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AKF in *Action*

Fighting kidney disease and helping people live healthier lives.

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Gout: myths and facts

How much do you know about gout? Unless you have gout, your answer is probably “not that much.” The American Kidney Fund’s (AKF) *Goutful* campaign helps you better understand this chronic disease and its connection to kidney health. Why *Goutful*? It’s a play on the word doubtful.

Test your gout knowledge with our *Goutful* quiz. See if these statements about gout are myths or facts on page 2.



Let us know how you did on the quiz and what you learned! Tweet us at

@KidneyFund and use #goutful to tell us if you could see through the myths, or if you need to brush up on your gout facts.

Myth or Fact?

Question	Myth	Fact
1. Gout is a type of arthritis.	<input type="checkbox"/>	<input type="checkbox"/>
2. Gout pain is not so bad.	<input type="checkbox"/>	<input type="checkbox"/>
3. There is a strong connection between gout and kidney disease.	<input type="checkbox"/>	<input type="checkbox"/>
4. Gout attacks only happen in the big toe.	<input type="checkbox"/>	<input type="checkbox"/>
5. Chronic gout means having two or more attacks a year.	<input type="checkbox"/>	<input type="checkbox"/>
6. Gout only happens in people who consume too much alcohol or unhealthy foods.	<input type="checkbox"/>	<input type="checkbox"/>
7. Some people feel symptoms of gout most of the time.	<input type="checkbox"/>	<input type="checkbox"/>
8. Gout only causes damage during attacks.	<input type="checkbox"/>	<input type="checkbox"/>
9. There are medicines to prevent future gout attacks.	<input type="checkbox"/>	<input type="checkbox"/>
10. Gout only happens in men.	<input type="checkbox"/>	<input type="checkbox"/>

Get the answers on page 2!

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Gout: myths and facts

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1. Gout is a type of arthritis: **FACT!**

Arthritis is a common condition that causes swelling and pain in your joints. Gout is a type of arthritis and it is a chronic disease, meaning it does not have a cure and will usually last your whole life.

2. Gout pain is not so bad: **MYTH!**

Gout pain can be extremely severe, and some people have pain all the time. The pain is caused by tiny, sharp crystals building up under the skin. Gout is one of the most painful types of arthritis.

3. There is a strong connection between gout and kidney disease: **FACT!**

Kidney disease can lead to gout, and gout can be an early warning sign that you have kidney disease. When you have gout, you have too much uric acid in your blood. Uric acid can build up and form urate crystals. As these crystals pass through your kidneys, they can cause damage and scars over time. About 10% of people with kidney disease have gout, and an even higher percentage of people with gout have kidney disease. Gout may lead to kidney disease and failure, especially when left untreated.

4. Gout attacks only happen in the big toe: **MYTH!**

It is true that the big toe is the most common place for gout attacks to happen, and many people have

their first attack in their big toe. But gout can happen in all joints in the body, especially if you have chronic gout.

5. Chronic gout means having two or more attacks a year: **FACT!**

Chronic gout is considered having two or more gout attacks per year, and attacks can happen more often over time. Having chronic gout can lead to permanent joint stiffness, damage and deformity.

6. Gout only happens in people who consume too much alcohol or unhealthy foods: **MYTH!**

Alcohol and unhealthy foods can contribute to gout, but most people do not get it for these reasons alone. Kidney disease is a common cause of gout not related to diet.

7. Some people feel symptoms of gout most of the time: **FACT!**

Some people feel pain and symptoms of chronic gout most of the time. Attacks can happen in more joints with only short breaks in between attacks.

8. Gout only causes damage during attacks: **MYTH!**

Gout can cause high levels of uric acid and damage in the body all the time, even when you are not having an attack. This can lead to more attacks, joint damage and joint deformity when left untreated.

9. There are medicines to prevent future gout attacks: **FACT!**

Some medicines can prevent the buildup of uric acid in the blood, which can lead to fewer gout attacks in people who have chronic gout. Lifestyle changes can also be made to help prevent future attacks.

10. Gout only happens in men: **MYTH!**

Anyone can get gout. It is more common in men, but once women reach menopause, the rate of gout in men and women evens out. Most women who develop gout show signs and symptoms after menopause.



To learn more about gout and its connection to kidney disease, visit AKF's *Goutful* campaign at KidneyFund.org/gout. *Goutful* is supported by an educational grant from Horizon Pharma plc.



