphorus and parathyroid hormone (bone hormone) to be sure that your bones are healthy. Other tests should include your total blood count (so that anemia

can be treated early), as well as blood cholesterol type and level. Make sure you have your blood pressure checked often, and remember to take blood pressure medication if prescribed. Follow your diet for weight and blood glucose control, and get plenty of regular exercise. Avoid alcohol and cigarettes. If you have any of the symptoms identified above, you should see your doctor immediately. ■

By Laura Byham-Gray, PhD, RD, CNSD
Laura Byham-Gray is an assistant professor in the Department of Primary Care, School of Health Related Professions at the University of Medicine and Dentistry of New Jersey. She has over 18 years of experience in the field of clinical nutrition, with specialty practice in nutrition support, kidney disease, and home care.



CHILLED GINGERED APPLE SOUP

- | | |
|---|-----------------------|
| 1½ teaspoons fresh ginger, peeled and sliced into thin sticks | 2 tablespoons water |
| 3 Granny Smith apples, peeled, cored, and diced | Pinch of nutmeg |
| 12 oz. Tofu, extra firm-silken | 1 tablespoon honey |
| 2 tablespoons lemon juice | 2 tablespoons Splenda |
| | 1 cup rice milk |

In a medium-heavy bottom sauce pan simmer apples, ginger, and water until apples are tender; about 12 to 15 minutes. Drain tofu and place in a food processor. Add apples and liquid from the sauce pan into the food processor. Puree apples and tofu until smooth. Add lemon juice, nutmeg, honey and Splenda. Mix thoroughly and refrigerate over night. When ready to serve add rice milk and stir before serving. Makes six ¾ cup servings.

Nutritional Analysis (serving size 2/3 cup): Calories 104; Carbohydrates 19 g; Protein 4 g; Fat 2 g; Sodium 36 mg; Potassium 225 mg; Calcium 28 mg; Phosphorus 71 mg

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Call 1-866-GSK-FOR-U and let's talk.

Kidney Care

A Newsletter About CHRONIC KIDNEY DISEASE



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