

ESRD Patient News

The Carlisle-Williams Foundation, Inc.

Volume 2, Issue 4

Winter Weather. Be Prepared

This edition of *ESRD Patient News* includes a number of different articles for your winter weather reading enjoyment.

Inside this issue:

- Device Approved 2
for Diabetic Foot
Ulcers
- Satellite Health 2
care Acquires 3
DSI Centers
- Do You Need 3
more Fruit and
Vegetables
- Diabetic Kidney 4
Damage may Start
Earlier
- Online Tool 5
Helps Predict
Kidney Failure
- Artificial Pancre- 6
ase Gets Long-
term Trial
- Americans Still 7
Consume too
much Salt

Peer Mentoring Reduces Missed Dialysis Treatments

Peer-to-peer mentoring helps dialysis patients improve their treatment attendance, according to a pilot test of the Mid-Atlantic Renal Coalition’s (MARC) peer mentoring program. MARC’s Special Innovation Project, Peer Support to Enhance Self-Management and Reduce Hospitalization Rates, was funded by the Centers for Medicare & Medicaid Services.

MARC recently completed the pilot test of its peer program, known as Peer Up!, at University of Virginia Lynchburg Dialysis, where 46 dialysis patients participated. It included pairing of mentees and mentors, mentor training, kick-off social mixers to explain the program and introduce mentees and mentors, ongoing meetings between mentees and mentors, mentor training booster, and a final celebration mixer.

In addition to reducing missed treatments among mentees, Peer Up! increased

self-efficacy, knowledge, social support, and dialysis social support among mentees.

Mentors also experienced increases in knowledge, dialysis social support, and self-management behaviors, according to MARC. One mentor said, “I’ve become more conscious of taking my medicine, controlling my fluids ...and just my overall health. Sometimes, my mentee became my ... inspiration as well as she made me accountable.”

MARC has made all of the materials developed for the Peer Up! program available on its website so all dialysis providers can implement a

peer-to-peer program in their facilities.

Source: <http://www.nephrologynews.com/peer-mentoring-reduces-missed-dialysis-treatments/>

We are considering implementation of a “virtual” peer mentoring program that would be aimed at home dialysis patients. Options are online using a conferencing software or using telephone conferencing. If you are interested in participating in a peer mentoring program, contact us.



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!

Device Approved for Diabetic Foot Ulcers

What to ask about patient support

How will you help me adjust to dialysis when I'm first getting started?

Staff should help you adjust to dialysis.

What is your visitors' policy?

Not all centers allow visitors in the treatment rooms.

Can I talk to a patient who gets treated at this dialysis center?

Talking to another patient can help you learn about the center.

Do you do patient satisfaction surveys? Can I see the results? *Patient satisfaction surveys can tell you how other patients feel about the dialysis center.*

Do you have a list of patient and family support groups in this area or on the Internet?

Many patients find that they can learn a lot from talking to other patients.

The Integra Omnigraft Dermal Regeneration Matrix has been approved by the US Food and Drug Administration to treat diabetic foot ulcers. Omnigraft is produced by Integra Lifesciences.

The device is made of silicone, cow collagen and shark cartilage and is placed over the sore. This provides an environment that favors development of new skin and tissue.

Of the 29 million people diagnosed with diabetes in the US each year, about 25% are expected to develop a foot ulcer, the FDA said. Such ulcers lead to about

50,000 amputations each year.

The Omnigraft device was first approved in 1996 to treat life-threatening burns when a skin graft isn't possible. The device is now approved for diabetic foot ulcers lasting longer than six weeks that don't involve any exposed bones, joints or tendons.

In clinical studies, the device was used in combination with standard foot ulcer care, which involved cleaning the wound, covering it with a surgical bandage and keeping weight off the affected foot. Some 51% of Omnigraft users had healed ul-

cers after 16 weeks, compared to 32 percent of participants treated with standard ulcer care alone, the FDA said.

