



NETWORK 8, INC.

KIDNEY PATIENT UPDATE

SERVING KIDNEY PATIENTS IN ALABAMA, MISSISSIPPI AND TENNESSEE

FALL 2004

FALL PATIENT ADVISORY COUNCIL MEETINGS START WITH A BANG!!

Four patient meetings are scheduled to be held during the Fall of 2004. The first of these has actually already taken place. The Mississippi Annual Patient Advisory Council Meeting was held on August 15, 2004 at the Hilton Hotel in Jackson, MS. This meeting was a joint meeting with the National Kidney Foundation of Mississippi. Ninety-five patients and family-members gave high marks to an agenda that included Shad Ireland, the first dialysis patient to complete an Ironman Triathlon and many other wonderful speakers. The second meeting scheduled will be a special



Donna Smith, RD., Carolyn Price, Transplant Recipient,
Sheila Mitchell, Network 8 QI Coordinator at Mississippi PAC Meeting.

Continued on Page 7

ANOTHER FISTULA LOVER SPEAKS

Although the "Why I Love My Fistula" Contest has officially ended and the winners have been announced, we have continued to receive essays about why patients are glad they chose to have a fistula. If you would like to send us a brief essay on this, please do so and we will try to get it printed at a later date. This essay comes from Will Lonie, Sr., of Pearl, Mississippi.

We also will continue to accept nominations for the "Longest Lasting Fistula" Contest. The winners will be announced in the Winter 2004 issue of Kidney Patient Update.

Hello, my name is Will Lonie, Sr. and I have been on dialysis for two years now and I have had my fistula since I started. I would suggest the fistula over anything else because it doesn't clog or get infected and I am a very active person. I also haven't missed a treatment day since starting dialysis. Prior to getting a fistula I had a catheter, but I prefer the fistula because life doesn't end with dialysis, it begins again. The fistula is very effective and it makes a much easier access for the needles.

THE HIDDEN DANGER: RENAL BONE DISEASE

By Brenda Dyson

This issue of Network 8's Kidney Patient Update is dedicated to educating its readers about the dangers of renal bone disease. Many of the articles in this issue address this extremely dangerous complication of kidney disease.

We've all heard the dire warnings, but until we experience some of the complications, the warnings fall on deaf ears. We know (or we've heard) that renal bone disease is a problem that will be experienced by most people suffering from end stage renal disease (ESRD). We know that it's a complicated issue and involves many factors.

We know that we need to closely monitor our phosphorous, calcium, alkaline phosphatase and our parathyroid hormone. We know that treatment and prevention of renal bone disease usually include the use of phosphate binders and vitamin D analogs (to reduce PTH levels). In the past, treatment frequently has included the removal of the parathyroid glands (a new medication called Sensipar should greatly help with this problem). We know all of this and can quote for our dietitians all of the high phosphorous foods. We know it...but we don't really understand it until something happens that brings the message home.

For me, it was a simple allergy attack. I tend to sneeze in multiples of four. Three years after starting dialysis and with a phosphorous that hovered in the 9 range, I had an allergy attack. I sneezed and I heard something crack and then I felt a little pain. Well, the pain didn't go away and when I went to clinic, I mentioned to my nurse that I thought I might have broken a couple of ribs during an allergy attack. She didn't quite believe me, stating that I would definitely know if I had broken ribs, but two weeks later when I went to have an x-ray for an unrelated issue, the x-rays showed that my broken ribs were healing nicely!!

At that point, I admitted that yes indeed, there might be some truth to this whole bone thing. We all have to be diligent. We have to take charge and monitor our own labs. Normal serum calcium is 8.5 – 10.8 mg/dL. Normal serum phosphorous for dialysis patients is 3.5 to 5.5 mg/dL. It is recommended that ESRD patients maintain a calcium phosphorous product that is below 70.

Continued on Page 7

THE DOCTOR IS... PLAYING HOOKY...

