

Chronic Kidney Disease

A Patient's Guide



MEDICAL ASSOCIATES
C L I N I C

WHAT IS CHRONIC KIDNEY DISEASE (CKD)?

CKD is a preventable and treatable disease. Controlling diabetes and reducing blood pressure will help you live longer and feel better.

The kidneys are responsible for removing liquid waste from the body. They are basically the body's water filtration system. CKD is becoming much more common. Up to 20 million Americans have CKD. If it is not treated early, it causes death from heart disease, or the need for an artificial kidney machine, called dialysis. The patient may also need a kidney transplant. Although kidney disease cannot be cured, it can be controlled. With some simple steps, you and your doctor can help to prevent heart attacks. Also, the need for dialysis or transplant can be significantly delayed and perhaps eliminated.

WHO GETS CHRONIC KIDNEY DISEASE?

If you have high blood pressure, diabetes, a family history of

chronic kidney disease, have heart disease or are over 60 years old, you are at higher risk of CKD and should be screened for this problem.

HOW IS CHRONIC KIDNEY DISEASE DIAGNOSED?

CKD is diagnosed with (1) a blood test and (2) a urine test. The blood test is called a glomerular filtration rate or GFR. If the GFR is above 60, kidney function is adequate and the risks of major complications are minimal. Although not perfect, the easy way to remember this is that you are SAFE AT 60.

If the urine test shows protein, OR a GFR less than 60, then your doctor can give you a medicine called an ACE inhibitor or an ARB. These medicines will protect you from having your kidney disease worsen. ACE inhibitors always end with the last four letters "pril", such as enalapril or lisinopril. ARBs always end with "sartan", such as losartan. If the urine test shows blood, then a referral to a specialist is needed to find out why there is blood in the urine.

8 actions you can take to protect yourself if you have CKD

1. MEDICATIONS YOU SHOULD AVOID

NSAIDS and Cox-2 inhibitors raise blood pressure and make the kidney disease worse. (Motrin, Aleve, Advil, Ibuprofen, Naprosyn, Celebrex, Mobic, Relafen and others). If your GFR is below 60, you should have your doctor stop prescribing these medicines and you should avoid buying them over the counter.

METFORMIN is a diabetes medication that does not harm the kidney, but if the kidney starts to fail or there is not enough water in the system, called dehydration, there is a potentially fatal side effect called lactic acidosis. This side effect is rare, but when it occurs, the patient frequently dies.

BISPHOSPHANATES: These are used for the treatment of osteoporosis, a thinning of the bone that could cause fracture. These go under the names Actonel, Boniva, and Fosamax. If the GFR falls below 30, these should not be used. Before using these medications, make sure your Vitamin D level is sufficient. They will not protect your bones if there is not enough Vitamin D in your body.

PHOSPHATE PREPARATIONS: If you are having a colon test called a colonoscopy, to detect cancer, and the doctor prescribes Fleets, phosho soda, this can cause kidney failure even in normal people. Safer alternatives of Go-Lytely or Nu-lytely are available.

2. SEE IF YOU ARE ON AN ACE OR ARB: These medications help to reduce blood pressure and protect the kidney.

3. TAKE ASPIRIN 81 MG A DAY. BUT do not take this if you have a bleeding problem or are taking a blood thinner, like Coumadin, unless you discuss it with your doctor.

4. NUMBERS YOU SHOULD KNOW:

- Blood pressure should be less than 130/80
- Hemoglobin (blood count) should be greater than 12.0 for women or 13.5 for men
- Hemoglobin A1C (3 month average blood sugar control) should be less than 7.0
- HDL (good cholesterol) should be greater than 40
- LDL (bad cholesterol) should be less than 100
- Triglycerides (fats in the blood) should be less than 150
- Vitamin D should be greater than 30

5. EAT A HEALTHY DIET:

- If you have severe CKD of GFR less than 30, see a renal dietician.
- Drink lots of water
- Eat whole grains
- Eat fruits and vegetables
 - Be careful with potassium
 - Bananas and tomatoes are high in this
- Avoid excessive salt, sugar, and alcohol

6. BE ACTIVE: Find something you enjoy and do it.

7. QUIT SMOKING:

- Smoker's quit line xxx-xxxx
- Talk to your Doctor

8. "SAVE AN ARM" and AVOID PICC LINES: Have all blood draws done from your dominant arm. If you are right handed, have it drawn you're your right arm. PICC lines are placed to give long term antibiotics at home. Make sure a kidney specialist approves their use before getting one. This is done, because if you eventually do need dialysis, your arm will be used for access instead of your neck.

