

ESRD Patient News

The Carlisle-Williams Foundation, Inc.

Volume 4, Issue 1

Winter is going Fast, Spring will Come at Last

Welcome to 2017 and our first edition of the year. This edition of *ESRD Patient News* includes articles focused on nutrition, social isolation, and disease education.

Inside this issue:

Poor Diet Tied to Heart Deaths, Diabetes	2
Disease Education—Renal Tubular Acidosis	3
Gluten-Free Diet and Diabetes	4
Pre-dialysis Care and Cardiovascular Disease	5
Eating Right for Winter	4
Poor Kidney Function and Cognitive Decline	5
Emotional Well-being: Social Iso-	5

Dialysis Nutrition Basics

The wastes generated in the body through breakdown of muscle tissues and food are excreted by the kidneys. When the kidneys do not function as well as they should, these wastes start building up in the body. This can be dangerous and make us feel sick. It is therefore important to restrict foods that have high amounts of specific substances.

There are four main things all dialysis patients need to be careful about in their diet—Potassium, Sodium, Phosphorus, and Fluid.

Foods high in Potassium:

Mango, Banana, Coconut, Potatoes, Tomatoes, Dry fruit, Chocolates, Low Sodium Salt, Fruit juices, Sauces

Foods low in Potassium:

Cabbage, Cauliflower, Cucumber, Carrots, Beans, Apples, Grapes, Pineapple, Watermelon, Rice, Wheat

Foods low in Sodium:

Fresh foods, Fresh vegetables, Herbs and spices, Fresh and canned fruits

Foods high in Phosphorus

Milk, Tofu, cheese, Curd, Chicken, eggs, fish, Colas, Chocolate, Nuts, Soy foods, Oats, Ready to eat foods

Foods low in Phosphorus

Fresh foods, Fresh vegetables, White bread

Fluids

The amount of fluid that can be removed during dialysis is limited. Removing excess fluid per hour from the blood during dialysis can cause a number of unpleasant symptoms such as cramping, low Blood Pressure. To avoid this, too much fluid

must not be removed during dialysis. It is therefore important to restrict the quantity of fluid consumed between dialysis sessions.

To reduce fluid intake:

– Stay busy. Work, full time if possible. If you’re not working, take up a hobby.

– Never gulp down fluid.

Always sip it.

– Add lime or lemon juice to your water. It adds flavor and you drink slower.

– Have very cold or hot fluids because you cannot gulp it. You can only sip it.

– Reduce the amount of salt. More salt = more thirst

Information combined from multiple sources



ESRD Patient News—a publication of The Carlisle-Williams Foundation, Inc.—informs our readers of issues important to management and understanding of their disease and to further the Foundation’s mission of providing hope and support to ESRD patients. We welcome and encourage feedback through email (JanieC@esrd-patient-support.org) or by using the “Contact Us” form on the website. Thank you!

ESRD Patient News

Poor Diet Tied to Half of US Deaths from Heart Disease, Diabetes

TUESDAY, March 7, 2017
(HealthDay News) -- Nearly half of all deaths from heart disease, stroke and diabetes in the US are associated with diets that skimp on foods and nutrients like vegetables, and exceed optimal levels of others, like salt.

Using available studies and clinical trials, researchers identified 10 dietary factors with the strongest evidence of a protective or harmful association with death due to "cardio-metabolic" disease.

"It wasn't just too much 'bad' in the American diet; it's also not enough 'good,'" said lead author Renata Micha, an assistant research professor at the Tufts University School of Nutrition Science and Policy in Boston.

"Americans are not eating enough fruit, vegetables, nuts/seeds, whole grains, vegetable oils or fish," she said.

The researchers used data from multiple national sources to examine deaths from cardio-metabolic diseases like heart disease, stroke and type 2 diabetes, in

2012, and the role that diet may have played.

"In the U.S. in 2012, we observed about 700,000 deaths due to those diseases". "Nearly half of these were associated with suboptimal intakes of the 10 dietary factors combined."