This month, we are borrowing Dr. McGinnis' space to spotlight a new drug for bone disease that many of you may be hearing about. Our guest expert is the newest member of the Network 8 Quality Improvement Department, Sheila Mitchell. Sheila is the new Quality Improvement Coordinator and a nurse practitioner. She is available to help patients try to understand issues related to their dialysis treatments.

Drug: Sensipar

Purpose: Used to help treat secondary hyperparathyroidism (high PTH levels)

What causes secondary hyperparathyroidism?

Kidneys that are not functioning properly are unable to filter out excess phosphorus. As a result, phosphorus levels in the blood rise. This high phosphorus level then indirectly causes a decrease in blood calcium level. When calcium levels decrease, serious heart, muscle, and bone complications can occur, so... the body tries to raise calcium levels by "turning on" the parathyroid glands. When these glands are stimulated and start to produce hormone (PTH), calcium is pulled from existing bones and teeth to raise blood levels of calcium. This makes patients extremely vulnerable to broken and/or "shrinking" bones.

How does Sensipar work?

Sensipar works by making the parathyroid glands more sensitive to blood calcium level. By doing this, the amount of PTH that is released decreases.

How do you take Sensipar?

Most patients are directed to take Sensipar once each day. As with any medication, you should discuss medication dosing with your doctor.

When do you take Sensipar?

It is recommended that Sensipar be taken with food or right after a meal.

Do you have to continue taking binders?

Again, you should always discuss your medications with your doctor and NEVER stop taking medicine unless specifically directed to do so. Binders are an extremely important part of controlling bone disease and are necessary for most patients with kidney disease.

HURRICANE SEASON CRASHES ASHORE

The American Association of Kidney Patients was forced to cancel its 31st Annual Convention due to Hurricane Frances. Frances was the second hurricane in two weeks to batter the state of Florida. Some dialysis facilities in Florida sustained substantial damage and patients currently are receiving treatments at temporary locations. So, what does that mean for patients in Mississippi, Alabama and Tennessee? As you know the Gulf Coast is always susceptible to hurricanes and the rest of our three states have to deal with tornados and flooding which are offshoots of the hurricanes. The following are tips dealing with emergencies that are printed in CMS Publication No. 10150 "Preparing for Emergencies: A Guide for People on Dialysis".

EMERGENCY INSTRUCTIONS

- Stay at home, unless you are hurt.
- Begin survival diet: 2 cups fluid per 24 hours, no fresh fruit or vegetables. Ask your dietitian for more detailed diet instructions.
- Wait at home for instructions and details about dialysis on TV, radio, messenger or phone.
- If you must go to a shelter, tell the person in charge about your special needs.

REMEMBER: Hospitals may not be equipped to provide maintenance treatments.

AAKP CREATES KIDNEY TRANSPLANT NEWSLETTER

The American Association of Kidney Patients (AAKP) is pleased to introduce its new, monthly electronic newsletter "Kidney Transplant Today." This newsletter is devoted to those who are interested in learning about kidney transplantation or those who have received a kidney transplant.

Beginning in July, 2004, AAKP started to electronically transmit "Kidney Transplant Today" on the first Tuesday of every month. The newsletter features important news about transplant, advances in medications, developments in research, new programs and materials about kidney transplantation and much more.

Interested subscribers should send their name and e-mail address to [HYPERLINK "mailto:info@aakp.org" info@aakp.org](mailto:info@aakp.org). In the subject line, please type "Kidney Transplant Today."

AAKP is the voluntary, patient organization, which for 35 years, has been dedicated to improving the lives of fellow kidney patients and their families by helping them deal with the physical, emotional and social impact of kidney disease. The programs offered by AAKP inform and inspire patients and their families to better understand their condition, adjust more readily to their circumstances and assume more normal, productive lives in their communities.

PHOSPHATE BINDERS: WHAT ARE THEY AND HOW DO THEY WORK?

This article was reprinted with permission from aakpRENALIFE, Vol. 16, No. 5, March 2001. Keith Norris, M.D. is Professor and Executive Vice Chair of Medicine, Department of Internal Medicine, Charles R. Drew University of Medicine and Science and the University of California, Los Angeles (UCLA). He currently serves on the AAKP Medical Advisory Board and is an AAKP Life Member.

