



Hello welcome to another episode of Renal Diet Headquarters podcast. This is episode number 38 and this is Mathea Ford, your podcast announcer I guess or host.

This week we're going to talk about what medications and treatments are best for anemia. And last week we talked extensively about what is anemia? What types of things

cause anemia? Why you get anemia when you have chronic kidney disease? What are the signs and symptoms? And so this week I want to progress that discussion by talking about what medications and treatments that people with kidney disease should investigate or should talk to their doctor about.

This week I want to also remind you that this is information that I have a book on, and it's called [Anemia and Chronic Kidney disease](#). You'll find a link to that in the show notes and you'll also find information about our latest product [The Caregiver Guide](#) and it talks about how dealing with chronic kidney disease and moving forward with that diagnosis and understanding what might happen and some worksheets and planning sheets for dealing with the disease, and being a good caregiver, kind of the way to take care of yourself as well as that person that, you're responsible for caring for whether it's your parents or it's your spouse or it's a family member. All of these things can be very stressful, so it's a way to help you find the way to sanity, I guess is the best way to put it.

So anyway... but the topic this week. I want to talk about treatment and medications for anemia with kidney disease. Again the reason why people get anemia with kidney disease is because the kidneys have a lot of effect on your overall iron levels and your levels of Epogen EPO... not Epogen erythropoietin and in your body and if you can get those to a normal level your body will make those red blood cells. But a lot of times they're generated by the kidneys, and the kidneys are not functioning properly. And so you don't always get that signal to make more red blood cells. Treatment for anemia will often depend on the type of anemia that you have. So last time I talked about you might have iron deficiency, you might have foliate of B6, you might have B12 deficiency.

Iron supplements may be helpful and you need to talk to your doctor but once you know you have anemia then you have those supplements and what will happen is you'll get diagnosed with anemia through a blood test. And your doctor will probably do additional blood tests depending on what information they get from the first round. But usually you'll get the hemoglobin and hematocrit if it's low, they will look into other things. And those should be able to guide you as to what type of anemia that you have.

But a lot of people are treated with the iron and then an ESA, which is a Erythropoietin Stimulating Agent, which means it, causes your body to create the erythropoietin. And that should be red blood cell production. The brand names of that is called Epogen or Procrit. I am going to have a hard time with this word. Darbepoetin Alfa is another one and it is long acting it's only given once a week or once every other week. You might get B12 and folic acid to make sure you have the proper levels of those in your blood.

In the past, if you know much about anemia and if you've had anemia before, it used to be treated with blood transfusions and they will give you a blood transfusion. But around 1990, it started to becoming more popular to treat anemia with these EPO,

Epogen and Procrit because, first of all, it cause less allergic reaction. So instead of getting someone else's blood and risking getting a risk of infection, their body would then generate the red blood cells that they need. They have these drug these ESAs. These are called retro epoetin therapy. ESAs. It can be an injectable thing and it can cause you... it either gives us the EPO that your body is not making or it causes your body to make it a little more.

Sometimes if you're on dialysis, they give it as a part of your dialysis process. Sometimes they give it to you as a shot. It's adjusted until your hemoglobin is in the target range of 11 to 13 grams per deciliter. Hemoglobin levels are monitored at least once a month, if you are taking these and the continue dosage will depend on your needs and doctors discretion and what your insurance will pay for.

Let's be really honest. Sometimes decisions are made based on what insurance will pay for. And what happens a lot of times is that you get your hemoglobin to 11 and the insurance company will not pay for another EPO shot until your hemoglobin falls low again. So most people do still feel okay at a little bit below 11 and so when your blood level gets low then you get that EPO again and it will bring it back up but be aware that sometimes insurance will not pay for another EPO shot if you're above 11.

It's recommended by the FDA that you need to get between 10 and 12 on your hemoglobin level. And they... another thing about getting the hemoglobin level too high is that there's a concern that you could have an increased risk of heart attack or stroke or heart failure. People with chronic kidney disease already have a higher risk of heart attack just because of all the factors going into having developed chronic kidney disease and the way your kidneys are functioning. You have a higher risk of heart disease and heart attack. So they aren't going to do anything that put you at even a higher risk. So a lot of ways they keep it between 10 and 12 and let you kind of fall below 11. So that they don't get you over 12.

