

ESRD Patient News

The Carlisle-Williams Foundation, Inc.

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Why We do What we Do

At every age, patients with ESRD on dialysis have significantly increased mortality when compared with non-dialysis patients and individuals without kidney disease. At age 60 years, a healthy person can expect to live for more than 20 years, whereas the life expectancy of **a patient aged 60 years who is starting hemodialysis is closer to 4 years.** Among patients aged 65 years or older who have ESRD, **mortality rates are 6 times higher** than in the general population.

From 2015 to 2021 **home dialysis rose from 11.6 to 14.5%** according to a report by Hennepin Healthcare Research Institute in Minnesota. Broken down by modality, home hemo increased from 1.6 to 2.3% and peritoneal increased from 10 to 12%. Of note, those who had been diagnosed with ESRD in the past 2 years showed the greatest increase in converting to

home dialysis from 15% to 20% with 90% of those choosing peritoneal dialysis. For patients who had been diagnosed for 10 years or more, home dialysis use remained around 9%.

As reported in a previous newsletter, **home dialysis has certain advantages** especially during high risk seasons, like less exposure to germs; more likely to receive dialysis on the scheduled cadence; and no need to rely on transportation to get dialysis. We also know that **receiving treatment as prescribed increases quality of life, life expectancy, and decreased hospitalizations and adverse events.**

We exist to help reduce these mortality figures and increase use of tools and technology that achieve that goal.

Data from <https://www.renalandurologynews.com/home/conference-highlights/kidney-week-2021-conference-highlights/home-hemodialysis-and-peritoneal-dialysis-adoption-increasing-in-the-us/>



ESRD Patient News, a publication of The Carlisle-Williams Foundation, Inc., informs our readers of issues important to management and understanding of their disease and furthers the Foundation's mission of providing hope and support to ESRD patients. We welcome and encourage feedback. Email Editor@esrd-patient-support.org or "Contact Us" on the website. Thank you!

ESRD Patient News

Medicines that Raise Blood Pressure

If you're treating your hypertension, that is good. But be aware of mixing blood pressure meds with one of the medications below.

Over-the-counter

Ibuprofen and naproxen are nonsteroidal anti-inflammatory drugs (NSAIDs), which can increase the risk of a heart attack or stroke with high doses or prolonged use, according to the American College of Cardiology (ACC). They are among many prescription and over the counter (OTC) drugs the ACC says can raise blood pressure, or prevent the medicine from working properly.

The list includes products for cough, colds and flu; decongestants; weight-loss stimulants; antacids high in sodium; and some herbal remedies and dietary supplements. If you regularly take OTC medication, read the label carefully and talk with your doctor.

Prescriptions

Fifteen percent of the US population uses five or more prescription medications, says Matthew C. Foy, M.D., a nephrologist at Louisiana State University Health Science Center in Baton Rouge.

"There is likely a sizable fraction of the hypertensive population with disease induced or exacerbated by

polypharmacy," Foy writes.

Among the prescriptions that can raise blood pressure:

- Certain antidepressants, such as fluoxetine, MAOIs and tricyclic antidepressants
- Oral steroids used to treat conditions such as gout, lupus and rheumatoid arthritis
- Immunosuppressants, central nervous system stimulants and drugs used to treat autoimmune diseases and cancers

How to protect yourself

PIMsPlus.org is a searchable database of prescription and OTC drugs that provides evidence-based guidelines on potentially inappropriate medications for older adults. Be sure to keep a complete list of medications you take, even those given to you as samples, to show your doctor.

In addition, use a single pharmacy whenever possible. If not, make sure that each one has a record of all your meds. When filling prescriptions, pharmacists will be alerted automatically if the drug is potentially inappropriate for you.

Edited from an article at <https://www.aarp.org/health/conditions-treatments/info-2021/pills-that-raise-blood-pressure.html> Also see [helpwithmyeds.org](https://www.helpwithmyeds.org) for helpful information.