To get a better understanding of phosphate binders, let's talk about what roles phosphorous and calcium play in your body. Phosphorous and calcium are two minerals that are vital for keeping your body in good health. In particular, they maintain strong, healthy bones and teeth. They are also important for the cells in your body to store and use energy efficiently. These minerals play important roles in nerve function as well.

Normally, your body maintains a delicate balance between the levels of phosphorous and calcium. The amount of calcium and phosphorous (in the form of phosphate) in your blood is tightly regulated in various ways. One of these ways is by controlling the amount of phosphate that is absorbed from your food and excreted by your kidneys. Another important way to control phosphate and calcium levels is through a hormone called parathyroid hormone (PTH).

When your kidneys fail, they are no longer able to get rid of excess phosphate from your body. Kidney failure also results in excess PTH production, which further disrupts the balance between calcium and phosphate in your blood. As a result, excess phosphate starts to build up in your blood.

If you don't control your phosphate levels, you may be at risk for developing complications like heart disease, bone damage and other diseases. High phosphate levels can also contribute to vitamin D deficiency. This may require treatment with vitamin D supplements, which can make your body absorb more calcium from your food and medications.

Luckily, as a dialysis patient, you have three ways to help control phosphorous levels in your blood through diet, dialysis and phosphate binders.

Diet: Cutting back on phosphorous-rich food such as dairy products, nuts and beans help lower your phosphorous blood levels. However, it's important to have a balanced, nutritious diet, so it's difficult to control your phosphate levels by relying only on your renal diet.

Dialysis: Following your regular dialysis treatments will help remove some of the excess phosphorous from your body. But dialysis and diet alone may not be enough to control phosphorous levels.

Phosphate binders: Phosphate binders help to pass excess phosphate out of your body in your stool, reducing the amount of phosphate that gets into your blood. These medicines "bind" the phosphate in your digestive tract by combining with it to form a compound that isn't absorbed into your blood. You normally take phosphate binders with every meal to help protect you from absorbing too much phosphate from your food and drink. When you take phosphate binders as prescribed, and follow your renal diet, you can take back control of your phosphate levels. You must also make sure to get your full dialysis treatments.

It is very important to control phosphate levels when you have kidney disease. Doing so can help reduce the risk of a variety of complications. It's also important to control your calcium levels, especially when your phosphate levels are high. Most of your calcium intake is from food (dairy products), calcium containing phosphate binders and dialysis solutions. Your doctor can help you balance your calcium by adjusting your prescriptions for calcium-containing phosphate binders, calcium and vitamin D supplements or by prescribing a calcium-free phosphate binder.

When you take in too much calcium, you can develop an excess calcium load. Because your body tightly controls blood calcium levels, the excess calcium may "spill over" into other tissues, even though calcium levels in your blood remain normal. When excess calcium and excess phosphate are present, they can combine to form bony deposits in your tissues and organs. These deposits can occur in your lungs, causing pain and difficulty breathing. When these bony deposits occur in your heart and blood vessels, this is called cardiac calcification. The consequences of cardiac calcification are severe heart damage and even death may follow.

There are three common types of phosphate binders:

- 1. Aluminum-based phosphate binders** were the first type of phosphate binders to be used. They are very effective at controlling phosphorous. The most common binder of this type is aluminum hydroxide. However, aluminum has toxic effects that cause bone disease and damage to the nervous system. For this reason, aluminum-based phosphate binders are not often used much anymore.
- 2. Calcium-based phosphate binders** are effective but don't bind phosphorous as well as aluminum. Common types of calcium-based binders include calcium acetate and calcium carbonate. These binders can also serve as calcium supplements if your calcium is low. However, if you are taking vitamin D supplements, you may already have high calcium levels, and these types of phosphate binders may provide more calcium than you should safely have (i.e. excess calcium load). This can increase the risk of metastatic calcification and the complications described above.
- 3. Aluminum-free, calcium-free phosphate binders** are newer binders that are effective at controlling phosphorous. Because they do not contain aluminum or calcium, they do not cause problems with excess aluminum or calcium load.

