

Patient Information: **Medicines**



# Medicines for anaemia and mineral bone disease



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## What is this leaflet about?

Medicines can be used to help the symptoms of chronic kidney disease (CKD), which include anaemia and mineral bone disease. This leaflet is to give you more information about your medicines and some of the possible side effects. For more information ask your doctor or pharmacist or dietician.





## What do the medicine names mean?

**Most medicines have two names: the real (drug) name and the brand (company) name.** In this article, the brand name will be indicated by the use of a capital first letter, and inverted commas – like 'Renacet®'. Doctors tend to use the real name of the drug.



## What types of medicines may I need?

Some of the most common medicines that you may be prescribed include:

Medicines that treat mineral renal bone disease,

Medicines to help to stop phosphate being absorbed from your diet:

Phosphate binder	When to take	Side effects
Aluminium hydroxide ('Alucaps®')	Swallow whole 10-15 minutes before meals	Constipation, and if taken for a long time aluminium may build up in the body
Calcium acetate ('Renacet®', 'Phosex®')	Swallow whole 10-15 minutes before meals	Feeling sick, can raise calcium levels
Calcium Carbonate ('Calcichew®')	Chew 10-15 minutes before meals	Chalky taste, can raise calcium levels
Lanthanum ('Fosrenol®')	Chew during or just after meals	Feeling sick if taken on an empty stomach
Sevelamer ('Renvela®', 'Renagel®')	Swallow whole just before meals	Feeling sick
Sucroferric oxyhydroxide ('Velphoro®')	Chew just before meals	Black stools
Water tablets (diuretics)	Furosemide, bendroflumethiazide, spironolactone	Dehydration, dizziness, increase or decrease in potassium levels in the blood.



**Note:** these medicines should be taken with meals and snacks containing phosphate. Your dietician will talk to you about avoiding phosphate-rich foods. Don't take antibiotics at the same time as your phosphate binder as this will stop both from working.

### **Other medicines to help with renal bone disease:-**

- Vitamin D tablets - alfacalcidol, calcitriol, and paricalcitol. These help to balance your calcium levels and control your parathyroid hormone (PTH) level. They are usually taken once a day or three times a week after haemodialysis. Note: these medicines can also cause the calcium level in the blood to rise. Side effects also include feeling sick – try taking with food. These are not the same as the vitamin D supplements you get from the chemist as they are specially made for kidney patients.
- Cinacalcet. This is a medicine for patients with very high levels of parathyroid hormone who are not able to have a parathyroidectomy operation. It is used to bring down your parathyroid hormone level in your blood. This drug has the advantage of not raising calcium levels, but levels still need to be monitored. Side effects include feeling sick and abdominal pain. It is best taken with food. Etelcalcitide is an intravenous (given straight into your blood stream) version of cinacalcet which may be used if you can't take cinacalcet.



## Medicines that treat anaemia

**Many patients with kidney failure have a condition called anaemia. This means that they have a lack of red blood cells in their body.** Red blood cells carry oxygen around the body. Your kidneys help the production of red blood cells in the body by making a substance called erythropoietin (EPO). When your kidneys do not work, they produce less EPO and you also absorb less iron from your food. This can make you anaemic which can make you feel very tired.

- Iron tablets can be taken, for example ferrous (iron) sulphate tablets. These are often taken three times a day. Side effects include indigestion, black stools, and feeling sick. If they make you feel sick, try taking them with meals. Do not take at the same time as some antibiotics and calcium tablets. If your stools suddenly become very black, tell your doctor.
- Iron injections. Iron can be given into your blood stream if you cannot take it by mouth or are on dialysis. Venofer<sup>®</sup>, Diafer<sup>®</sup> and Monofer<sup>®</sup> are types of iron injections. Rarely people can have an allergic reaction to iron, which can be serious. People sometimes get a metallic taste in their mouth after an iron infusion.
- EPO or erythropoietin stimulating agents (ESA) injections (for example 'Eprex<sup>®</sup>', 'NeoRecormon<sup>®</sup>', 'Aranesp<sup>®</sup>') Note: ESA injections can be given as an injection under the skin, or directly into your blood stream on dialysis. The dose can vary from three times a week, to once a month. They can cause the blood pressure to go up so this will be monitored by your doctor.



## Looking after your medicines

**You should store your medicines in their original packet in a cool, dry place out of the sight and reach of children.**

Do not get rid of any expired or unwanted tablets by flushing them down the toilet or throwing them away. Take them to your local pharmacy who will dispose of them for you.



## Where can I find out more information?

- Patient View: [www.patientview.org](http://www.patientview.org) – online access to your health records. Ask your renal unit for details about how to join
- Think kidneys website: [www.thinkkidneys.nhs.uk/ckd/information-for-the-public](http://www.thinkkidneys.nhs.uk/ckd/information-for-the-public)



[www.kidneycareuk.org](http://www.kidneycareuk.org)



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