What happens when phosphorus isn't managed

Phosphorus is a mineral found in many foods. It works with calcium and vitamin D to keep your bones and teeth healthy and strong. Healthy kidneys keep the right amount of phosphorus in your body. When your kidneys are not working well, phosphorus can build up in your blood. Too much phosphorus in your blood can lead to weak bones that break easily, or even heart disease.

Since phosphorus can be found in many foods, it is easy to consume far more phosphorus than your body actually needs. Many people with kidney disease need to limit their phosphorus intake. Speak to your dietitian if you are not sure if you need to limit phosphorus.

Phosphorus and calcium

Phosphorus does a lot of important things in your body, including building blood cells, keeping muscles working, increasing energy and improving digestion.

Your body likes to have an equal amount of phosphorus and calcium in the blood. When you have too

much phosphorus in your blood, your body pulls calcium from your bones to match the amount of phosphorus in your blood. This can cause hyperphosphatemia, a condition that makes your bones become weak and brittle. Too much phosphorus and calcium in your blood can also cause your blood vessels to become hard, damaging the blood vessels and the organs they supply blood to.

Phosphate binders

Your doctor may prescribe a medicine called a phosphate binder to help you manage the amount of phosphorus in your body. This medicine helps to keep phosphorus from building up in your blood. While a phosphate binder can be helpful, you may still need to watch how much phosphorus you eat. It is also important to take your phosphate binder as instructed by your doctor.

To learn more about phosphorus, and to find recipes, tips and videos for cooking kidney-friendly meals and snacks, visit [KidneyFund.org/phosphorus](https://www.kidneyfund.org/phosphorus).



Tips for managing phosphorus:

Work with your doctor and dietitian to develop a meal plan personalized for you.

Exercise regularly. Even exercising while sitting down can help strengthen your bones.

Remember to bring your phosphate binder with you when dining out.

When buying food, look for ingredients containing “phos” on the nutrition label. This means the ingredient contains phosphorus. Avoid foods that list “phos” ingredients in the first half of the ingredients list. Also avoid foods that have more than one “phos” ingredient.

Avoid processed foods whenever possible because they are often high in phosphorus.

Try to do most of your grocery shopping in the outside edges of the grocery store, where the fresh fruits and vegetables are. The middle aisles usually have mostly processed foods that you will want to avoid.





MEET YOUR TREATMENT TEAM: Dialysis technician

As a dialysis patient, you will probably spend more time with your dialysis technicians, or patient care technicians, than with any other member of your care team. Dialysis technicians are a vital part of your team and the treatment you receive. They are responsible for making sure your dialysis goes as smoothly as possible, whether you dialyze in a center or at home.

Before they can work with patients, dialysis technicians must become Certified Clinical Hemodialysis Technicians (CCHT). Some technicians have had medical experience before starting in the dialysis industry, and others work as technicians to get their foot in the door to a career in medicine. Dialysis technicians typically work three days per week and 12.5 hours

per shift, and they are usually supervised by the nephrology nurses at their centers.

If you are a home hemodialysis or peritoneal dialysis patient, a dialysis technician is usually the person who will make sure you have the supplies you need to do your treatments at home. If you and your caregiver need a break from the responsibilities of home treatment, you can also temporarily dialyze in a center, where a technician will manage your session. If you have a problem with your home treatment or develop an infection, your doctor may recommend in-center dialysis for a period of time, depending on your situation. In these cases, the technicians in the center will treat you until you are well enough to go back to your regular home

dialysis schedule. Patients who dialyze in-center may hear their technicians talk about the benefits of home treatment.

Your technicians care for you in three important ways during dialysis: ensuring your safety, monitoring your health and building a relationship with you, so they can provide you quality care.

Ensuring your safety

Your technicians prepare you for dialysis in ways you may not even realize. Many dialysis centers open early in the morning, which means some technicians start work in the middle of the night to make sure your center is ready for you. Before you arrive, technicians set up the dialysis machines, check them to make sure they are working, sterilize each station and more.

While the center is open, technicians sterilize each station again before the next patient arrives, monitor the machines and make sure everything is functioning properly. Technicians are also trained to deal with any complications or emergencies that may come up during treatment, including giving patients oxygen and performing CPR when needed.

Some dialysis centers have their own water treatment rooms where equipment works to filter water to make it safe for patient use. Technicians monitor water values when they first get to work and throughout the day. They also add water softener, change filters and conduct chemical checks. That way, when water is added to the dialysate solution that cleans your blood, no impurities are added back into your body when the blood is returned.