You can now see why it's important to control your phosphorous and calcium levels. With the help of your healthcare team, find out your target calcium and phosphorous levels. By following your renal diet, dialyzing regularly, and taking your prescribed phosphate binders, you can control your phosphorous and calcium levels. This will help you feel better, stay healthier and avoid some of the complications of kidney disease.

WHY MONITORING PHOSPHOROUS IS IMPORTANT

By A. Peter Lundin, M.D. and Maureen F. Lundin, RN

This article was reprinted with permission from aakpRENALIFE. It was originally printed in 1992, Vol. 7, No. 2. As a reminder, this article was written in 1992. Most of the information in this article remains true today, however, new treatments have emerged in the past decade. If you have questions about phosphorous and bone disease, please consult your healthcare professional.

How can your bones just disappear? Well, they can't entirely. But they can get weak enough that they lose their function – supporting the body and bearing weight. Although there are a number of medical terms for this – osteodystrophy, osteomalacia, osteoporosis – it is generally called bone disease. If you suffer from kidney failure, you will be affected by it.

Everyone who is on dialysis therapy has been warned about watching calcium and phosphorous levels to prevent bone disease. Some of you may feel you are even being nagged by your doctor, nurses and dietitian about this. But do you have any clear idea of what bone disease is or what it can do to a person?

Why You Need To Be Concerned

The two worst cases of bone disease I have ever seen occurred in two of my fellow patients at Kings County Hospital in Brooklyn, in the pioneering days of hemodialysis treatment. All of us had some bone disease in those days, but even then it could be treated by modifying the diet and taking phosphate binders. These two, however, adamantly refused to do either. I think that they simply did not believe the warnings. They did not want to take the trouble and there was no obvious reason to do so. So without treatment, their bone disease progressed much more rapidly than did ours.

As they lost more and more bone calcium from their bones, these two unfortunates started getting shorter and more stooped as their spines curved. They began to suffer frequent broken bones, then constant broken bones. They became confined to wheelchairs. Eventually, they became bedridden and couldn't take care of themselves at all. They were in constant pain. Their condition certainly contributed to their early deaths.

Today, we can greatly slow down the progression of bone disease and may be able to stop it altogether. It is a process that requires teamwork between the healthcare team and the patient. It is important for you to care for your bones even if you plan to receive a transplant. Some immunosuppressant drugs can also damage the bones, so it is important that your bones be in good shape before the transplant.

Losing calcium from the bones is a problem common to all dialysis patients. This loss happens over a long period of time, and may start well before you reach the stage of kidney failure when you will need dialysis or a transplant. It results in an ongoing weakening of the bones. If nothing is done to avert the calcium loss, you will eventually experience broken bones, and this can happen unexpectedly, as a result of very little force. Signs or symptoms you may notice before this happens are joint pains, curvature of the spine (kyphosis) and loss of height (with the loss of calcium from your spine). At a late stage in bone disease, you could end up like the two ill-fated people I described, weighing half your normal weight and unable to care for yourself.

What The Problem Is

An active form of Vitamin D, calcitriol, is made in the kidneys and specifically assists in your body's acquiring calcium from the food you eat. As kidney function becomes worse and dialysis is needed, a mineral in the blood called phosphorous becomes higher than normal. The extra phosphate circulates in the blood looking for calcium to bind with. Your body, lacking controls on this process which are provided by a healthy working kidney, will take calcium from your bones if necessary to attach to the phosphate.

What You Can Do About It

First, you want to get the phosphate levels in your blood under control. This is still done with a combination of diet and medication. Start by keeping your intake of phosphorous down. Check the list of food high in phosphate and check with your dietitian. Your phosphate levels can also be lowered by taking phosphate binders such as calcium acetate or calcium carbonate to lower the phosphate to a safe range.

