



The Renal Pharmacist

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**Help
Wanted !!!**

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View from the Chair ...

Dear Renal Pharmacists Network Members,

As we enter another exciting year for the Renal Pharmacists Network, I would like to give you an update of activities that have occurred since I started my term as Chair in September 2002.

In November 2002, the RPN participated for the first time in the Canadian Association of Nephrology Nurses and Technologists conference (CANNT) in Toronto. It was a huge success. The RPN gained national exposure at this conference and many renal pharmacists took part by giving oral presentations, submitting posters, sitting on the organizing committee, and participating in other areas of the conference. A RPN luncheon was held at the conference, which gave renal pharmacists from across Canada the opportunity to network and discuss key issues affecting their practice. The RPN plans to make this an annual event so be sure to watch for announcements on next year's conference to be held in Vancouver, BC.

The RPN hosted a satellite symposium at the Professional Practice Conference (PPC) in Toronto on February 2, 2003. Attendance for this luncheon symposium was outstanding. Dr. Phil McFarlane was the guest speaker, and gave the audience a sneak preview of the upcoming Canadian Diabetes Association Diabetic Nephropathy Guidelines, which will be published later this year.

A goal of the RPN is to continue to grow by aligning ourselves with national conferences. This year, the RPN will participate in the CANNT and PPC conferences. However, we also want to continue to offer local educational meetings for renal pharmacists in Ontario. We continue to recognize the value of networking with others in our own province. We encourage renal pharmacists in other provinces to do the same so that when we do go national, smaller groups will have already been formed. The next educational meeting will be held in April. Watch for an announcement of a special guest speaker and remember to check out the website www.renalpharmacists.net for the latest news on upcoming events.

Wishing you a successful 2003,
Lori MacCallum, *Chair, Renal Pharmacists Network*



CANNT SUCCESS!!!!

Congratulations to all those who participated in the Canadian Association of Nephrology Nurses and Technologists conference (CANNT) in November 2002. The Renal Pharmacists Network was well represented with thirty-two members in attendance. Among these, seven speakers were sponsored by the RPN, including three pharmacist speakers for symposiums.

The next CANNT conference will be held in Vancouver, BC in the Fall of 2003. Please put your thinking caps on and submit your posters and abstracts to Roza Berkowitz. All submissions will be reviewed. The RPN will be sponsoring speakers for next year's event as well.

CHECK OUT OUR WEBSITE AT www.renalpharmacists.net

Impact of a Nephrology Pharmacist's 6-monthly follow up assessment with Hemodialysis Patients

Lisa Sever, Patricia Sinnott, Brenda Bruinooge, York Region Dialysis Program, Richmond Hill, ON

Presented as a poster at CANNT 2002, Toronto, ON

Nephrology pharmacists are a relatively new addition to the "renal team". Most hemodialysis (HD) centres now involve a pharmacist in the initial assessment of patients starting HD to identify and resolve drug-related problems and provide medication education. Typically, the pharmacist is then involved with the patient on a consult basis only (either MD, RN or patient directed). At our centre we set a standard of care which mandated that the pharmacist assess each patient and their medication therapy every 6 months.

All patients are assessed by the nephrology pharmacist(s) using a standardized assessment form. Six monthly follow-up assessments were implemented in May 2001. The nephrology pharmacy technician was a key player in setting up the follow-up schedule. The pharmacist familiarized herself with recent bloodwork trends, the current medication list in the HD chart and reviewed the patient's medical history prior to the assessment. Patients/caregivers were asked to bring in their medications or an up-to-date list for the review. Patients assessed during January 2002 – March 2002 had their interventions analyzed retrospectively.

Sixty patients were assessed during January 2002 – March 2002. Nine of the 60 patients required no interventions. The pharmacist identified 104 interventions in the remaining 51 patients. The interventions were classified as follows: dosing administration time change (21%), patient requires medication therapy (19%), education provided (19%), lab test suggested (12%), dosage adjustment (11%), no indication for a medication (10%), drug coverage issues (4%) and alternative medication suggested (4%).

A 6 monthly follow-up approach is beneficial to the patient as it allows the pharmacist and patient an opportunity to develop a covenant relationship between them. The patient will be more likely to seek out the pharmacist for their drug-related

needs if they are familiar with their pharmacy team member. These retrospective results indicate that pharmacists can have an impact on patients taking their medications correctly, and ensuring their medications are adjusted, started or stopped in a more timely manner.

Future multi-centre, blinded studies in which a rating scale for the interventions made by the pharmacist would be desirable. Further documentation demonstrating the value of the pharmacist in direct patient care would benefit patients in the dialysis unit and provide data necessary for administrators.