Monitoring your health

If you dialyze in a center, your technicians will monitor how you are doing before treatment begins and every 30 minutes during treatment. When you first arrive, they check your vital signs: blood pressure, heart rate, weight and temperature. During treatment, they continue to check and record your vital signs, give you local anesthesia and other medicines as needed, respond to alarms on your dialysis machine and follow up on any concerns you have had since your last dialysis appointment.

Your technician will inspect your vascular access for signs of infection and ask you if you have had any pain in the area. If so,

they will have a nurse examine you further. If everything looks good, the technician will place two needles into your access and begin treatment. If you have any questions about dialysis or concerns about how you feel during your session, your technicians are the first ones you will notify.

Building relationships

Since you will spend a lot of time with your dialysis technicians, you may develop a close relationship with them. Many technicians love what they do and they do it because they truly care about their patients. Some patients describe their centers and technicians as a community or family. Some technicians feel the same way about

their patients, and some may even see their patients more often than they see their own families.

Once you develop a close relationship with your technicians, you may feel more comfortable asking your technicians questions about your health. Technicians can give you basic nutritional information about the kidney diet your dietitian has recommended, tell you how much weight you are able to lift with your access arm, answer questions about vascular accesses and catheters, and give you tips on traveling as a dialysis patient. Your technician may refer questions about your specific care, such as how much fluid you should be drinking, to other members of your team.

host a bake sale • run a race • ask for donations for your birthday • start a community walk



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Pets and peritoneal dialysis? Absolutely!

For most of us, pets are family. Bringing dialysis treatments home does not mean having to find a new one for your animal buddy.

“My cats are my kids!” says JF, a long-time peritoneal dialysis patient. “I wouldn’t throw them out on the street because I started PD, I figure it out and adjust.”

Home dialysis options offer patients the flexibility to create schedules that allow them to focus on what they love—work, school, family and hobbies.



Here are some tips for pet lovers on how successfully perform dialysis at home:

- Curious paws and puppy-sharp teeth can find their way to dialysis machine tubing. Keep pets in another room during treatments, especially during connecting and disconnecting to the machines.
- If possible, keep your supplies and machine in a spare room. Keep the door to that room closed, so pets cannot enter.

- Wash your hands frequently, especially after feeding or cleaning up after your pet. And, of course, wash them again before you connect or disconnect from your dialysis machine.
- Keep pet nails short to avoid scratches that can spread disease.
- If you have a cat or bird, have someone else in your life clean the litter box to avoid exposure to bacteria that might lead to illness.
- Frequently clean furniture and floors to reduce fur and dander.
- When choosing a new pet, choose one with hair (rather than fur).
- Keep your pet healthy with regular visits to the vet.

With just a few simple changes to your pet’s life, you can fit dialysis into your home life and enjoy all the benefits of better health, as well as the love of a furry friend.

This content was provided by Satellite Healthcare.



AKF'S IMPACT:

Fighting kidney disease

At AKF, we fight kidney disease and help people live healthier lives. That mission drives the work we do every day. Our programs and services address the full spectrum of kidney disease through education and prevention, to supporting the 30 million Americans with kidney disease, including those on dialysis or with a kidney transplant. And we do it all by maintaining a four-star Charity Navigator rating and spending 97 cents of every donated dollar on programs and patients like you.

Direct financial assistance

AKF provides direct financial assistance to dialysis and kidney transplant patients for a variety of needs.

Our **Health Insurance Premium Program (HIPP)** provides life-saving grants to those who need assistance paying for health insurance premiums for dialysis and kidney transplant.

Our **Safety Net Program** provides small grants to dialysis patients to assist with out-of-pocket expenses, like transportation to medical appointments, medicines, co-pays and other needs.

Our **disaster relief grants** assist dialysis patients when natural disasters strike by helping them pay for emergency supplies and essentials.

Screenings and prevention

96% of people with early-stage kidney disease do not know they have it. That's where AKF comes in.

Know Your Kidneys™ is AKF's national screening program. We provide free kidney health screenings for common risk factors and on-site prevention education to thousands of people.

Kidney Action Day™ is AKF's signature event in select cities with large at-risk populations. Kidney Action Days feature free kidney health screenings, discussions with medical professionals, kidney-friendly cooking demos, fitness activities, entertainment and more.

