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Nephron News has changed its name to Nephron Digest

The February issue of Nephron Digest concentrates on the following topics discussed in Nephron Clinical Practice Vol. 111, No. 2, 2009: Encapsulating peritoneal sclerosis; Management of severe secondary hyperparathyroidism (sHPT) and the associated renal osteodystrophy, and predictors of erythropoiesis-stimulating agents (ESA) use in non-dialysis CKD.

I would like to point out that nephrologists worldwide need to be aware that the management of anemia and bone and mineral disorders in CKD patients impact on patients' morbidity, QoL and mortality. Optimization of care is therefore essential to improve outcomes.

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Augustine and colleagues from the UK (2009;111:c149-c154) address an important, serious and often underestimated complication of long-term CAPD, namely encapsulating peritoneal sclerosis (EPS): In their review, they highlight the clinical, pathological as well as radiological features of EPS and discuss the pathophysiology of peritoneal fibrosis which shares common pathways with other forms of fibrosis including a putative important role attributed to transforming growth factor-beta 1. Moreover, the authors not only introduce a list of recommendations and guidelines for early detection and management of EPS, but they also draw attention to the recently formed UK EPS registry and DNA bank to foster clinical collaboration and research in the field. This registry is supported by the International Society of Peritoneal Dialysis (ISPD) and the Kenyon Gilson Fund. Readers with an interest in the field should contact Dr Martin Wilkie at the Sheffield Kidney Institute, Sheffield, UK. (martin.wilkie@sth.nhs.uk)

Silvia Stracke and her colleagues from Ulm, Germany (2009;111:c102-c109) make a case for total parathyroidectomy (tPTx) without autotransplantation for the management of severe secondary hyperparathyroidism (sHPT) and the associated renal osteodystrophy.

Their data is of interest, but caution should be exerted when advocating tPTx in ESRD patients treated by dialysis as this can lead to severe suppression of PTH release and adynamic bone disease. Of concern is the risk of vascular calcifications associated with adynamic bone in the face of vitamin D therapy and calcium supplementation. It is now well established that bone, mineral and vascular disease form a continuum in patients with ESRD, whereby loss of bone mineralization is often associated with a shift of calcium deposition away from the bone into soft tissues and vessels. It is important to apply a holistic approach to the management of bone, vascular and mineral disorders in ESRD patients, thus avoiding to treat the bones at the expense of the vessels. After all, ESRD patients die from cardiovascular disease precipitated in many instances by severe and accelerated vascular calcifications.

Allan Collins and his colleagues from Minneapolis, Minn. (2009;111:c141-c148) discuss the predictors of erythropoiesis-stimulating agents (ESA) use in non-dialysis CKD.

Their study shows the low use of ESA in US CKD patients not on RRT (7%), at the same time highlighting the fact that referral to CKD-specific care is an important predictor of ESA use.

A recent publication by Finkelstein et al. from Yale, New Haven, Conn. (CJASN 2009;4:33-38) also demonstrates that increasing hemoglobin (Hb) levels impact on Quality of Life (QoL) parameters including energy/vitality and the general health score. The most dramatic QoL improvements occurred between the <11g/dl when compared to the 11 to 12g/dl group. These findings have implications for the care of CKD patients in terms of the initiation of ESA therapy. However, issues related to the use of ESA in CKD have recently focused on target Hb levels with suggestions that high Hb levels (>12.5g/dl) may be detrimental to patients with CKD/ESRD and/or that high levels of administered ESA may be associated with increased risk including that of malignancies. The US Food and Drug Administration has inserted a boxed warning for ESAs and, along with the National Kidney Foundation-Kidney Disease Outcomes Quality Initiative (KDOQI), decreased recommended target Hb ranges for ESA therapy. Caution may be warranted when prescribing ESAs in patients with ESRD and a recent history of cancer.