Assessment of Outcomes of Intradialytic Parenteral Nutrition

Nancy Cherry, B.Sc. (Pharm), Karen Shalansky, Pharm.D. Pharmaceutical Sciences CSU, Vancouver General Hospital, Vancouver, BC

Presented as a poster at CANNT 2002, Toronto, ON

ABSTRACT

Objective: Patients with end-stage renal disease often suffer from malnutrition. One modality used to treat malnourished hemodialysis patients is intradialytic parenteral nutrition (IDPN), a multi-component nutritional supplement. The primary outcome of this trial was to determine the effects of IDPN on weight and serum albumin in a large tertiary-care institution.

Patients and methods: All patients who received IDPN for greater than 1 month from program inception in June 1997 to December 2000 were analyzed. Patients received IDPN as amino acid 10% 250 mL or 500 mL, dextrose 50% 250 mL and fat emulsion 20% 250 mL. IDPN was administered during each hemodialysis run three times weekly. Data was collected at 6 and 3 months prior to IDPN administration as well as at baseline, 3, 6, 9, and 12 months post-therapy. Therapeutic efficacy was assessed by percent change from baseline of dry weight and serum albumin.

Results: Twenty-six courses of IDPN in 24 patients met inclusion criteria. The mean duration of treatment was 4.3 months. A significant decline in dry weight was observed at both 6 and 3 months prior to IDPN initiation. Dry weight increased from baseline and achieved significance at 6, 9 and 12 months post-therapy. Serum albumin also significantly improved from baseline at 3 and 9 months. Compared to baseline, there was a three to four-fold increase in the percent of patients with serum albumin greater than or equal to 34 g/L. Adverse drug reactions consisted primarily of excess fluid gain and hyperglycemia.

Conclusion: IDPN significantly increased both weight and serum albumin in malnourished hemodialysis patients.

ARTICLES OF INTEREST

Please refer to the website www.renalpharmacists.net for a more complete list and links to the abstracts.

Development and progression of nephropathy in type 2 diabetes: The United Kingdom Prospective Diabetes Study (UKPDS 64). Amanda I. Adler, Richard J. Stevens, Sue E. Manley, Rudy W. Bilous, Carole A. Cull, Rury R. Holman, on behalf of the UKPDS GROUP. *Kid Int* 63(1):225-232.

Quinine pharmacokinetics in chronic haemodialysis patients. Louise Roy, Martine Leblanc, Pierre Bannon, Jean-Pierre Villeneuve. *British Journal of Clinical Pharmacology* 54(6): 604-9.

Randomized trial of darbepoetin alfa for treatment of renal anemia at a reduced dose frequency compared with rHuEPO in dialysis patients. Yves Vanrenterghem, Peter Bárány, et al. on behalf of the European/Australian NESP 970200 Study Group. *Kid Int* 62(6): 2167-75.

Sodium ferric gluconate complex in hemodialysis patients. II. Adverse reactions in iron dextran-sensitive and dextran-tolerant patients. Daniel W. Coyne, N. Franklin Adkinson, Allen R. Nissenson, Steven Fishbane, et al. *Kid Int* 63(1): 217-224.

Alteplase Versus Unokinasé for Occluded Hemodialysis Catheters. James M Zacharias, Christine P Weatherston, Candace R Spewak and Lavern M Vercaigne. *Ann Pharmacother* 2003;37:27-33.

Iron sucrose: the oldest iron therapy becomes new. Yee J, Besarab A. *Am J Kidney Dis*. 2002 Dec; 40(6):1111-21. Review.

Association between vascular access failure and the use of specific drugs: The Dialysis Outcomes and Practice Patterns Study (DOPPS). Rajiv Saran, Dawn Dykstra, et al. *Am J Kidney Dis*. 2002 Dec; 40(6):1255-63.

Differential effects of acute administration of 19-nor-1,25-dihydroxy-vitamin D₂ and 1,25-dihydroxy-vitamin D₃ on serum calcium and phosphorus in hemodialysis patients. Daniel W. Coyne, Marvin Grieff, Shubhada N. Ahya, Karla Giles, Kathy Norwood, Eduardo Slatopolsky. *Am J Kidney Dis* 2002 Dec; 40(6):1283-8.

The prevalence and treatment of depression among patients starting dialysis. Suzanne Watnick, Paul Kirwin, Rex Mahnensmith, John Concato. *Am J Kidney Dis* 2003 Jan; 41(1):105-110.

The provision and outcomes of diabetic care of hemodialysis patients. Ronald P. Flauto, Janeen B. Leon, Ashwini R. Sehgal. *Am J Kidney Dis* 2003 Jan; 41(1): 125-131.

Efficacy of the accelerated hepatitis B vaccination schedule used in haemodialysis patients post-exposure to virus: a single-centre experience. Kevin Eardley, Helen Jones, Husam Osman, Steve A. Smith. *Nephrol Dial Transplant* (2002)17:1982-7.

The role of theophylline in contrast-induced nephropathy: a case-control study. Aditya Kapoor, Sudeep Gulati et al. *Nephrol Dial Transplant* (2002) 17:1936-41.