Too much salt (greater than 2000 mg) in people's diets was the leading factor, accounting for nearly 10% of cardio-metabolic deaths, according to the analysis.

Other key factors in cardio-metabolic death included low intake of nuts and seeds, seafood omega-3 fats, vegetables, fruits and whole grains, and high intake of processed meats (such as cold cuts) and sugar-sweetened beverages.

Each of these factors accounted for between 6-9% of deaths from heart disease, stroke and diabetes.

"Optimal" intake of foods and nutrients was based on levels associated with lower disease risk in studies and clinical trials. Micha cautioned that these levels are not conclusive. Optimal in-

take "could be modestly lower or higher," she explained.

Low consumption of polyunsaturated fats accounted for just over 2% of cardio-metabolic deaths. High consumption of unprocessed red meats was responsible for less than 1/2% of these deaths, the analysis showed.

Vegetable intake was considered optimal at four servings per day-2 cups of cooked or 4 cups of raw.

Fruit intake was deemed optimal at three daily servings. Additionally, it is recommended to eat less salt, processed meats, and sugary-sweetened beverages.

By knowing which dietary habits affect health the most, people can make healthy changes in how they and their families eat.

The study was published March 7 in the Journal of the American Medical Association.

To read the entire article, go to https://medlineplus.gov/news/fullstory_163954.html.

Disease Education-Renal Tubular Acidosis

Each time our internal organs do something, such as digesting food or healing damaged tissue, chemical reactions take place in the body's cells. These reactions cause acid to go into the bloodstream.

Normally, the kidneys remove excess acid from blood, but certain diseases, genetic defects, or drugs can damage a kidney's ability to do this important job. This can allow too much acid to build up in the blood and cause problems. When this happens, it's called renal tubular acidosis (RTA).

Without treatment, RTA can affect a child's growth and cause kidney stones, fatigue, muscle weakness, and other symptoms. Over time, untreated acidosis can lead to long-term problems like bone disease, kidney disease, and kidney failure.

Fortunately, such complications are rare, since most cases of RTA can be effectively treated with medicines or by treating the condition that's causing the acid to build up.

The main functional units of the kidneys, where the blood filtering happens, are tiny structures called nephrons. Each kidney has about a million nephrons, and each nephron has a renal tubule, a tube where the acid and waste products filtered from the blood are secreted into urine.

Having a disease or defect can interfere with how the renal tubules function, which can lead to RTA.

Causes

There are a few different kinds of RTA. The first two types are named for the part of the renal tubule in which the damage or defect is found.

- Type 1 RTA, or distal renal tubular acidosis, is the most common kind of RTA. Distal means that the defect is relatively far from the beginning of the tubule. Distal RTA can be inherited or caused by high blood calcium, sickle cell disease, autoimmune disorders like lupus and Sjogren syndrome, or the use of certain drugs.

- Type 2 RTA, or proximal renal tubular acidosis, happens when the damage or defect is relatively close to the start of the tubule. Proximal RTA mostly happens in infants and usually is related to a disorder called Fanconi's syndrome. Vitamin D deficiency, fructose intolerance, the use of certain drugs, and some diseases also can cause proximal RTA.

- Type 3 RTA is a combination of distal RTA and proximal RTA and is rarely used as a classification anymore.

- Type 4 RTA, or hyperkalemic renal tubular acidosis, is caused by a transport disorder in the distal tubule. Transport involves the movement of electrolytes such as sodium, chloride, and potassium between the blood and body parts. When this process is abnormal, it can cause too much potassium to build up in the blood (hyperkalemia). This can be a problem for the heart and other organs. Hyperkalemic RTA can be caused by urinary tract infections (UTIs), autoimmune disorders, sickle cell disease, diabetes, kidney transplant rejection, or the use of certain drugs.

Symptoms

A lot of the time, kids with RTA don't have any symptoms and may not know they have the disease until it shows up on a blood or urine test.

