The Renal Pharmacist

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ADDRESS/INFO CHANGES

Please forward any address/phone number changes to the Secretary/Treasurer. Her e-mail is julie.scott@grhosp.on.ca. We are constantly updating our membership mailing list. Thank you.

View from the Chair

Hello RPN members,

The fall season brings on a new executive for the RPN. We are excited to have Marisa Battistella from the University Health Network in Toronto join us as Vice Chair and Julie Scott from Grand River Regional Hospital in Kitchener as our Secretary. We welcome them to the executive and look forward to incorporating their ideas and expertise to the RPN team. I would also like to take this opportunity to thank our outgoing executive members for their great contributions over the past year.

In September, we hosted a continuing education event for RPN members in Toronto and were fortunate to have Dr. Sheldon Tobe present to us regarding the management of hypertension in the dialysis population. He shared his knowledge with us in this area and reflected on the hypertension guidelines from KDOQI. It was a great evening of education and provided us with an opportunity to meet our fellow renal pharmacists. Thank you to all for your comments and feedback. It will definitely help us in planning future events.

This past November marked the third year that the RPN has participated in the CANNT conference. Over the past three years we have had positive feedback not only from our RPN members but also from the nurses and nephrology technologists who attended the meeting. This year we were pleased to have six RPN presentations, an RPN networking luncheon, as well as several poster presentations and strong RPN attendance.

The executive is already in the planning stages for 2005 CE events, as well as conferences such as a luncheon symposium event on Wednesday February 9th at the Professional Practice Conference in Toronto. Hope you can join us from 12:40-2:10 p.m. to hear Karen Shalansky discuss the new MDRD equation to assess renal function. It definitely looks like an exciting educational year for the RPN.

Hope to see you at an upcoming event!

Jenny Ng
Chair, Renal Pharmacist Network

IN THIS ISSUE ...

Birth Control for the Hemodialysis Patient

Submitted by Lisa Sever, Nephrology Pharmacist, York Region Dialysis Program, Richmond Hill

A 35 year old female was referred for birth control options counselling. Her medical history included: hypertension (currently on 6 different classes of antihypertensives), hyperlipidemia, diabetes (insulin-dependent) and diabetic-induced nephropathy. She was maintained on thrice-weekly hemodialysis.

General options for birth control include:

1. Combination oral contraceptives (COC) – pills 21 vs 28 day, transdermal patch
2. Progestin-only – pills, depot injection, implants, medicated IUD
3. Mechanical – IUD, sponge, diaphragm, condom

Information gathered from the patient for ideal birth control included: effective, easy to use, preferably not mechanical and one that would not cause her to gain weight. If amenorrhea occurred, that was okay.

Based on her feedback, I ruled out mechanical options. She was in a monogamous relationship.

After reviewing the COC, it was evident that the estrogen component could increase her risk of DVT, MI and stroke when mixed with her significant medical history. These products were considered NOT AN OPTION.

Next step was to consider the progestin-only options. See the chart for comparison.

PROGESTIN ONLY BIRTH CONTROL OPTIONS

Option	Convenience	Side Effects	Cost	Effectiveness
Micronor (norethindrone)	Take 1 tablet daily	Mood swings, breakthrough bleeding, nausea, breast tenderness, headache, weight changes	Covered by her insurance and ODB	99.7% if taken every day at the same time, 95% if she misses a few pills
Depo-Provera (medroxy-progesterone)	I.M. injection Q 3 months (hemo RN could administer it)	As above, but may need to tolerate side effects for up to 3 months. Amenorrhea usually occurs after 6 months.	Covered by her insurance and ODB	99.9%
Mirena (levonorgesterol)	Medicated I.U.D. – inserted at MD office (usually stays in for up to 5 years). Usually recommended for women who have already had children.	Can exacerbate acne. May decrease the length of periods and can cause amenorrhea in 20% of patients in first year. Low systemic absorption of progestin	Covered by most insurance and ODB	Sterilization
Implanon (etonogesterol)	Rod inserted under skin of upper arm (can stay in for 3 years)	Irregular bleeding, 20% have amenorrhea	??	Sterilization

