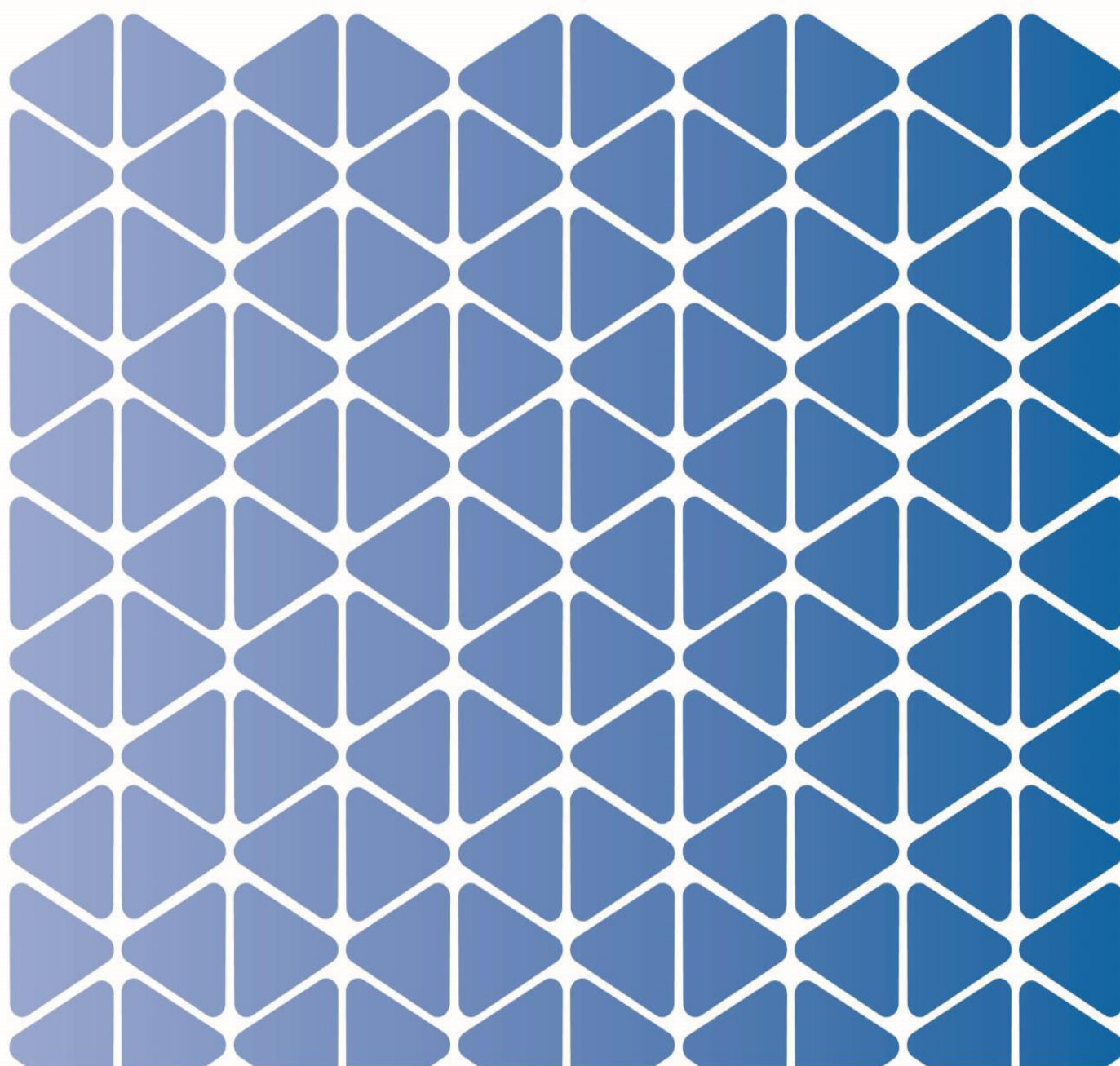
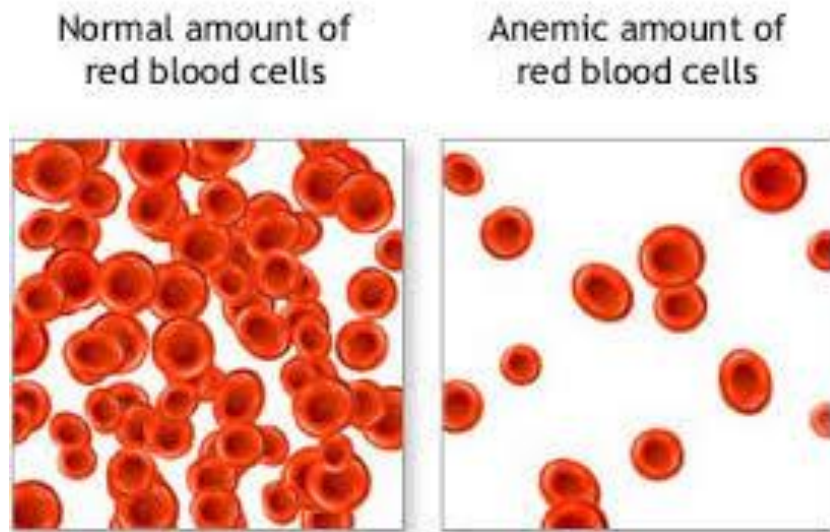