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Health Benefits of Physical Activity for Adults

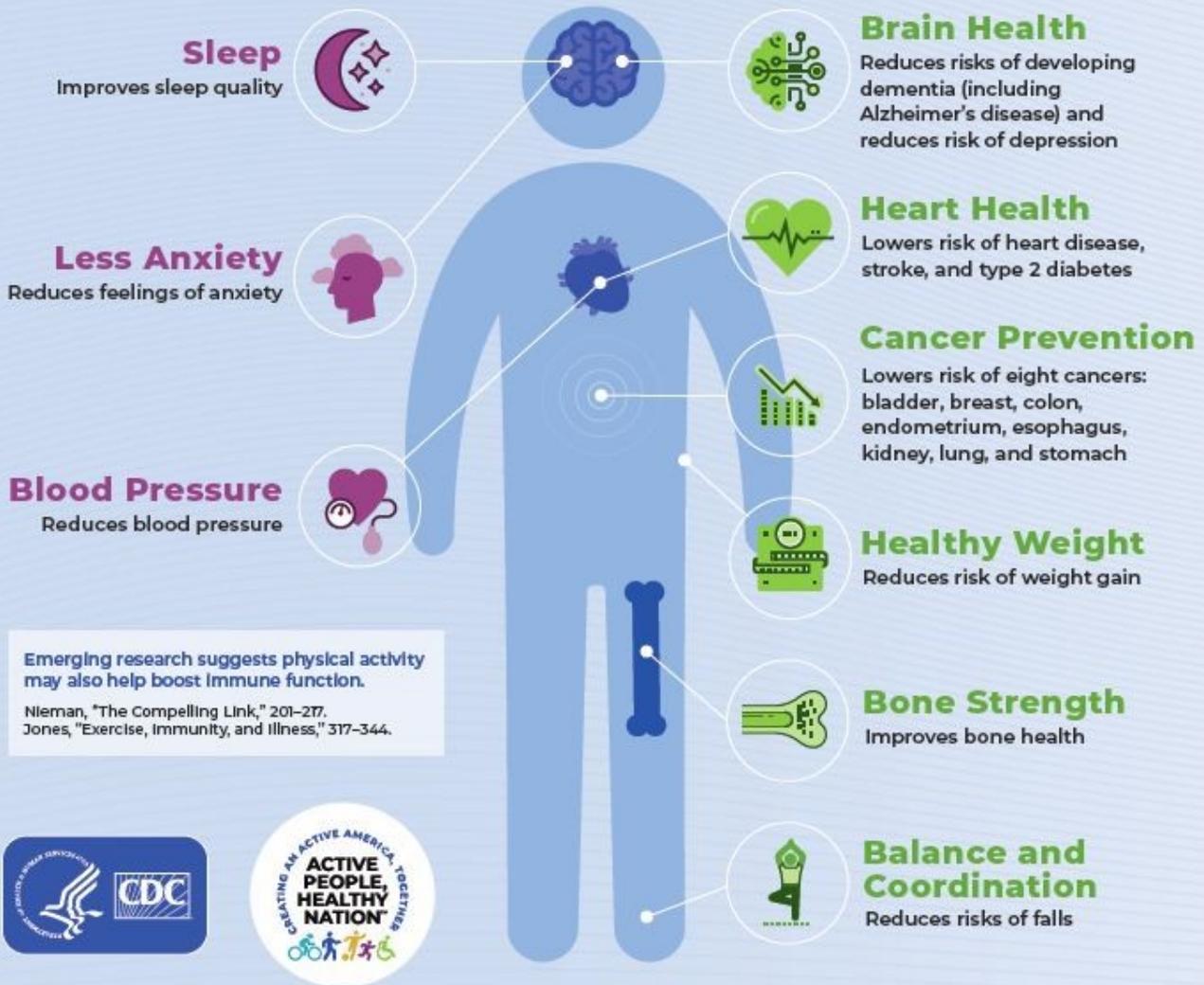


IMMEDIATE

A single bout of moderate-to vigorous physical activity provides immediate benefits for your health.

LONG-TERM

Regular physical activity provides important health benefits for chronic disease prevention.



Source: *Physical Activity Guidelines for Americans*, 2nd edition

To learn more, visit: <https://www.cdc.gov/physicalactivity/basics/adults/health-benefits-of-physical-activity-for-adults.html>

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Being More Active is Better for You

If you have diabetes, being active makes your body more sensitive to insulin (the hormone that allows cells in your body to use blood sugar for energy), which helps manage your diabetes. Physical activity also helps control blood sugar levels and lowers your risk of heart disease and nerve damage.

Some additional benefits include:

- ◆ Maintaining a healthy weight
- ◆ Losing weight, if needed
- ◆ Feeling happier
- ◆ Sleeping better
- ◆ Improving your memory
- ◆ Controlling your blood pressure
- ◆ Lowering LDL (“bad”) cholesterol and raising HDL (“good”) cholesterol

Ways To Get Started

Find something you like.

Exercising by doing something you enjoy is important because if you don’t like it, you won’t stick with it. Find an activity that you and your health care provider agree you can do regularly for the best results.

Start small.