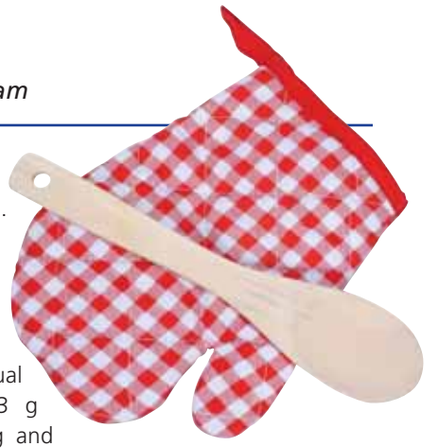
The following options were presented to the patient. She preferred the I.M. injection or the pills. Information pertaining to those options was sent home with her. She chose the Depo-Provera injection for its convenience and efficacy.

Given how important it is for any pregnancy for a hemodialysis patient to be planned, this was a great exercise for a Renal Pharmacist!!

Addendum: Pfizer issued in Nov 2004 that users of Depo-Provera may lose significant bone mineral density due to reduced serum estrogen levels. Other birth control options should be considered in women with osteoporotic risk factors. Given that most of our young dialysis patients will be transplanted or have problems with renal osteodystrophy, this must be considered an issue.

Kayexalate Candy

Submitted by Lisa Sever, Nephrology Pharmacist, York Region Dialysis Program



We have a patient who dislikes the taste of Kayexalate, so I went on a mission to see if we could find a way to make it more palatable.

Many thanks to our dietitian Marla and her colleague Donna for finding this recipe. It might be worth a try!

This comes from Am J Hospital Pharmacy 1978;35:1034.

Kayexalate candy

¼ lb margarine, softened

200 g Kayexalate powder

1 tsp maple extract (or other flavor)

¾ cup half-and-half (cream)

1 lb powdered sugar, sifted

Combine margarine and Kayexalate powder until well blended. Mixture will be crumbly. Mix extract with half-and-half and add to Kayexalate mixture, blending until well mixed. Add powdered sugar all at one time. Work mixture with fingers, if necessary, to combine into a soft ball.

Divide mixture into 40 equal pieces, approximately 23 g each, either by weighing and forming balls, or making a long roll, chilling, and slicing into 40 pieces. Dip in powdered sugar, if desired. Wrap individually and refrigerate. Each piece contains 5.0 g resin per 23 g piece of candy.

The candy, which has the consistency of soft fudge and a maple-flavored taste, serves as a vehicle for the medication and in addition provides 80 calories per piece. *In vitro* and *in vivo* testing have demonstrated the product's efficacy.

Keep out of Reach of Children!!

Member Profile – Jenny Ng

Jenny graduated with a Bachelor of Science in Pharmacy from the University of Toronto in 1996. She completed her pharmacy residency certification at Kingston General Hospital in 1997. Her past hospital pharmacy experience includes trauma, neurosurgery, medicine and geriatrics. She is presently the Clinical Pharmacist in Nephrology at Sunnybrook & Women's College Health Sciences Centre in Toronto. She works with outpatient Hemodialysis and Peritoneal Dialysis patients.

She is a preceptor for pharmacy students and is a facilitator for case study seminars with the Faculty of Pharmacy at the University of Toronto. She has presented various topics in nephrology including Anemia in Chronic Renal Failure, Medications in Dialysis and Bone Osteodystrophy. She recently presented at CANNT 2004 on Hectoral and the Hemodialysis Medication Profile.

Jenny loves working with renal patients because of the continuity of care. She enjoys developing a rapport with her patients. However, with the renal population growing exponentially, she finds it difficult to address all the needs of her growing patient load.