Always take your phosphate binders with meals. They work by attaching themselves to molecules of phosphorous in the stomach and intestines, and holding them so they can be excreted in the stool. It defeats the whole purpose if they are not taken with food. Some binders, particularly the ones with aluminum, can even make you nauseous if taken on an empty stomach.

When the phosphate levels are adequate, then you can take calcitriol in a pill form to get your blood calcium levels toward the upper normal range. If these levels become too high for the calcium phosphate binders, it may become necessary to add some containing aluminum. (Aluminum-containing binders were taken by all dialysis patients until recently, when the concern about aluminum being deposited in the bones prompted a switch to calcium binders.) Check the alkaline phosphatase level on your monthly blood chemistries. It should be at a normal level. A rising alkaline phosphatase is a marker for bone (or in some cases, liver) disease.

DIET TIPS FOR BONE DISEASE PREVENTION

It's true that most of us can list some of the foods that are the highest in phosphorous because our dietitian keeps pounding them into our heads, but sometimes things can sneak up on us. For instance, did you know grape juice and raisins are extremely high in phosphorous? If you want to keep up with all the high phosphorous foods, you can order a handy little pocket guide from the American Association of Kidney Patients. The AAKP NA-K-PHOS COUNTER and the PROTEIN AND CALORIE COUNTER are available at no charge simply by calling the AAKP office at 1-800-749-2257. These are very useful tools for helping us control our dietary intake of phosphorous.

Meats can be very high in phosphorous, but are also necessary in our diet to maintain our protein levels. The following are two recipes for meat dishes that are fairly low in phosphorous. Enjoy!!

CHICKEN AND DUMPLINGS

- 1 fryer, cut in pieces
- 1 med. Onion, chopped
- 2 carrots, sliced
- 2 ribs celery, sliced
- 1 tsp. black pepper
- 8 sm. flour tortillas

Boil the chicken in water seasoned with onion, celery, carrots and pepper for about 1 hour. Remove chicken from the stock and debone. This should make about 2 cups of chicken meat. Bring the stock to a boil and add chicken. Cut tortillas into 1-inch strips. Add to the boiling chicken and broth. Cover and cook approximately 15-20 minutes, or until the dumplings are tender.

Recipe note: Yield: 6 servings; Serving size: 3 oz. of meat each; Calories 272, Protein 30 gr.; Sodium 325 mg; Phosphorous 80 mg; Exchanges N/A

CATFISH PARMESAN

- 2 lg. (or 4 sm.) catfish fillets, cut in half
- 2 T. milk
- 1 egg
- 1/4 c. Parmesan cheese
- 2 tsp. Italian dressing
- 2 T. unsalted margarine
- 1/4 c. bread crumbs (made from grated, toasted white bread)

Dip fillets in egg and milk mixture. Dredge thoroughly with a mixture of breadcrumbs, Italian seasonings and Parmesan cheese, until both sides are well covered with breading. Dot with about 2 T. margarine. Bake at 350 degrees for 3 minutes.

Recipe note: Yield: 4 servings; Serving size: 1/4 of recipe; Calories 210; Protein 22 gm; Sodium 105 mg; Potassium 402 mg; Phosphorous 60 mg; Exchanges 3 Meats + 1 Fat.

These recipes are reproduced with permission from the NKF of Mississippi's Southern Comforts of Mississippi Cookbook.



THE 20 YEAR CLUB



The 20 Year Club is a continuing feature of Network 8's Kidney Patient Update. This feature highlights Network 8 patients who have survived end stage renal disease for 20 years or more. If you or someone at your facility has been on dialysis, had a transplant or a combination of both for 20 years or more, please let us know. Contact Brenda Dyson at Network 8 at 877-936-9260 or fax the information to 601-932-4446. The mailing address for Network 8 is P.O. Box 55868, Jackson, MS 39296-5868. This article was submitted by Mr. Alfonso Davis.