If you’re not already physically active you should begin slowly and work your way up to the desired level. For example, you could park farther from the door, take

the stairs, do yard work, or walk the dog. Start small and gradually add a little more time and intensity each week.

Find a partner.

It’s more fun when someone else is counting on you to show up. Having a partner may help you continue to be active.

Pick a goal.

An example of a goal could be to walk a mile every day for a month or to be active every weekday for 30 minutes. Be specific and realistic. Always discuss your activity goals with your health care provider.

Schedule it in.

The more regular activity you do, the quicker it will become a habit. Think of ways to link activity to daily life. For example, you could schedule walking with a co-worker after lunch. Try not to go more than 2 days in a row without being active.

<https://www.cdc.gov/diabetes/managing/active.html?>

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Kidney Monitoring Report Increased Transplants

A data monitoring report now available on the Organ Procurement and Transplantation Network website shows a continuation of promising trends in kidney transplantation following implementation of new allocation policies earlier this year.

The report contains key measures of the first three and a half months of kidney policies implemented in March, replacing DSAs and OPTN regions with a system of 250 nautical mile (NM) circles. The changes were projected to increase equity in access to transplant for kidney and pancreas candidates across the country by distributing organs more fairly to people waiting for an organ.

Key post-implementation data takeaways from the report include:

- Kidney transplant volumes were up across all ethnicities, and blood types
- The proportion of pediatric kidney transplants increased from less than 3% pre-policy to more than 3.5% post-policy
- Candidates with moderate CPRA and kidney patients with longer dialysis times also saw increases in transplant volume
- The average number of

transplants per week post-policy increased by 19% compared to the pre-policy period

- Approximately 70% of transplant hospitals had the same or more kidney transplants post-policy
- The proportion of transplants occurring within 250 NM of the donor hospital increased, as has the number of transplants occurring outside the donor DSA
- The majority of OPTN regions experienced an increase in transplant volume, and the discard rates remained stable

These findings are consistent with a previous June 18 monitoring report that showed similar results for the first two months of post-implementation data.

In summary, the report found that broader distribution gets organs to the sickest patients. The data point to how the new circle-based policies are an improvement over the previous system of allocation, which were not optimized for organ distribution.

Edited from article at <https://unos.org/news/kidney-monitoring-report-increased-transplants-as-policies-anticipated/>

Breath Ketone Analyzer May Accurately Detect T1D Ketosis

Data from a proof-of-concept study showed breath ketone analyzer measurements for adults with type 1 diabetes were associated with elevated blood ketone monitoring results.

“Currently available ways of ketone monitoring are blood ketone monitoring and urine ketone monitoring,” Halis Kaan Akturk, MD, assistant professor of medicine and pediatrics at the Barbara Davis Center for Diabetes at the University of Colorado and communications director of the American Diabetes Association, Diabetes Technology Interest Group, told Healio. “Blood ketone monitoring is considered the gold standard, but is expensive and not covered with many insurance plans. On the other hand, urine ketone monitoring is cheaper, but not a good way to assess ketonemia instantaneously. We tested an FDA-cleared, commonly sold non-invasive breath ketone analyzer to detect ketosis in adults and children and compared results to the gold standard FDA-approved blood ketone monitor.”

Data analyzed from eight adults and six children aged 6 years or older who had type 1 diabetes for at least 1 year were used for the study. Participants were given a breath ketone analyzer and a blood ketone meter to measure ketones for 90 days. Participants were asked to check ketones at least once daily, if their blood glucose was more than 300 mg/dL, or if they were having diabetic ketoacidosis symptoms. Measurements taken in the morning were considered

fasting measurements, whereas all others were considered nonfasting.

There were 500 paired blood ketone monitor and breath ketone analyzer results included in the analysis, with 372 provided by adult participants and 128 from children.

Measurements from the breath ketone analyzer were associated with elevated blood ketone monitor results for adults ($P = .0066$). There were no associations observed among adults for fasting measurements or for children.

“We found that morning fasting results in adults can be falsely higher in some individuals,” Akturk said. “We also included some adults with type 1 diabetes ...that already have higher ketone levels at baseline. A breath ketone analyzer can be a good screening tool in patients that are at high risk for ketosis.”

Because the study was conducted during COVID-19 protocols, participants’ technique with use of the breath ketone analyzer could not be observed. In addition, each participant used a separate device for the study.

The study concluded that alternative, cost-effective ways for ketone monitoring need to be found and larger clinical studies to better test breath ketone analyzers to confirm these findings need to be conducted.