Diabetes Self Management

A Patient's Guide



What is self management?

Self management is what you do every day; you decide what to eat, you decide whether to exercise, you decide if and when you will check your blood sugar or blood pressure, and you decide if you will take your medications.

Every one does self management, but the best self management leads to good control of diabetes and better health.

What is good diabetes control?

Good control for diabetes means:

- Your hemoglobin A 1 C is less than 7
- Your systolic blood pressure (top number) is less than 130
- Your diastolic blood pressure (bottom number) is less than 70
- Your LDL (bad) cholesterol is less than 100
- You do not have frequent low blood sugar (hypoglycemia) attacks

If your diabetes is not in control, something needs to change

Some changes that you can do to help get diabetes into good control include:

- Choosing healthier types and amounts of food
- Including walking or other exercise in your normal daily routine
- Monitoring your sugar more often
- Changing your medications to lower your blood sugar
- Stopping smoking
- Managing stress and depression
- Changing medication to improve your cholesterol or lower your blood pressure

You must decide what changes you are willing and able to make.

To start, answer this question **“What is the one thing you would like to do this week to improve your health?”**

Write your answer below:

To reach your goal, you need to have a plan. Your plan needs to be specific.

Write down your answers to the following questions. Your doctor or nurse will discuss your goal and help you plan for success.

What will you do?

When will you do it?

How will you do it?

Where will you do it?

How often will you do it?

The things that could make it hard to achieve my goal are:

My plan for overcoming these difficulties is:

People who can help me achieve my goal:

We want to support you and help you make your healthy change.

Please call in one week to tell us about your progress or tell us about problems that are making progress difficult.




The best way for us to help is to hear from you about how things are going

Call xxx-xxx-xxxx and leave a voice message for your Diabetes Team Nurse.












Change is difficult

- You may not succeed at first.
- You can always start over.
- Every day is a new chance to do something good for yourself

Diabetes care: The ABCs to better health

		How often	Ideal level	Your result
	A1c measures blood sugar control <i>Lowering your A1c reduces diabetes complications</i>	Every 3-6 months	less than 7%	
	B lood pressure control <i>Lowering your blood pressure reduces strokes</i>	Every visit	less than 135/80	
	C holesterol (LDL) level <i>Lowering your LDL level reduces heart attacks</i>	Every year	less than 100 mg/dl	
	D iabetes kidney microalbumin test <i>Treating early kidney damage may prevent dialysis</i>	Every year	less than 30 mg/gm	
	E ye exam: if your last eye exam was abnormal if your last eye exam was normal <i>Detecting early eye damage may prevent blindness</i>	Every year Every 2 years		
	F oot exam <input checked="" type="checkbox"/> observe the feet <input checked="" type="checkbox"/> check pulses <input checked="" type="checkbox"/> test sensation <i>Helps prevent serious foot infections and amputations</i>	Every year		
	G oals for self-management <input checked="" type="checkbox"/> My goal: _____ <i>Helps you better control your diabetes</i>	Every visit		
	H ome glucose testing <i>Ask your doctor if this is right for you</i>	Varies		
	I mmunizations and Heart Medications <input checked="" type="checkbox"/> Influenza (<i>Flu vaccine</i>) <input checked="" type="checkbox"/> Pneumonia (<i>Pneumovax</i>) <input checked="" type="checkbox"/> Statins and Aspirin - <i>reduce heart attacks</i> <i>Immunizations help prevent serious infections</i>	Every year At least once Daily if needed		
	J ust ask for a referral to <input checked="" type="checkbox"/> Diabetes Education Classes <input checked="" type="checkbox"/> Nutrition Counseling <input checked="" type="checkbox"/> Weight Management Programs <input checked="" type="checkbox"/> Smoking Cessation Programs	Varies		

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	I mmunizations and heart medications <input checked="" type="checkbox"/> Influenza (flu vaccine) <input checked="" type="checkbox"/> Pneumonia (Pneumovax) <input checked="" type="checkbox"/> Statins and aspirin <i>Immunization helps prevent serious infections and heart medications reduce heart attacks</i>	Every year At least once Daily if needed		
	J ust ask for a referral to: <input checked="" type="checkbox"/> Diabetes education classes <input checked="" type="checkbox"/> Nutritional counseling <input checked="" type="checkbox"/> Weight management program <input checked="" type="checkbox"/> Smoking cessation program	Varies		
	K ids in your future? <input checked="" type="checkbox"/> Folic acid supplement <i>Controlling your blood sugar reduces risks to your baby</i>	Daily		