My name is Alfonso Davis and I live in Birmingham, Alabama. I am a patient at the Birmingham Home Training Clinic. I have been on dialysis since September 22, 1976, due to glomerulosclerosis. I first started doing hemodialysis and subsequently had two renal transplants. The first transplant was in 1980 and it only lasted two weeks. I had my second transplant in 1982. I lost it in six months after having been in the hospital for five months.

Right after I lost my second transplant, I did peritoneal dialysis for 2 years. Due to complications with the peritoneal dialysis, I had to switch to hemodialysis. Around 4 years ago, I returned back to peritoneal dialysis and have been doing CCPD successfully ever since.

I have always had a positive attitude and a strong belief in God. During my years on dialysis, I have seen others who seemed to give up. I decided I was not going out that way. I know God does not put more on you than you can handle. He has given me the strength and courage to go on with my life.

In 1991 I got married and now have three sons and a loving wife. My family has given me love and emotional support. I continue to work and have a good life. I remain on the transplant list and hope someday to get a new kidney. For a hobby to pass the time, I enjoy playing pool.

THERE'S NO PLACE LIKE HOME HOME DIALYSIS CENTRAL

Home dialysis puts you in the driver's seat. You can schedule your treatments around your life or your job, dialysis longer or more often to feel your best, and you may even be able to have a more normal diet and fluid limit with home dialysis.

The non-profit Medical Education Institute has launched Home Dialysis Central ([HYPERLINK "http://www.homedialysis.org"](http://www.homedialysis.org) www.homedialysis.org) - a new website that aims to raise awareness and use of peritoneal dialysis (PD) and home hemo.

Site features for patients and professionals include "find a center" – a brand new database of home dialysis clinics, a legislative action center, message boards, Medicare payment answers, home dialysis machine catalog, patient stories, helpful tools, news, links and more!

There's no place like
**HOME DIALYSIS
CENTRAL**
www.homedialysis.org

Your one-stop source
for PD & home hemo
info & support

Created by the non-profit Medical Education Institute, Inc.

FALL PATIENT ADVISORY COUNCIL MEETINGS START WITH A BANG!!

Continued from Page 1

meeting in Mobile. It will be a joint meeting with the Alabama Kidney Foundation and the University of South Alabama Transplant Program. It will be held on September 19 at the Mobile Marriott. An excellent agenda has been planned including Reg Green as the keynote speaker. Reg is the father of Nicholas Green, a seven-year old California boy who was shot in Italy in a botched robbery in 1994. The Green's donated Nicholas's organs and have since started a campaign to increase organ donation. Shad Ireland is again scheduled to present along with Drew Silverman, PharmD and Paul McGinnis, M.D.

The third Fall meeting will be the Alabama Patient Advisory Council Meeting. It will be a joint meeting with the Alabama Kidney Foundation and will be held on October 17 at the Marriott on Hwy. 280. Another excellent agenda will again include Reg Green, Shad Ireland and Drew Silverman, PharmD.

The last, but certainly not least, meeting will be the Tennessee Patient Advisory Council Meeting. It will be a joint meeting with the Middle Tennessee Chapter of the American Association of Kidney Patients. The meeting will be held on November 7 at the Embassy Suites South (at the Cool Springs exit). Shad Ireland, Drew Silverman and Kris Robinson of AAKP are currently scheduled to present.

Brochures have gone out for the Mobile meeting and should be going out shortly for the Birmingham and Nashville meetings. If you have any questions about registering for the meetings call Brenda Dyson at 877-936-9260.

THE HIDDEN DANGER: RENAL BONE DISEASE

Continued from Page 1

Remember these numbers and make sure that you stay in that range.

High phosphorous can also be one of those things that make you itch. So while you can't see or feel your bones degenerating, you can sure feel that itch!! If you simply try to remember every time you feel an itch coming on, that you need to remember to take your binders and you need to watch the foods that you are eating, maybe this might be enough to get you on the right track (of course, you shouldn't wait til you are itching to take your meds, but it might help you remember). Bone disease is hidden, but it is also deadly serious.

For more information on how medicines work on this problem, see the article by Dr. Norris later in this issue.