Adverse reactions to the device included infection, increased pain, swelling, nausea and new or worsening ulcers.

The device shouldn't be used by people allergic to any of its components or who have an infected wound, the agency said.

Source: https://www.nlm.nih.gov/medlineplus/news/fullstory_156588.html
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Satellite Healthcare acquires 3 dialysis centers

Non-profit dialysis provider Satellite Healthcare has acquired three dialysis centers in Laredo, Texas from DSI Renal. They are now known as Satellite Healthcare Laredo, Satellite Healthcare South Laredo, and Satellite Healthcare West Laredo. The addition of the new locations brings the number of in-center and home therapy Satellite-operated facilities in Texas to 12.

The dialysis provider serves more than 7,000 patients at 82 centers across the country, and is the 6th largest dialysis provider in the US.

Dr. Adolfo Garcia, a nephrologist with more than 35 years of experience, will oversee medical operations as the Medical Director of the three centers. Garcia joined Satellite Healthcare from DSI, along with a staff of 50. The centers serve approximately 250 patients.

"I'm looking forward to working with Satellite to help fulfill its mission of making life better for those living with kidney disease," said Dr. Garcia. "I am confident that Satellite's focus on whole-person care, including offering alternatives to tradi-

tional dialysis therapy such as nocturnal and home dialysis therapies, will significantly benefit members of the diverse communities we serve here."

Satellite Healthcare opened its first dialysis center in Texas in 2006. In addition to its new centers in Laredo, it operates facilities and provides renal services in Austin, Houston, Kyle, San Antonio, and Round Rock.

<http://www.nephrologynews.com/satellite-healthcare-acquires-3-dialysis-centers-from-dsi/>

Do I Need More Fruit and Vegetables

By Jewels Doskicz, RN

It's a sad but true fact that seven out of 10 people fail to meet dietary recommendations of fresh, frozen, or canned fruit and veggies. Are you one of them? Do you use your diabetes as an excuse to avoid these healthful foods?

Fruit and diabetes

Dietary approaches to diabetes vary wildly; some practice restrictive diets and others count every carb. The only thing that's clear is that there's a lot of conflicting information on what constitutes a "healthy diet" for someone living with diabetes.

Many remain confused about carb counts and lean heavily on packaged foods with clear carbohydrate labeling, avoiding the produce section.

There's plenty of room in a healthy diet for fruit and vegetables without maxing out on carbs. They're loaded with healthy nutrients like fiber, vitamins, minerals, and antioxidants.

So, should you avoid fruit? Only if you're allergic to it.

Eat fruit and vegetables every day

The American Heart Association recommends filling at least half your plate with fruit and vegetables. Daily goals include 4-5 servings of fruit and 4-5 servings of veggies.

Where to start?

Clean, shop, and chop

1. Clean your fridge before shopping.

2. Make a list. Think of fruit and veggies that are in season and that you enjoy. Make sure you get

enough for you and your family for a whole week.

3. Shop with healthy portions in mind. Remember that one serving of fruit may only be a half cup.

4. Flip your cart around. If your shopping cart is usually filled with processed foods, fill the front of the cart with those items instead, leaving the largest part of the cart available for fresh items.

5. Clean and prepare fruit and veggies right when you get home from the grocery store. Store them in plastic or glass containers for easy access through the week.

How to eat more fruit and veggies

Brighten your plate by adding a variety of new choices. One of the best ways to benefit from the varied nutrients in fruit and veggies is to diversify the colors you're choosing at the market. Incorporate more fruit and vegetables into your day with these easy tips:

Breakfast

Start your day healthy.

- Add spinach, onions, peppers, mushrooms, or other veggies to an omelet, and top with avocado slices.
- Eat an apple, a handful of grapes, or a few clementines.
- Make a smoothie with your choice of nondairy milk or yogurt, a small amount of frozen berries, and half a peach. Add small amounts of spinach or avocado to make a healthy, green shake.