PATIENT INFORMATION**ANAEMIA DUE TO CHRONIC
KIDNEY DISEASE**

WHAT IS ANAEMIA?

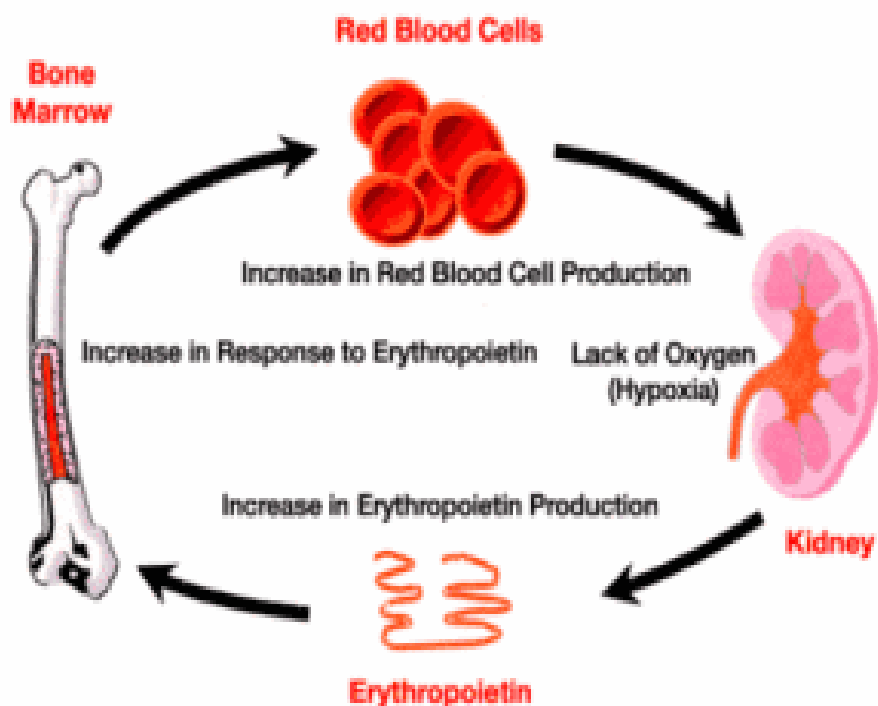
Anaemia is a shortage of red blood cells, which are part of the circulating blood and deliver oxygen to the body. Symptoms of anaemia include feeling tired or breathless on exertion. Anaemia is diagnosed through a blood test.