WHY MONITORING PHOSPHOROUS IS IMPORTANT

Continued from Page 4

Why These Recommendations Are Hard To Follow

There are four major reasons why it is hard to follow the above recommendations:

Phosphorous is present in many favorite foods. It can be difficult to deprive ourselves of something we like so much. Chocolate, eggs, nuts and cola drinks are among the foods highest in phosphorous. So are dried beans, which are so much a part of the diet of those who come from the American South, the Caribbean and Latin America. The phosphate binders can cause constipation. This is particularly true for those containing aluminum. Most people realize this fairly quickly, and all too frequently, stop taking them. It is a normal response to not inflict discomfort on oneself, but in this case such a decision will cause you grief down the road. It is much easier to treat and prevent constipation than the loss of bone. It is hard to remember to take the binders. Taking pills is, for most people, not a life-long, ingrained habit. The binders should be taken with meals and many of you may be away from home for one or more meals a day. Keep the pills at the table where you eat at home in a place where you can see them, perhaps laying them out next to your place before you eat. For meals away from home put some in a pill case and carry them with you. New habits can be developed when one considers it necessary. Taking the phosphate binders is more of a bother than not taking them. You may think this is true, but it is very shortsighted. The reality of getting bone disease and complications from bone loss will only be felt a number of years from now. This has to be taken as a matter of trust. Maybe you also will meet or know of patients who experienced problems with their bones because they didn't follow these recommendations.

If You Already Have A Problem

What should you do if you have been on dialysis for a number of years, and weren't advised as to how to prevent bone disease or didn't follow the advice and now have the problems described above? After renal bone disease (osteodystrophy) develops, it can become very complicated. Further loss of calcium from the bone can be halted by the use of intravenous calcitriol (Calcijex). Aluminum can be removed from the bone by a binding (chelating) substance called desferrioxamine (Desferal). Replacing the lost calcium in the bone remains a problem, however. If you are in this situation, ask your doctor to refer you to an expert in renal bone disease.

In summary, the loss of calcium from your body can lead to bone weakness and fractures. The culprits are too little active vitamin D, and later too much phosphate in the blood. Use diet and phosphate binders to keep blood phosphate and calcium levels normal.

Believe that it will happen to you! Even if you plan on having a kidney transplant, it will be difficult to restore the calcium that you have already lost.

Editor's Note: We remind you once again, that new treatments have emerged since this article was written by the late Dr. Lundin, a pioneer champion of renal patient self-management.

**WHAT TIME IS IT?
THAT'S RIGHT – IT'S FLU SEASON
(AND DON'T FORGET WEST NILE)**

The old saying, "Be Wise, Immunize" doesn't come right out and say that you're being foolish if you don't get your flu shot, but frankly it does imply it. Remember last year, the flu season was extremely dangerous, several older people and children died from the flu and there was a shortage of the flu vaccine. You, as dialysis and transplant patients, are in that portion of the population who are considered immunocompromised and therefore need to be the first in line to get the flu vaccine every year and to ask your doctor if you also need to get the pneumococcal vaccine.

There are two things that you won't get from the flu shot.

1. The flu. You can't get the flu from a flu shot.
2. The bill. Your flu shot is free, if you are enrolled in Medicare Part B and your health care provider accepts Medicare assignment. The pneumococcal vaccine is also free.

So, remember, as the flu season approaches: **GET THE FLU SHOT, NOT THE FLU**

Also, as an additional reminder, as immunocompromised people, you are also at greater risk for complications from the West Nile Virus. A healthy individual who happens to get infected with the virus might not have any symptoms at all, but it can be deadly for those individuals who have a suppressed immune system. Please remember to take precautions, wear long sleeves and pants when you are outside especially if you are going to be around any form of standing water. And remember to use insect repellents that include DEET. A few extra precautions could truly save your life!

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NETWORK 8 is available to answer any technical or treatment related questions that you may have. You can call our toll-free phone number (for patients only) or e-mail us at: info@nw8.esrd.net.