For some kids, the first symptom of RTA is kidney stones, which can cause symptoms like:

- pain in the back or side that spreads to the lower abdomen
- pain while urinating
- pee that is red, brown, or cloudy
- frequent urge to urinate
- nausea and vomiting

Over time, RTA can affect bone development and keep a child from growing as much as he or she

ESRD Patient News

Downside to Gluten-Free Diets: Diabetes Risk?

THURSDAY, March 9, 2017
(HealthDay News) -- "Gluten-free" may be the latest diet fad, but new research casts some doubt on its presumed health benefits."

Gluten is a protein found in grains such as wheat, rye and barley. Gluten-free diets are necessary for people with an autoimmune disorder in which gluten-containing foods cause the immune system to attack the small intestine, called celiac disease.

In a large study of U.S. health professionals, scientists found that those with the least gluten in their diets actually had a slightly higher risk of developing type 2 diabetes over a few decades.

The findings do not prove that a low-gluten diet somehow contributes to diabetes. But the study raises questions about the long-term benefits of avoiding gluten, which many people assume to be a healthy move.

Gluten-free, or at least gluten-light, diets have caught on as a way for anyone to lose weight and improve their health, with one recent study finding that the number of Americans who say they've gone gluten-free tripled between 2009 and 2014.

The new findings are based

on nearly 200,000 U.S. health professionals whose health and lifestyle habits were followed over three decades.

The low-gluten fad did not exist when the study period began, in the 1980s. But participants' gluten intake naturally varied, based on how often they ate foods like bread, cereal and pasta.

Over 30 years, just under 16,000 study participants developed type 2 diabetes. Obesity is one of the major risk factors.

When Zong's team looked at people's gluten intake, the investigators found study participants who ate the least of it actually had a somewhat higher risk of developing diabetes over time.

Most people consumed no more than 12 grams of gluten each day, with the average being 6 to 7 grams. Those in the top 20% for gluten intake were 13% less likely to develop type 2 diabetes, versus those in the bottom 20% who typically ate fewer than 4 grams of gluten each day, the findings showed.

Other factors, including people's exercise habits, weight, typical calorie intake and family history of diabetes were accounted for; however, lower gluten intake was still tied to a higher type 2 diabetes risk.

The study does not prove that limiting gluten somehow causes diabetes, according to Lauri Wright, a spokeswoman for the Academy of Nutrition and Dietetics.

Even though the researchers weighed other factors, she said it's still possible that people at heightened risk of diabetes tried to avoid the types of food that often contain gluten.

According to Wright, unless you have celiac disease, focus on the quality of your carbohydrates rather than gluten avoidance.

Be aware of the portion sizes, and be careful about additions like, cream sauces and butter.

One concern with going low-gluten is that it could cut out major sources of dietary fiber - - which, research suggests, helps ward off type 2 diabetes and other chronic ills.

In this study, people with low gluten intakes did eat less grain-based fiber which seemed to partly account for their higher diabetes risk. It's important to focus on eating a range of nutrient-rich whole foods, rather than obsessing over gluten.

This article has been edited from the original. To read the entire article, visit https://medlineplus.gov/news/fullstory_164013.html

The Carlisle-Williams Foundation Inc. is a 501(c)(3) nonprofit charity. Consider making a tax-deductible donation to help us in our mission to reduce hospital stays and increase approval for kidney transplant, by improving dialysis patients' compliance with treatment.

Early Pre-dialysis Nephrology Care may Prevent Cardiovascular Events

Patients with early and frequent nephrology visits before dialysis initiation had about a 10% lower risk for major adverse cardiovascular events.

Seeing a nephrologist early and often before starting dialysis may help kidney failure patients prevent a major cardiovascular (CV) event, according to a new study from Taiwan.

Ju-Yeh Yang, MD, MS, of Far Eastern Memorial Hospital in New Taipei City, Taiwan, and colleagues analyzed data from more than 60,000 dialysis patients from Taiwan's National Health Insurance Research database 1999-2010. All patients received pre-dialysis nephrology care, including 40.6% with early, frequent visits, 21.2% with early, infrequent visits, and 38.3% with late visits. In Taiwan, referrals are not required to see nephrologists.