Lunch

It's easy to pack a lunch in five

minutes when it's heavy in raw foods.

- Pack veggies in a mason jar: baby carrots, cucumber slices, mini bell-peppers, and celery sticks.
- Add a whole avocado to your lunch with a knife and spoon.
- Add an orange, a pear, an apple, or a container of berries.

Snacking

Many people find that fruit and veggies on their own are not enough to snack on. Try pairing them with something else.

- Eat apple slices with coconut.
- Cover pear slices with thin slivers of parmesan cheese.
- Try celery sticks, baby carrots, and cauliflower florets.

Dinner

Make it a habit to include a salad at dinner.

- Grab a pre-washed mix, grate a raw carrot on top, and drop in some grapes if you're running short on time.
- Try a raw beet for a salad topper. Peel the exterior with a knife and grate it like you would a carrot.
- Add crunch with croutons.
- Serve a fruit salad at dinner. Add a new seasonal fruit to the mix each month or so.
- Steam or roast veggies as a side.

Read more at <http://www.diabeticconnect.com/diabetes-information-articles/general/2260-do-i-need-more-fruits-and-veggies#YjBRvXhMIHxIAHqs.99default>

Remember fruit contains liquid and must be considered in your daily liquid allowance.

ESRD Patient News

Diabetic Kidney Damage may Start Earlier than Thought

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 by increasing ESRD patients' compliance with treatment.

Kidney damage from diabetes may begin much sooner than previously thought, according to a new study.

Researchers found that higher-than-normal blood sugar levels associated with prediabetes increase the risk of kidney abnormalities that could lead to kidney failure.

"Our research shows that the pathological process of kidney injury caused by elevated blood glucose levels starts in prediabetes, well before the onset of diabetes," study author Dr. Toralf Melsom said in a National Kidney Foundation news release. Melsom is an associate professor and senior consultant in the nephrology department at University Hospital of North Norway.

The study involved over 1,300 patients aged 50 to 62 who were followed for a median of 5.6 years. Of those people, 595 had prediabetes when the study began.

Prediabetes affects up to 35 percent of adults -- twice as many people as diabetes, the study authors said. About half of those with prediabetes develop diabetes within 10 years. Diabetes is the leading cause of kidney disease and kidney failure.

After adjusting for certain

lifestyle factors and medications, the investigators found that patients with prediabetes had early signs of kidney damage, including high levels of a protein called albumin in their urine.

The kidney problems arise when the body responds to metabolic changes that occur early on due to chronically high blood sugar levels, according to the study published Dec. 29 in the American Journal of Kidney Diseases.

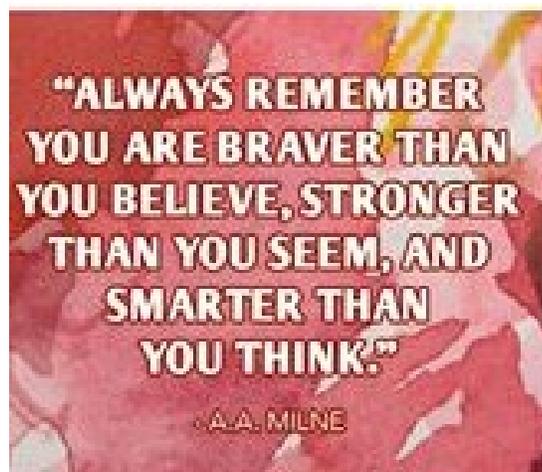
Melsom said prediabetes may be a target for early interventions, such as changes in diet and exercise, to prevent chronic kidney disease.

Previous studies were unable to find a consistent link between prediabetes and kidney damage, but the study authors said they used a more precise method of de-

termining how well the kidneys were working.