Edited from: [https://www.healio.com/news/endocrinology/20210916/breath-ketone-analyzer-may-accurately-detect-ketosis-in-type-1-diabetes?](https://www.healio.com/news/endocrinology/20210916/breath-ketone-analyzer-may-accurately-detect-ketosis-in-type-1-diabetes?hpid=hp-top-story%3A-breath-ketone-analyzer-may-accurately-detect-ketosis-in-type-1-diabetes%3Ahomepage%2Fstory)

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Dialysis Facility Closures linked to Higher Hospitalizations

A team led by Kevin Erickson, MD, MS, examined dialysis facility closures between 2001 and 2014 to assess the effects of closures on patient health outcomes. The researchers identified 8,386 patients affected by 521 dialysis facility closures. “In different models, patients who were affected by dialysis facility closures experienced 7% to 9% higher rates of hospitalizations compared with similar patients at facilities that did not close,” according to a press release on the results of the study. “Also, patients affected by closures may have faced an 8% higher risk of dying within 6 months.

“Ongoing efforts to contain high costs of in-center hemodialysis, including recent national policy reforms, could increase the risk that some dialysis facilities will close,” Erickson, of the division of nephrology at Baylor College of Medicine, said in the release. “It is important to understand how dialysis facility closures impact the health of patients. We previously demonstrated that hospital-based dialysis facilities, which disproportionately care for vulnerable patient populations, are at increased risk of closures. Facility

closures could exacerbate inequities in U.S. dialysis care.”

In an interview with *Healio Nephrology*, Erickson said the study did not look at the rate of facility closures by ownership. “The goal of this study was to understand how dialysis facility closures affect patient health outcomes. We did this in models that used propensity and facility matching,” Erickson said. “Because of this matching process, our cohort of patients and dialysis facilities did not provide information about risk factors for closures.

“We did, however, look at this topic in an earlier study of dialysis facility closures,” Erickson continued. “In that study, we found that smaller dialysis facilities, for-profit facilities and hospital-based facilities were more likely to be affected by closures between 2006 and 2015. In that study, we also found that chain-owned facilities and facilities in small towns and rural areas were less likely to be affected by closures.”

In secondary analyses of the data, Erickson and colleagues wrote they found that “patients transitioning to

Dialysis Facility Closures linked to Higher Hospitalizations

a facility within the same chain had more hospitalizations following closures when compared with those who transferred to a facility with a different owner. Although this difference did not reach statistical significance, it suggests that patients may not benefit from the continuity associated with remaining within the same chain.”

Erickson told Healio Nephrology, “We had expected to find that the dialysis facility closures would be less associated with negative health outcomes when patients stayed in the same chain. This is because these patients may have more care continuity, such as keeping the same EMR.

“Instead, we found the opposite,” he said. “Hospitalizations were more common after closures when patients stayed in the same chain. It is important to note that this finding was not statistically significant and that it is from one of several additional analyses that we conducted looking at different facility characteristics.

“As we discuss in the paper, our main take away from the additional analyses of dialysis facility characteristics is that the effects of closures may vary across facility types,” Erickson told Healio Nephrology. “If dialysis

facility closures become more common in the future, it will be important to understand whether patients at different types of facilities are, in fact, differentially affected by closures, and if so, why.”

As part of that secondary analyses, the researchers also found that patients in the facility-matched comparison group were more likely to die following a closure if they left a hospital-based facility when compared with those who left free-standing facilities. “Together, these findings suggest that the effects of closures vary across different dialysis facilities and that it will be important to better understand the ways in which the organizational characteristics of the facility where patients transition out of and into influence health outcomes following a facility closure,” Erickson said.

<https://www.healio.com/news/nephrology/20211014/dialysis-facility-closures-linked-to-higher-patient-hospitalizations-and-deaths>

Carlisle-Williams Foundation



Annual PB DIALYSIS 5K VIRTUAL FUNDRAISER Sunday, November 28

Our **GOALS**—

CREATE AWARENESS of the growing incidence of KIDNEY FAILURE (ESRD) in the USA;

REDUCE the INCIDENCE of new cases by calling attention to the 2 major causes - Type 2 diabetes and high blood pressure;

PROVIDE a FUN way for people to increase physical activity and help reduce risks;

and Raise Funds to **SUPPORT** our **ESRD CLIENTS**.

So get out there and dance, walk, run, swim, skate, ski, jog, parkour, play basketball - whatever you enjoy AND support a good cause while doing so.

To Register go to

<https://www.esrd-patient-support.org/dialysis-pb-5k>

Suggested Registration Fee - \$25/person

Thank you for your support.

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