Jenny is currently the Chair of the Renal Pharmacists Network, having held the Vice-Chair position during 2003/4. She is a member of CSHP, and a past VP for the Canadian Chinese Association.

During her non-professional time, Jenny likes to golf, shop, cook and enjoy some wine tasting.

The RPN would like to say THANK YOU to Jenny for sharing her time and enthusiasm towards Nephrology pharmacy practice. We look forward to your leadership!

ARTICLES OF INTEREST

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

Efficacy and safety of lanthanum carbonate for reduction of serum phosphorus in patients with chronic renal failure receiving hemodialysis. Finn WF, *Clin Nephrol.* 2004 Sept; 62(3): 193-201.

A systematic review of sevelamer in ESRD and an analysis of its potential economic impact in Canada and the United States. Manns B, *Kidney Int.* 2004 Sept; 66(3): 1239-47.

Multidisciplinary predialysis care and morbidity and mortality of patients on dialysis. Goldstein M, *Am J Kidney Dis.* 2004 Oct; 44(4): 706-14.

The role of anemia in congestive heart failure and chronic kidney insufficiency: the cardio renal anemia syndrome. Silverberg DS, *Perspect Biol Med.* 2004 Oct; 47(4): 575-89.

Antimicrobial agents to prevent peritonitis in peritoneal dialysis: a systematic review of randomized controlled trials. Strippoli GF, *Am J Kidney Dis.* 2004 Oct; 44(4): 591-603.

Dialysis catheter-related bacteremia: treatment and prophylaxis. Allon M, *Am J Kidney Dis.* 2004 Nov; 44(5): 779-91.

Anemia management for hemodialysis patients: Kidney Disease Outcomes Quality Initiative (K/DOQI) guidelines and Dialysis Outcomes and Practice Patterns Study (DOPPS) findings. Locatelli F, *Am J Kidney Dis.* 2004 Nov; 44(5 Suppl 3): 27-33.

Residual renal function: considerations on its importance and preservation in dialysis patients. [Review] Chandna SM. Farrington K, *Seminars in Dialysis.* 2004 May-June 17(3):196-201.

Primary prevention of cardiovascular disease with atorvastatin in type 2 diabetes in the Collaborative Atorvastatin Diabetes Study (CARDS): multicentre randomised placebo-controlled trial. Colhoun HM, *Lancet.* 2004 Aug; 364(9435): 685-96.

Use of antibacterial agents in renal failure. Livornese L, *Infect Dis Clin North Am.* 2004 Sep; 18(3); 551.

Recent advances in understanding the pathogenesis of polycystic kidney disease: therapeutic implications. [Review] Cowley BD Jr, *Drugs.* 64(12):1285-94.

UPCOMING CONFERENCES

CSHP Professional Practice Conference
Feb 5-9, 2005
Westin Harbour Castle Hotel,
Toronto, Ontario
www.cshp.ca

RPN Satellite Luncheon
Wednesday Feb 9, 2005
12:40 - 2:10 p.m.
Harbour Ballroom C
Westin Harbour Castle Hotel,
Toronto, Ontario
"The New MDRD Equation to Assess Renal Function: How Does it Compare?"
Speaker: Karen Shalansky, Vancouver, BC

Annual Conference on Dialysis
Feb 28- March 2, 2005
Tampa, FL
www.muhealth.org/~dialysis

Diabetes Update 2005
April 8, 2005
Toronto, Ontario
www.cme.utoronto.ca

NKF Clinical Nephrology Meeting
May 4-8, 2005
Washington, DC
www.kidney.org

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.

BABY BOOM

The RPN would like to congratulate Marisa Battistella and her husband on the birth of their son. We wish you all the best for the future.

CONDOLENCES

The RPN would like to extend their condolences to Gigi Wo and her family on the unfortunate loss of her mother in early October 2004.

Check out the RPN Website at www.renalpharmacists.net on a regular basis for 2005 CE activities.

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