"It is estimated that more than 470 million people will have prediabetes by 2030," Dr. Jeffrey Berns, president of the National Kidney Foundation, said in the news release. "Studies like this underscore how important it is to identify those with prediabetes so lifestyle changes and physician management can potentially stem declines in kidney function."

SOURCE: National Kidney Foundation, news release, Dec. 29, 2015
https://www.nlm.nih.gov/medlineplus/news/fullstory_156445.html
By Mary Elizabeth Dallas
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Online Tool Helps Predict Chances of Kidney Failure, Study Finds

A new online tool may help predict whether someone with chronic kidney disease will develop kidney failure in the next two to five years.

Using results from kidney function tests, the tool helps those at high risk for kidney failure prepare for dialysis or kidney transplant. It also provides reassurance to those who likely won't progress to kidney failure, said lead researcher Dr. Navdeep Tangri, an associate professor of nephrology at the University of Manitoba in Winnipeg, Canada.

"This study sets the stage for the tool to be used globally for all patients with kidney disease. The tool helps patients plan their lives by knowing what their risk is for dialysis," Tangri said.

To find out the risk of kidney failure, patients need blood and urine test results from their doctor to enter into the online calculator, along with their age and sex.

Working with their doctor, patients can use the tool's findings to help lower their risk of kidney failure by better controlling their blood pressure and blood sugar, along with eating a healthy diet and exercising.

"In nine out of 10 cases, patients think their risk is higher than it actually is," Tangri said. "Most of the time, the infor-

mation provides them with peace of mind."

For the study, researchers tested the accuracy of the online tool in more than 700,000 people with chronic kidney disease in 30 countries. The investigators found that the risk calculator accurately predicted the risk of kidney failure in two or five years.

Results in the US were similar to those in the original Canadian study. However, in countries outside North America, the tool needed adjustment to account for the lower kidney failure risk in these countries, he said.

Doctors in some of these countries may be less likely to refer patients for dialysis or are better at treating kidney disease.

In the US, about 26 million people have kidney disease, the National Kidney Foundation says. Kidney failure occurs when approximately 85 to 90 percent of your kidney function is gone, according to the foundation.

In 2013, more than 117,000 patients developed kidney failure, the study authors said. About 1% of those with chronic kidney disease develop kidney failure every two years, they added.

The tool can help patients in several ways. It can help patients and doctors plan for potential dialysis or transplant. Because

patients who need dialysis require an operation to create a fistula to connect them to the machine and it takes months of healing before the fistula can be used, the surgery can take place long before dialysis begins.

For patients who need a transplant, the tool allows them to get on the list earlier.

Kidney specialist Dr. Maria DeVita, of Lenox Hill Hospital in New York, said, "Since chronic kidney disease is well known to progress at various rates in individual patients, even amongst those with the same diagnosis, it has been a clinical problem on how best to advise patients preparing for kidney failure or to allocate resources for those at the highest risk."

This is good news for those with chronic kidney disease and their doctors, she said.

"This study gives all clinicians hope that we will be able to better predict which patients are at the greatest risk of progressing to end-stage kidney disease," DeVita said.

SOURCES: Navdeep Tangri, MD, PhD, associate professor, nephrologist, University of Manitoba, Winnipeg, Canada; Maria DeVita, M.D., director, nephrology, Lenox Hill Hospital, New York City; Jan. 12, 2016, Journal of the American Medical Association

Artificial Pancreas Gets Long-term 'Real-Life' Trial

What to ask about patient support

Do you have a patient newsletter? *Some dialysis centers use newsletters to help patients learn more about their care.*

What type of education do you have for new dialysis patients? For long-term dialysis patients? *Knowing more about kidney disease and its treatment can help you take better care of yourself and live longer.*

Do you offer an education program for people who haven't started on dialysis yet? *Patients who learn about their disease before they need dialysis are usually better prepared when it starts.*

Do you have an exercise program? *Many facilities offer advice to help you stay active.*

A long-term clinical trial of an artificial pancreas designed to control blood sugar levels in people with type 1 diabetes has begun.