Patients with early, frequent visits had an 11% lower risk for major CV events and a 9% lower risk for a first CV event in the year after dialysis initiation compared with those who received late care, according to results published online ahead of print in the American Journal of Kidney Diseases. Early, frequent care meant a patient visited a nephrologist every 3 months for 6 or

more months before initiating hemodialysis or peritoneal dialysis. Care was considered late when the first nephrology visit, whether inpatient or outpatient, occurred within 6 months of starting dialysis therapy.

Patients in the early, infrequent care group saw a nephrologist more than 6 months before dialysis initiation, but the visits occurred less than every 3 months. This group fared no better than the late group for a first or recurrent CV event.

Results proved similar by type of CV event -- heart failure, ischemic stroke, hemorrhagic stroke, and sudden cardiac death -- except for acute myocardial infarction (AMI). The investigators adjusted for visits to a cardiologist and other relevant factors. Patients with a low comorbidity burden appeared to benefit the most from nephrology care.

"These observations again indicate the beneficial role of nephrology care in managing nontraditional risk factors," Dr Yang and colleagues wrote. Nephrology care may improve anemia and uremia. In a previous study published in JAMA Internal Medicine (2002;162:2002-2006) that examined predialysis nephrology care and mortality, Jerry Avorn, MD, and colleagues suggested

nephrology care benefits such as erythropoietin treatment, preparation of the dialysis access, and prevention of emergent dialysis, they noted.

"Improved control of anemia, fluid overload, and potassium homeostasis could decrease the risk for acute heart failure, stroke, and sudden death in a short time frame," Dr Yang and the team stated. "However, the effect of nephrology care on AMI might take several years to become apparent."

Although the investigators accounted for hypertension and diabetes, they were unable to fully adjust for lipid levels and other traditional cardiovascular risk factors, which is a limitation.

For more information or to read the unedited version, visit <http://www.renalandurologynews.com/hemodialysis/predialysis-nephrologist-visits-may-prevent-heart-failure-stroke-scd/article/642928/>

ESRD Patient News

Emotional Well-being—Can Social Media Sites Leave you Socially Isolated

March 6, 2017 (HealthDay News) -- Young people who spend a lot of time on social media (websites designed to bring people together) seem to be more isolated, new research suggests.

The researchers found that the heaviest users of social media had about twice the odds of feeling socially isolated compared to their less "web-connected" friends.

This serves us to "remind us that social media is not a panacea for people who feel socially isolated," said study lead author Dr. Brian Primack, director of the University of Pittsburgh's Center for Research on Media, Technology, and Health.

Primack said past research has suggested that people who use social media the most are especially isolated. But those studies have been small, he noted.

This is the first analysis of social media use and so-called social isolation in a large group of people from across the United States, ac-

often they used Facebook, Twitter, Google Plus, YouTube, LinkedIn, Instagram, Pinterest, Tumblr, Vine, Snapchat and Reddit.

Loneliness, whether through isolation or simply living alone, has been found by research to increase the likelihood of death during a given period. One way to combat that and maintain friendships, especially for men, "is through built-in regularity -- something that is always on the schedule," Billy Baker writes. As dialysis patients, you have a "built-in regularity". Look at this as an opportunity for socialization and to reduce isolation.

Those who used the services more often, either in terms of the number of times they used them or in total amount of time spent on them, were more likely to report feeling

isolated from other people, the investigators found. However, one social media expert said the study leaves too many questions unanswered to offer people any practical advice.

The study included nearly 1,800 people aged 19 to 32 who completed a 20-minute online questionnaire in 2014. The participants received \$15 each for the survey.

Researchers asked questions about how isolated the participants felt and how

isolated from other people, the investigators found.

"Compared with those in the lowest 1/4 for frequently checking social media (less than 9 times/week), people in the top 1/4 (58+ times/week) were about three times as likely to have increased social isolation," Primack said.

