

14th Euro-Global Gastroenterology Conference: Problems associated with medications taken by renal patients - Ashraf Salah Ibrahim El Ghaname - Cairo University

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At first we need to present and clarify the renal failure patient and what is his condition and how these conditions is dealt with, as our topic actually is about problems related to managing the kidney patient problems or complications.

An end stage renal failure patient is a one who is suffering electrolyte imbalance in form of: Low calcium, taking supplements like 500 mg tablets 3 times a day and suffering from anaemia taking 5 tablets of folic acid once daily. Multi vitamins for: Iron, vitamin B suffering from high blood pressure so at least taking one type of anti-hypertensive medications (sometimes with malignant hypertension) high doses of several types of anti-hypertensive medications are prescribed (may reach 230/130). Also the patient on dialysis in continuous stress causing stress ulcer together with uraemia causing gastritis. Both of which recommend good management alternating between proton pump inhibitors and antacids to avoid aluminium hydroxide protective coating as it is not eliminated by on dialysis active vitamin D (hydroxycalciferol). For calcium metabolism (absorption and bone deposition), other less common medications pain killers for: Itching body aches. Antibiotics for secondary infections and catheter related infections so in general a patient may take between 5-8 tablets 3 times daily. That's why we are here to talk about

How to Make Pills for (ESRF) Patient Easier To Swallow

1. Big tablets as calcium could be made chewable
2. Gastric medications should be combined and given as effervescence
3. Specific multi vitamin formulas for ESRF patients
4. Digestive enzyme supplement tablets should be prescribed

5. Folic acid is given as several formulas instead of taking up to like 8 tablets

6. If medications can be provided as syrup or powdered forms in capsules for example to be easily dissolved in water or drinking vial like packages.

Diuretics. Doctors use these medicines, also known as water pills, to treat high blood pressure and some kinds of swelling. They help your body get rid of extra fluid. But they can sometimes dehydrate you, which can be bad for your kidneys. Some of the most common ones prescribed for kidney patients are called Doxazosin, Atenolol, Ramipril and Irbesartan. Reducing your blood pressure will not make you feel better in the short-term. However, in the long-term, the tablets will help you to stay healthy. Over-the-counter Tylenol (generic acetaminophen) is often the best choice for people with high blood pressure, heart failure, or kidney problems. However, high doses of Tylenol can damage the liver, so take the lowest dose you can to get enough pain relief. It was thought that kidney cells didn't reproduce much once the organ was fully formed, but new research shows that the kidneys are regenerating and repairing themselves throughout life. Contrary to long-held beliefs, a new study shows that kidneys have the capacity to regenerate themselves. When taken as directed, regular use of aspirin does not seem to increase the risk of kidney disease in people who have normal kidney function. However, taking doses that are too large (usually more than six or eight tablets a day) may temporarily- and possibly permanently- reduce kidney function. For most older adults, the safest oral OTC painkiller for daily or frequent use is acetaminophen (brand name Tylenol), provided you are careful to not exceed a total dose of 3,000mg per day. Acetaminophen is usually called paracetamol outside the U.S. Acetaminophen is broken down by the liver and can form byproducts that are toxic to the liver, so this warning is not completely without

merit. But take it from a hepatologist, acetaminophen is the best option for pain relief for people with liver disease. The fat soluble vitamins (A, D, E and K) are more likely to build up in your body, so these are avoided unless prescribed by your kidney doctor. Vitamin A is especially a concern, as toxic levels may occur with daily supplements. Vitamin C supplements are recommended in a 60 to 100 mg dose.

One of the best ways to test for CKD and assess kidney damage is a simple urine test which detects the presence of albumin. The smartphone app from Healthy.io enables lay users to conduct a urinalysis test at home and securely share results with their clinicians. Healthy kidneys are rich with vitamin D receptors and play a major role in turning vitamin D into its active form. This helps balance calcium and phosphorus in your body by controlling absorption of these minerals from the food you eat and regulates parathyroid hormone (PTH). Although egg yolks are very nutritious, they contain high amounts of phosphorus, making egg whites a better choice for people following a renal diet. Egg whites provide a high quality, kidney-friendly source of protein. Grapes, apples, and cranberries, as well as their respective juices, are all good substitutes for oranges and orange juice, as they have lower potassium contents.

Oranges and orange juice are high in potassium and should be limited on a renal diet. Try grapes, apples, cranberries, or their juices instead. It helps prevent kidney stones. The citric acid in lemons may help prevent kidney stones. Citrate, a component of citric acid, paradoxically makes urine less acidic and may even break up small stones. Drinking lemon water not only gets you citrate, but also the water you need to help prevent or flush out stones. Medications come with risks, and for years doctors have known people taking proton pump inhibitors (PPIs) for heartburn and acid reflux may be at risk for kidney damage. In some patients, kidney problems can develop slowly over time and result in chronic kidney disease. Prilosec and Chronic Kidney Disease

A recent study has shown that Prilosec and other Proton Pump Inhibitor (PPI) medications may increase the risk of developing chronic kidney disease. ... The longer the medication is taken, the greater the risk. If you have mild reflux symptoms that occur less than two times a week, you can start with a low dose of one of the following H2 blockers: ranitidine (Zantac), famotidine (Pepcid), or cimetidine (Tagamet). All three work better when taken on an empty stomach, without food.