The artificial pancreas will be tested for 6 months in 240 people with type 1 diabetes at nine sites in the US and Europe. Researchers will compare this system to current diabetes management with an insulin pump. 180 of those patients will be followed for another 6 months.

The wearable system, developed by University of Virginia and Harvard University researchers and funded by the US National Institutes of Health, supplies appropriate amounts of insulin by detecting changes in the body and predicting blood sugar levels in advance.

"The idea is that this can lead to an improved quality of life for individuals with this disease, not a solution to diabetes, but a means to really extend the quality of their healthful living," co-principal investigator Francis Doyle III said in a joint news release.

About 1.25 million Americans have type 1 diabetes, according to the US CDC and Prevention.

People with type 1 diabe-

tes must replace lost insulin, either through multiple daily injections or via a thin tube inserted under the skin attached to an insulin pump.

The artificial pancreas is not a replica of a human pancreas. Instead, it consists of an insulin pump with tubing inserted under the skin, a blood sugar monitor with a wire sensor placed under the skin, and a smart phone loaded with software that determines how much insulin is required based on factors such as food intake, physical activity, stress, metabolism and sleep.

"The biggest challenge in the design of the artificial pancreas is the inherent uncertainty in the human body," Doyle said. "Day to day, hour to hour, the various stresses that impact the human body change the way it responds to insulin-controlling glucose. Physical stresses, anxiety, hormonal swings will all change that balance. To be able to control for those factors, we need to see longer intervals of data."

Doyle said this is the first trial that will give the researchers multiple months of information. Amassing that

much data will give the researchers a long enough window to learn patterns, adapt and fine-tune the algorithms for the system, and to improve the overall level of glucose control.

"To be ultimately successful as an optimal treatment for diabetes, the artificial pancreas needs to prove its safety and efficacy in long-term pivotal trials in the patient's natural environment," principal investigator Boris Kovatchev, director of the Center for Diabetes Technology at the University of Virginia, said in the news release.

"Our foremost goal is to establish a new diabetes treatment paradigm: the artificial pancreas is not a single-function device; it is an adaptable, wearable network surrounding the patient in a digital treatment ecosystem," he added.

SOURCE: University of Virginia and Harvard University, news release, Jan. 4, 2016. HealthDay https://www.nlm.nih.gov/medlineplus/news/fullstory_156528.html
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Americans Still Consume too Much Salt: CDC

More than 90% of children and 89% of adults consume more sodium than is recommended in the new 2015-2020 Dietary Guidelines for Americans, according to the US CDC and Prevention. The new guidelines advise no more than 2,300 mg of salt a day, about a teaspoon, for most adults.

"Nearly all Americans consume more salt than is recommended for a healthy diet," said lead study author Sandra Jackson, epidemiologist in the CDC division for heart disease and stroke prevention.

Too much salt can lead to high blood pressure, which can increase the risk for heart disease and stroke. "Reducing salt can lower blood pressure and also lower the risk of heart disease," Jackson said.

Jackson said that about 70 million American adults have high blood pressure and only half have it under control. Heart disease, stroke and other heart-related diseases kill more than 800,000 Americans each year and cost nearly \$320 billion a year in health care and lost productivity.

The latest Dietary Guidelines for Americans emphasize cutting back on salt, sugar and saturated fats. The recommendations also advise increasing amounts of fruit and vegetables in the diet.

Despite long-standing advice to cut back on salt, Americans' consumption of salt has stayed mostly the same during the past decade, Jackson said.

That's likely because more than three-quarters of the salt (sodium) that people eat comes from processed or packaged foods, and restaurant food. This makes it hard for people to reduce the amount of salt they consume, she said.

To see a big impact on salt intake, restaurants and food manufacturers would need to cut the amount of salt they put in food, Jackson said. "That's the most powerful public health tool for reducing salt for the American population," she said.

