Commonly used drugs

Introduction
Most drugs, rather confusingly have two names: the real (doctors’) name and the trade (company) name. So, for example, ‘Neoral’ is the company name for ciclosporin. In this article, the trade name will be indicated by the use of a capital first letter, and inverted commas – like ‘Neoral’. Doctors tend to use the real name of the drug.

Antibiotics used after transplantation
• Amphotericin (prevents fungal infection)
• Co-trimoxazole (prevents a type of pneumonia called pneumocystis, or PCP or CDC)
• Isoniazid (prevents tuberculosis)

Note: these tablets can usually be stopped six months after a transplant.

Antibiotics used to treat haemodialysis line infections
• Gentamicin
• Vancomycin

Note: usually given as a single dose injection, then blood levels need to be measured.

Antibiotics to treat peritonitis in peritoneal dialysis patients
• Gentamicin
• Vancomycin

Note: usually given as a course, either intravenously or in the dialysis fluid; then blood levels need to be measured.
• Ciprofloxacin.

Drugs that lower blood pressure (antihypertensive agents)
• Calcium antagonists (amlodipine, felodipine, nifedipine, diltiazem, verapamil)
• Beta-blockers (atenolol, bisoprolol, propranolol)
• Alpha-blockers (doxazosin)
• ACE-inhibitors or ‘Prils’ (lisinopril, perindopril, ramipril)
• ARBs or ‘Sartans’ (losartan, candesartan, irbesartan, valsartan)

Note: all BP tablets, if given in too high dosage, can cause low blood pressure and dizziness. ACE-inhibitors and ARBs can increase the potassium levels in the blood and cause or worsen kidney failure.

Water tablets (diuretics)
• Bumetanide
• Furosemide
• Metolazone (very strong)

Note: if given in too high dosage, these tablets can cause dehydration, low blood pressure and dizziness. Spironolactone can cause the potassium levels in the blood to rise.

Drugs that control renal bone disease
Phosphate binders
• Aluminium hydroxide (‘Alucaps’)
• Calcium acetate (‘Phosex’)
• Calcium carbonate (‘Calcichew’)
• Sevelamer (‘Renagel’)

Vitamin D tablets
• Alfacalcidol
• Calcitriol
• Paricalcitol

Note: these tablets can also cause the calcium level in the blood to rise.

Cinacalcet
Note: This drug has the advantage of not raising calcium levels.

Drugs that increase your blood count (control anaemia)
• Ferrous (iron) sulphate tablets
• Iron injection
• ESA injections (‘Recormon’, ‘Aranesp’, ‘Mircera’)

Note: ESA injections are often given under the skin, from three times a week, to once a month. They can cause the blood pressure to go up.

Continued...
Drugs that thin your blood
- Aspirin
  
  **Note:** low dose aspirin (75mg once a day) is safe in kidney failure.

Drugs that reduce cholesterol in your blood ('statins')
- Atorvastatin
- Simvastatin
- Pravastatin
- Rosuvastatin
  
  **Note:** 'statins' can cause muscle pain; or cause, or worsen, kidney failure.

Drugs that reduce acid in your stomach (antacids)
- PPIs (omeprazole, lansoprazole)
- H2-anatagonist (ranitidine, cimetidine)
  
  **Note:** short courses (6 weeks) are recommended.

Drugs that relieve constipation
- Lactulose
- Senna
  
  **Note:** these are commonly prescribed to patients on peritoneal dialysis.

Drugs that reduce itching (antihistamines)
- Chlorpheniramine
- Hydroxyzine
  
  **Note:** these tablets are not that effective, and may make you drowsy. It may be better to have an increased dialysis dose.

Restless legs
- Clonazepam
  
  **Note:** this is a sleeping tablet that has been found to be effective for restless legs.

Drugs that suppress the immune system (Immunosuppressants) after a transplant
- Less strong: prednisolone.
- Stronger: azathioprine or mycophenolate mofetil. Mycophenolate sodium (Mycophenolic acid; 'Myfortic') should not to be confused with the similar-sounding drug mycophenolate sodium (mycophenolic acid, or 'Myfortic') which must not be prescribed in its stead.
- Very strong: ciclosporin ('Neoral') or tacrolimus ('Prograf') or sirolimus.
  
  **Note:** all these tablets have side effects that need to be monitored regularly by your kidney doctor. If you are taking any of the drugs in the 'very strong' group, you will need to have your blood levels of the drug measured regularly too.