Public education and resources

KidneyFund.org is our award-winning website that provides easy-to-understand information about the full spectrum of kidney disease, including transplant, diet, related health conditions and more. We are also on Facebook, Twitter, Instagram, and YouTube.

AKF hosts monthly **webinars** led by experts who provide information and practical advice on a variety of topics related to kidney disease.

Kidney Health Coach is AKF's free, community health education program. Kidney Health Coaches educate their communities about kidney disease.

AKF develops **health education campaigns** to raise awareness about kidney disease, its treatments, prevention and more.

Professional education and research

AKF offers free, online **continuing education** courses for professionals who care for patients with kidney disease or who are at risk for it.

AKF's **Clinical Scientist in Nephrology (CSN)** Program funds research to improve the quality of care provided to kidney patients and to encourage more clinical research in nephrology.

Advocacy

AKF works on Capitol Hill and in the states to advance legislation and regulations that are important to people affected by kidney disease. Our nationwide **Advocacy Network** brings together more than 10,000 patients and family members who are working with us to make kidney disease a national priority.



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KidneyFund.org

Educate others about the importance of living a healthy lifestyle.
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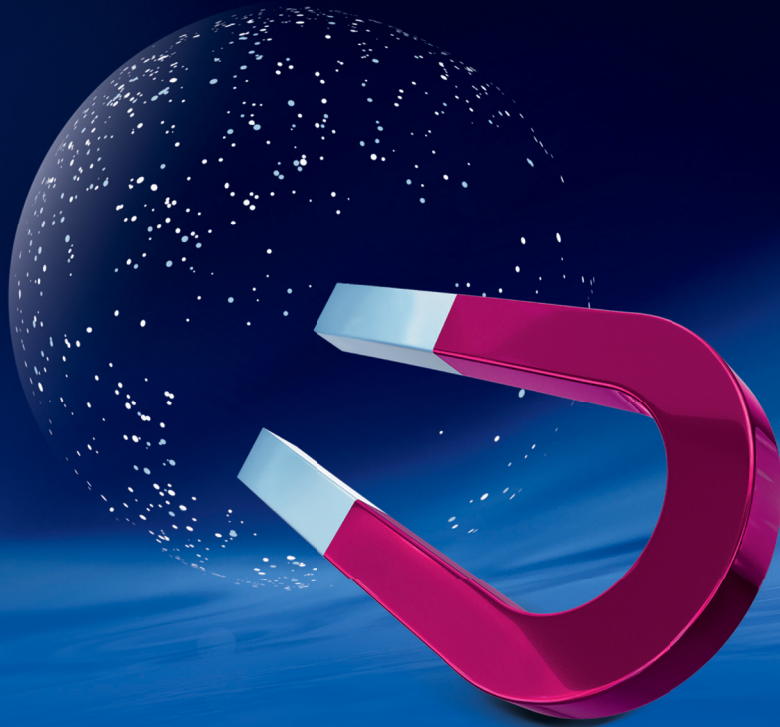


WHAT'S INSIDE:

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- Managing phosphorus
- The role of dialysis technicians
- Pets and peritoneal dialysis
- AKF's impact

When patients' phosphate binder therapy was not successful...

SWITCHING TO VELPHORO MADE A WORLD OF DIFFERENCE



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INDICATION

Velphoro® (sucroferic oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

IMPORTANT SAFETY INFORMATION

- Velphoro must be administered with meals. Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, the tablets may be crushed.
- Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal (GI) surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.
- In a parallel design, fixed-dose study of 6 weeks duration, the most common adverse drug reactions to Velphoro chewable tablets in hemodialysis patients included discolored feces (12%) and diarrhea (6%).

- Velphoro can be administered concomitantly with oral calcitriol, ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metoprolol, nifedipine, omeprazole, quinidine and warfarin. Take doxycycline at least 1 hour before Velphoro. Velphoro should not be prescribed with oral levothyroxine.

Please see Brief Summary on adjacent page or visit www.Velphoro.com for full Prescribing Information.