WHY DOES KIDNEY DISEASE CAUSE ANAEMIA?

The kidneys help to prevent anaemia by producing a messenger substance called erythropoietin (EPO). EPO makes the bone marrow produce more red cells. In chronic kidney disease, particularly when kidney function is low, not enough erythropoietin is produced, and anaemia results.

There are other causes for anaemia. The most common cause for anaemia is lack of iron. Other causes of anaemia include certain drugs or blood diseases.



HOW CAN ANAEMIA BE TREATED?

Your kidney team will first make an assessment whether or not anaemia is due to kidney disease, lack of iron, or another cause. They will look at your medical history, medications and specific blood tests.

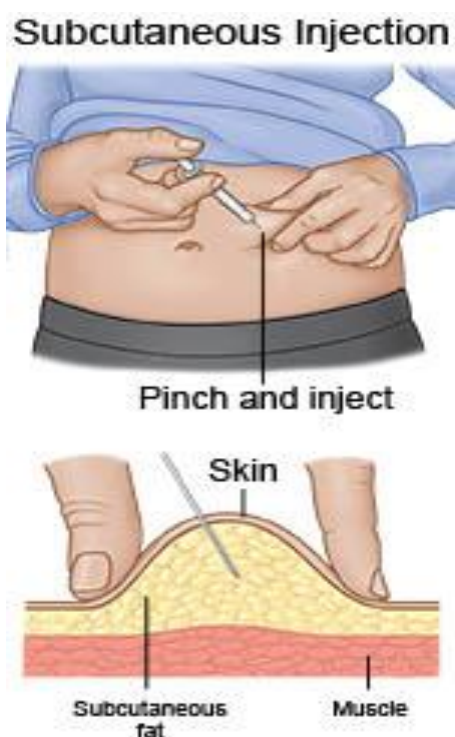
Anaemia due to lack of iron is treated with iron supplements. There are two types of treatments that are available to treat anaemia in CKD once iron deficiency is corrected, these options are;

1. Erythropoietin – these treatments are in the form of an injection. They are administered in the soft tissue underneath the skin once weekly or fortnightly
2. Roxadustat – this is in tablet form; it is taken three days a week

To see whether the treatments work, the anaemia team will repeat your blood tests from time to time: initially you will have at least 2 weekly blood tests for roxadustat and monthly blood tests for EPO. After the 1st 3 months the frequency of blood tests will usually reduce, later 3-monthly blood tests. Blood tests can be done at your doctor's surgery or at the hospital (phlebotomy in outpatients).

Roxadustat or EPO and iron are the treatments recommended by the National Institute for Clinical Excellence (NICE). They are also acceptable to Jehovah's witnesses. Blood transfusions are rarely used.

EPO injections



Evrenzo (roxadustat) tablets



HOW IS LACK OF IRON TREATED?

The basic treatment is iron tablets, for instance Ferrous Sulphate 200 mg twice or three times daily (oral iron). Iron is taken up more effectively if tablets are taken between meals because iron “clings” on to food. Therefore, your doctor may suggest to you to take iron tablets 2 hours after meals.

Some people don’t tolerate iron tablets, for instance because of stomach pain, nausea, vomiting or diarrhoea. If this happens the iron tablets should be stopped. Furthermore, in some people iron tablets “don’t work”: blood tests show no improvement of anaemia.

If iron tablets are not tolerated, or not effective, then iron can be given into the vein (intravenous iron) on the hospital day-case unit.

Nearly all people tolerate intravenous iron very well. An allergic reaction is very rare but recognised; this is why intravenous iron is given in hospital

WHO PROVIDES ANAEMIA TREATMENT?

Your kidney consultant will assess your anaemia and if appropriate commence treatment and/or refer you to the Renal Anaemia Specialist Nurse.

CONTACT

Telephone renal secretaries: 01905 733239

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.