The average time spent on social media was 61 minutes a day. People who spent more than two hours/day on

Social Isolation

Continued from page 6

social media had about twice the odds of feeling isolated than those spending less than half an hour/day on these sites, the findings showed.

Some study limitations notes were: it wasn't designed to prove a cause-and-effect relationship; it's not clear which came first, the social media use or the feelings of isolation. The age group in the study is also a limitation.

Primack also pointed out that the study examined people's use of social media as a whole, not specific sites. There's no way to know if people who read glowing posts about their friends' perfect vacations on Facebook are more or less isolated than those who prefer to watch YouTube videos of cats or bitterly argue about politics on Twitter.

"It may be that people who feel more socially isolated use a lot of social media to try to increase their social circles," Primack suggested.

"But both directions may be at work. People who feel socially isolated may reach out on social media to 'self-medicate,' but this may only serve to increase perceptions of social isolation," he added.

The findings suggest that people who feel isolated may generally be unable to find a connection through social media, Primack said.

The answer may be going offline, he said.

"A much more valuable and robust way to deal with perceived social isolation would probably be to nurture true in-person social relationships," Primack said. "Of course, social media remains a potentially powerful tool to help leverage those relationships. However, it is probably not such a strong replacement in and of itself."

Anatoliy Gruzd is an associate professor at Ryerson University in Toronto who studies social media. Gruzd said the study is too limited and "cannot be reliably used to generate practical advice about isolation and social media use. There are still many unanswered questions and untested variables."

Are the behaviors the same for every social media site? What are the level and type of participation?

The study was published in the March 6 issue of the American Journal of Preventive Medicine and you can read the unedited version at their website. https://medlineplus.gov/news/fullstory_163931.html

"SO, WHAT IF, INSTEAD OF THINKING ABOUT SOLVING YOUR WHOLE LIFE, YOU JUST THINK ABOUT ADDING ADDITIONAL GOOD THINGS. ONE AT A TIME. JUST LET YOUR PILE OF GOOD THINGS GROW."



ESRD Patient News

Disease Education-Renal Tubular Acidosis

Continued from page 3

should. This is often why doctors suspect RTA in the first place.

Other symptoms of RTA you might notice include: confusion, decreased alertness, or fatigue; increased breathing and heart rates; decreased urination; muscle weakness; muscle cramps and pain in the back and abdomen; rickets (a disorder that can cause bone pain and skeletal and dental deformities).

Diagnosis

If your child shows any symptoms of RTA, see a doctor right away. The sooner something is done about the condition, the more effective treatment will be.

To diagnose RTA, the doctor will do a physical examination and take a sample of your child's blood for testing. He or she also may want a urine sample. If test results suggest that your child might have RTA, the doctor will work with you to decide the best way to treat it.

Treatment

How RTA is treated depends on what's causing it. If it's a reaction to a certain drug, treatment may involve stopping use of the drug or changing the dosage. If an underlying disease or other condition is causing RTA, it will be treated until that condition resolves.

To treat the effects of RTA, it's necessary to restore a normal acid level to the blood. To do this, doctors prescribe alkaline medicines, such as sodium bicarbonate, that help to lower the blood's concentration of acid.

Most of the time, treatment for RTA is effective. Kids whose RTA is caused by a genetic defect may need treatment for the rest of their lives. The good news is that sticking with their treatments lets kids remain healthy.

How can we help ?
 Visit our website
www.esrd-patient-support.org



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Thank you for considering a donation to the Carlisle-Williams Foundation. Your donation will help in our mission of reaching everyone on dialysis with a comfort/support bag, quarterly newsletters, emotional and vocational support to stay the course. Dialysis isn't easy and the Carlisle-Williams Foundation seeks to ease some of the discomfort and loneliness often experienced with dialysis, and increase compliance with treatment. Rest assured that every cent donated to the Foundation – a 501(c)(3) public charity - goes directly to supporting our mission.

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