*A retrospective analysis of pharmacy data assessed the real-world effectiveness of Velphoro in 1,029 adult in-center hemodialysis patients who were switched to Velphoro during routine care. The study compared the proportion of patients with phosphorus levels ≤ 5.5 mg/dL and the mean prescribed phosphate binder pills/day at baseline (3 months prior to Velphoro; binders included sevelamer carbonate, calcium acetate, and lanthanum carbonate) and during Velphoro follow-up (6 months after switch to Velphoro, n=424). This was a noninterventional analysis and did not impact prescriptions or prescribing patterns.¹

Reference: 1. Coyne DW, Ficociello LH, Parameswaran V, et al. Real-world effectiveness of sucroferic oxyhydroxide in patients on chronic hemodialysis: A retrospective analysis of pharmacy data. *Clin Nephrol.* 2017;88(2):59-67.



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VELPHORO®
(sucroferic oxyhydroxide)
chewable tablets

POTENCY MAKES IT POSSIBLE

Brief Summary:

Please see Full Prescribing Information for additional information

**INDICATIONS AND USAGE**

Velphoro (sucroferric oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

DOSAGE AND ADMINISTRATION

Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, tablets may be crushed.

The recommended starting dose of Velphoro is 3 tablets (1,500 mg) per day, administered as 1 tablet (500 mg) 3 times daily with meals.

Adjust by 1 tablet per day as needed until an acceptable serum phosphorus level is reached, with regular monitoring afterwards. Titrate as often as weekly.

DOSAGE FORMS AND STRENGTHS

Velphoro (sucroferric oxyhydroxide) chewable tablet 500 mg.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.

ADVERSE REACTIONS

In a parallel design, fixed-dose study of 6 weeks duration, the most common adverse drug reactions to Velphoro chewable tablets in hemodialysis patients included discolored feces (12%) and diarrhea (6%).

The following adverse reactions were identified during post approval use of Velphoro, and were reported voluntarily from a population of uncertain size.

Gastrointestinal Disorders: tooth discoloration

Skin and Subcutaneous Tissue Disorder: rash

To report SUSPECTED ADVERSE REACTIONS, contact Fresenius Medical Care North America at 1-800-323-5188 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Velphoro can be administered concomitantly with oral calcitriol, ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metoprolol, nifedipine, omeprazole, quinidine and warfarin.

Take doxycycline at least 1 hour before Velphoro.

Velphoro should not be prescribed with oral levothyroxine.

USE IN SPECIFIC POPULATIONS**Pregnancy**

Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 16 and 4 times, respectively, the human maximum recommended clinical dose on a body weight basis, and have not revealed evidence of impaired fertility or harm to the fetus due to Velphoro. However, Velphoro at a dose up to 16 times the maximum clinical dose was associated with an increase in post-implantation loss in pregnant rats. Animal reproduction studies are not always predictive of human response.

There are no adequate and well-controlled studies in pregnant women.

Labor and Delivery

No Velphoro treatment-related effects on labor and delivery were seen in animal studies with doses up to 16 times the maximum recommended clinical dose on a body weight basis. The effects of Velphoro on labor and delivery in humans are not known.

Nursing Mothers

Since the absorption of iron from Velphoro is minimal, excretion of Velphoro in breast milk is unlikely.

Pediatric Use

The safety and efficacy of Velphoro have not been established in pediatric patients.

Geriatric Use

Of the total number of subjects in two active-controlled clinical studies of Velphoro (N=835), 29.7% (n=248) were 65 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects.

OVERDOSAGE

There are no reports of overdosage with Velphoro in patients. Since the absorption of iron from Velphoro is low, the risk of systemic iron toxicity is low. Hypophosphatemia should be treated by standard clinical practice.

Velphoro has been studied in doses up to 3,000 mg per day.

HOW SUPPLIED/STORAGE AND HANDLING

Velphoro are chewable tablets supplied as brown, circular, bi-planar tablets, embossed with "PA 500" on 1 side. Each tablet of Velphoro contains 500 mg iron as sucroferric oxyhydroxide. Velphoro tablets are packaged as follows:

NDC 49230-645-51 Bottle of 90 chewable tablets

Storage

Store in the original package and keep the bottle tightly closed in order to protect from moisture.

Store at 25°C (77°F) with excursions permitted to 15 to 30°C (59 to 86°F).

PATIENT COUNSELING INFORMATION

Inform patients that Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, the tablets may be crushed [see *Dosage and Administration*].

Velphoro should be taken with meals.

Instruct patients on concomitant medications that should be dosed apart from Velphoro [see *Drug Interactions*].

Inform patients that Velphoro can cause discolored (black) stool.

Inform patients that Velphoro can stain teeth.

Inform patients to report any rash to their healthcare professional.

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