Some companies have started to reduce salt in their products voluntarily and others are being urged to do the same.

Samantha Heller, senior clinical nutritionist at NYU Medical Center, noted that reducing salt consumption can be confusing for consumers because many foods high in salt don't always taste salty.

"For example, a commercially baked chocolate crumb-cake donut has 490 mg of salt, and the salt in bagels can run over 1,000 mg per bagel," Heller said. "Chain-restaurant pasta dishes can contain well over 2,000 mg of salt per dish," she said.

"One of the easiest ways to reduce our salt intake is to eat more home-cooked foods using less-processed products," she added.

The results are from nearly 15,000 people who took part in the 2009-12 National Health and Nutrition Examination Surveys.

Although too much salt is a problem for everyone, the new report noted some differences in salt consumption:

98% of men and 80% of women consume too much salt.

90% of whites, compared with 85% of blacks eat too much salt.

Salt and calorie consumption peaks between ages 19 and 50.

Among those at increased risk for heart disease or stroke, greater than 75% eat more than 2,300 mg of salt a day.

Adults with high blood pressure eat slightly less salt than other adults, but 86% of them still eat too much salt.

Jackson suggested that consumers can cut the salt in their diet by reading food labels and choosing foods low in salt. "Looking at the label is a powerful tool," she said.

In addition, people can adopt a healthy eating plan, such as the one recommended in the new guidelines, Jackson advised.

"Also, people can adopt the Dietary Approaches to Stop Hypertension (DASH diet), which is an eating plan that is simple and heart healthy," she said. "It's high in fruit, vegetables, fiber, potassium and low-fat dairy products."

SOURCES: Sandra Jackson, Ph.D., epidemiologist, division for heart disease and stroke prevention, U.S. Centers for Disease Control and Prevention; Samantha Heller, M.S., R.D., senior clinical nutritionist, New York University Medical Center, New York City; Jan. 8, 2016, Morbidity and Mortality Weekly Report

https://www.nlm.nih.gov/medlineplus/news/fullstory_156574.html

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ESRD Patient News

High Blood Sugar May Increase Heart Attack Complications: Study

High blood sugar levels can increase the risk of complications in heart attack patients, a new study suggests.

Researchers found that high blood sugar (glucose) causes stronger contraction of blood vessels and also identified a protein associated with this increased contraction. The findings could lead to new treatments to improve outcomes after heart attack or stroke, the study authors said.

A heart attack occurs when an artery that provides blood to the heart is blocked. High blood sugar at the time of a heart attack could make this blockage more severe by causing the artery to contract, resulting in a higher risk of complications, according to the research team at the University of Leicester in England.

"We have shown that the amount of sugar, or glucose, in the blood changes the behavior of blood vessels, making them contract more than normal. This could result in higher blood pressure, or could reduce the amount of blood that flows through vital organs," Richard Rainbow, a lecturer in cardiovascular cell physiology, said in a university news release.

"This was an experimental lab study, which means that we can draw conclusions about cause and effect in a controlled environment," he added.

"Here, we have identified a known signaling protein family, protein kinase C, is a key part of this enhanced contractile response, and have also shown in our experiments that we can restore the normal level of contractile response and reverse the effects on the heart, with inhibitors of these proteins," Rainbow said.

"This is the first study to show direct evidence of blood vessel contraction to glucose, and the potential mechanism behind this contractile response. In the experimental models we used in this study, including human blood vessels, increasing glucose to the levels that could be reached after a large meal altered vascular contraction," Rainbow said.

"A large number of people who suffer a heart attack will have high glucose due to the 'stress response'. This means that even people who are not diabetic may [have high blood sugar] during a heart attack," he explained.

The study was published online recently in the British Journal of Pharmacology.

SOURCE: University of Leicester, news release, Jan. 5, 2016

https://www.nlm.nih.gov/medlineplus/news/fullstory_156606.html

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