Mild renal insufficiency is associated with increased cardiovascular mortality: The Hoorn Study. Ronald M.A. Henry, Piet J. Kostense, Griët Bos et al. *Kid Int* 62(4):1402-1408.

A comparison of transplant outcomes in peritoneal and hemodialysis patients. Jon J. Snyder, Bertram L. Kasiske, David T. Gilbertson, Allan J. Collins. *Kid Int* 62(4):1423-30.

PRODUCT NEWS

Introducing new Renagel® reimbursement helpline

1-866-401-8323

A new reimbursement HELPLINE has been set up to help acquire coverage for Renagel® for those patients awaiting applications from either private insurers or Section 8 requests.

The Renagel® reimbursement HELPLINE is open from 8:00 a.m. until 8:00 p.m. EST Monday through Friday.

SURVEY



- 1) Has your province agreed to cover the costs of Aranesp®?
- 2) Is your centre going to be using Aranesp®?
- 3) Will your centre have both Aranesp® and EPREX on formulary?
- 4) What patient population will be receiving Aranesp® at your centre?

Email your response to Lisa Sever at l.sever@aci.on.ca

HELP!!!

RPN still needs volunteers for the Secretary/Treasurer and Website Co-ordinator positions. If you can spare a couple of hours a month to devote to your renal profession, contact Lori MacCallum using the information on the front of the newsletter.

MEMBER PROFILE

Rosanna Fernandes



Rosanna has worked in the Nephrology field since the early 1990s. She has previous experience in acute care pharmacy, obstetrics, geriatrics and long term care. She also has some experience in retail pharmacy. She graduated from the University of Toronto in 1987 with

her BscPhm. She also holds a HonBSc in Biochemistry and Microbiology and a Masters in Biochemistry from the University of Waterloo.

She is currently at Orillia Soldiers Memorial Hospital and has been there for 15 years. She has developed the renal pharmacy program, the Renal Anemia Management Program (RAMP) and has been a speaker at many Optimal Care Coordinator sessions. Among her other achievements, she has been published in the provincial government publication, "Hospital Perspectives" and has appeared on the local cable TV station and regional TV station (the New VR) regarding her role as a pharmacist and a profile of RAMP.

Her most rewarding experience is working with the multi-disciplinary team to improve the quality of life of renal patients. The fact that she is able to make a positive difference in someone's life is the most rewarding experience of all. Her most challenging experience is dealing with the complexity of problems of the renal patients.

Her interests are walking, volunteering at her Church and for a Third World Mission Group. She is a self-taught interior decorator, likes to do crafts and loves reading. She cherishes her family life with her husband and teenage daughter Alisha.

Rosanna recently won the Pharmacy Practice Commitment to Care Award for Hospital Pharmacy. This appropriately recognizes her exceptional devotion and commitment to patients with renal disease. Congratulations Rosanna!

UPCOMING CONFERENCES

DIABETES UPDATE 2003 – Preventing Diabetes and Its Complications: How to make it happen

March 26, 2003, Toronto, ON, 7:45 a.m. to 5:00 p.m.

Metropolitan Toronto Convention Centre

North Building, 100 Level, 255 Front Street West, Toronto, Ontario

For complete course information: <http://www.bbd.org/educationalAct/update.htm>

4th Annual Scarborough Regional Dialysis Program Renal Symposium

April 26, 2003, Delta Toronto East Hotel

Please call (416) 438-2911 ext 6637 for more info.

RPN Education Meeting

Holiday Inn Yorkdale (Dufferin Street & 401), Toronto, ON

Dr. G. Bailie: "Dosing of antibiotics in automated PD"

April 3, 2003, 6-10 p.m.

NOTICE – ADDRESS / INFO CHANGES

Please forward any address/phone number changes to the Secretary/Treasurer, Andrea Fox. Her e-mail is foxa@smh.toronto.on.ca We are constantly updating our membership mailing list. Thank you.

Deadline for submissions for the next Newsletter is May 15, 2003. E-mail or call **Reshma Rathod**, Communications Co-ordinator, using the contact information on the front of this newsletter.

CALL FOR ABSTRACTS

CANNT 2003, Vancouver BC I would like to extend an invitation to renal pharmacists to encourage their participation as speakers or to submit posters/abstracts to this year's CANNT conference. For more information contact Joanne Jung jjung@providencehealth.bc.ca

CLASSIFIED

Wanted RPN e-mail group list – If you have never received an e-mail from Lisa Sever, then you are not on the RPN e-mail list. Please e-mail me your address if you wish to be included. The group e-mail is used for surveys, drug information questions, product news, newsletter submissions (please I beg you), etc. Drop an e-mail to l.sever@aci.on.ca

Check out the RPN Website at
www.renalpharmacists.net
on a regular basis for
2003 CE activities.

**A Great Big
THANK
YOU!** *To all of those who
contributed (especially the
new contributors!!) and to
ORTHO BIOTECH for printing
and distributing the
newsletter.*