It's important if you're taking any ESA to call your doctor if you have pain in your legs, like maybe a clot, swollen legs, blood pressure problems, dizziness, fatigue. Any sort of things that are out of the ordinary, so don't think just because this is causing you to have a hormone Erythropoietin that's already in your body. It's like... okay will it's not going to cause any side effects, it can cause side effects. They're very successful, ESAs are very successful, but if you have for example iron deficiency you need to take the iron also to help with making more blood cells so your body has those available to make.

If you don't increase in your iron levels once you start the ESA, I'm sorry iron levels if your anemia doesn't improve - then they'll check your iron again and they may determine that you need something else. But they also usually tend to give you the iron at the same time so both of those you should be taking and they may question you know, are you taking a question are you taking the properly? The best way to take iron is with some sort of acidic item, like an orange juice or something. Now I know on chronic kidney disease orange juice is not a good thing take, and tomato is not either but, making sure that it's not... that's just the best way to get absorbed but just don't take it with milk. Allow your body to maybe take it on an empty stomach or something. Where you are going to get it absorbed in the best way possible.

Usually what they find and the research has been done, that you get a better quality of life when you don't have any anemia. Or when you got treat... when you've treated for anemia. I myself had some pretty significant anemia a couple years ago, due to some other health problems and, I can tell you that once I was treated - and I really just took iron and I did drink orange juice with because I don't have chronic kidney disease, but I just made sure that I was taking my iron and it was doing well. And then I was doing some other things that helped me to build up my iron stores, eating proper foods. And those things helped me to feel better, I was extremely tired and just lethargic, you know so I know how it feels to have anemia and to have problems

with it. When you get this therapy you're giving your heart and your brain in yourself and your body more oxygen and so you have better cognitive function. Better sleep, better sexual function, better you know able to walk further, do more activities of daily living. Those things all can help when you have that improvement in your... with the EPO.

Supplementing with iron will only be beneficial if low iron is the reason why you have anemia. If that's not reason then it won't help just take an iron supplementation so make sure that you ask your doctor if you need to... don't just do it out of okay I need to take iron, I have anemia.

Supplemental iron is given in order to avoid iron deficiency and to help sustain sufficient iron stores. So that you can hold that hemoglobin where it needs to be. If your iron levels are low the ESAs won't be very helpful. And then... they work together synergistically so having the ESA and having the iron is also helpful.

Now like I said make sure that your doctor knows what medications you're taking, but some ways that you can have problems iron because it can cause you to be more constipated. So something that's important to remember when you're taking your iron is that some medications can actually hinder the absorption process, so it is important to wait at least two hours after taking a supplement before taking any antacids or antibiotics.

Don't take your iron tablets with the same time that you take your phosphate binders, if you take those. Take your iron tablets between meals, like I was saying on an empty stomach. If your stomach gets upset, then take iron tablets at bedtime, before you go sleep that can help.

Don't take iron with alcohol, coffee or milk, all of those... help do not increase the absorption. Only take the amount your doctor prescribes. And work with your

dietitian to increase your intake of iron rich foods that will help you to have a better iron levels in your body. And cooking in an iron skillet can help because sometimes that iron is absorbed into your food and I personally think the food taste better when you cook in an iron skillet, but that's me.

Other supplements... supplemental B12 and foliate might be necessary if you have that deficiency. But you need to talk to your doctor and your doctor needs to diagnose you with those deficiencies.

I talked last time about how you can know how iron... how B12 and B6 deficiency can occur.

That's what I wanted to go over this week and talk about medication and treatments for anemia. And anemia can be a very important diagnosis to keep up with; you need to know if you have it. You need to know what you need to do about it. Be aware that it could be causing the fatigue and tiredness for you, so you need to be doing what you can to avoid having that continue to prolong and basically make you depressed, make you tired, make you weak, unable to do other activities.

It is important that you're able to do as much as you can for yourself and don't let that anemia slowly down. So do what you can because it is completely treatable. That's what I wanted to talk about this week. And next week we'll be talking about some iron rich foods and ways that you can eat a little better to improve your iron stores.

So thanks for listening and I look forward talking to you again next week. Send me e-mails [podcast@renaldiethq.com](mailto:podcast@renaldiethq.com) for any comments and suggestions. Thank you.