



# KIDNEY CONCERNS

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## REEDER NAMED BOARD CHAIR Only Patient in U.S. to Serve as a Network BOD Chairperson

ESRD Network 13 is proud to announce the election of Mr. Richard Reeder, Patient Representative, as Chairperson of the Network Board of Directors (BOD). Mr. Reeder has served as a patient representative on the Network BOD for 9 years. He has also served on the Patient Advisory Committee (PAC) since its inception in 1991.



Mr. Richard Reeder with Shelby and Ashley

Mr. Reeder has been a hemodialysis patient for almost twenty years and has experienced all the challenges of an ESRD lifestyle. Adjustments made during the early years of his kidney failure led him to a career in clinical psychology. As an ESRD patient and clinical psychologist, Mr. Reeder

brings a unique perspective to his duties as BOD chair. Both personal experience with kidney failure and his professional status combine to provide solid leadership for the Network BOD.

In Mr. Reeder's own words taken from the "Information for the ESRD Patient" handbook, he explains that "Renal disease will inevitably have an effect on your lifestyle. Diet modifications, new medications, treatment schedules, changes in mood, decreased energy levels, sometimes feelings of depression and anxiety are some of the issues the person with renal disease must face. Renal disease is NOT the end of the world. Acceptance of your situation is valuable in beginning to learn as much as you can about options relating to your specific conditions, so that

*you will be able to make knowledgeable decisions for yourself. Learn as much as you can about yourself and about your disease. KNOWLEDGE IS POWER!*

*I have sometimes made the comment that I would not change any part of my life. Friends and family say, 'You mean, except for being on dialysis.' I must say that because of my renal failure, my life took on a new meaning. I am much more aware of my priorities. I value people and situations that I once took for granted."*

The ten thousand (10,000) ESRD patients in the states of Arkansas, Louisiana and Oklahoma are now represented by the first patient representative to chair a Network BOD. As stated by Mr. Reeder, "I feel a great responsibility and loyalty to the ESRD population of Network 13 as I take on the leadership of the Board of Directors."

# "Glad You Asked That . . ."

**Question:** *Peritoneal Dialysis: What does adequate dialysis mean to me?*

**ANSWER:** Peritoneal dialysis (PD) is one form of home dialysis therapy available for patients with kidney failure. PD works in the abdomen. Surrounding the intestines and other organs in your abdomen is the peritoneal membrane and that membrane is your dialysis filter. Recent research has shown that adequate dialysis therapy is important in the treatment of kidney failure, especially related to quality and lengthening of life.

## (1) What is enough dialysis?

Adequate dialysis treatments replace approximately 15% of normal kidney function (that's a small part). It's important to know that if you don't get enough dialysis, your body will hold on to waste products which will make you feel sick. Dialysis (or filtering) can relieve many symptoms such as weakness and tiredness, weight (muscle) loss, poor appetite, difficulty in sleeping, nausea and a bad taste in your mouth. It is not the dialysis which makes you feel bad, but the buildup of waste products in your body which makes you feel bad. When you are well dialyzed, you should be able to do most of the things you were doing prior to when your kidneys failed.

## (2) Are you getting enough PD?

While any amount of dialysis is helpful and sustains life longer than no dialysis, studies have shown that the amount of dialysis that a patient actually receives determines how long a person can survive once their kidneys have failed. Doctors have studied different ways to measure the amount of dialysis actually performed. They have found that it is possible to determine the amount of delivered dialysis by measuring the blood concentrations of a waste product called **urea**. Delivered dialysis can be reported to you as your Kt/V or creatinine clearance (CrCl - referring to the removal of creatinine from your blood stream).

Adequate PD is measured by how much of your body's waste products are removed during one week. The amount of waste produced depends on activities such as:

- How much protein do you eat?
- What kinds of protein are you eating?
- How much physical activity do you do?
  - How much fluid do you drink?

Again, **urea** is a waste product of protein. How well urea is removed indicates how well other waste products are being removed. Urea removal and/or creatinine clearance are used as an indicator of adequate dialysis. The following measurements are two ways to monitor adequacy of PD (Kt/V or CrCl).

#1: Kt/V is a calculation which refers to the effectiveness of your dialysis. Kt refers to the weekly clearance in liters of urea provided by your PD plus any clearance from your own kidneys. This total Kt in liters is divided by the V (volume) in liters of the total space taken up by water in your body. The V calculation is taken from your height and weight.

#2: CrCl is a measurement of another body waste product (creatinine). Creatinine is produced by muscle mass. The creatinine clearance is calculated from the weekly volume in liters of dialysate drained from your abdomen plus the weekly volume of urine still produced by your kidneys.

**(3) What is my part in the monitoring of adequate dialysis?**

Both of these test require some effort on your part to make sure all the necessary items are brought to the dialysis unit for your routine adequacy testing. You may be asked to bring to the unit all the dialysate bags (or a sample from each bag) used over a 24-hour period. Routine evaluation is recommended to make sure your PD prescription is working best for you.

**MINIMAL SUGGESTED PERITONEAL DIALYSIS ADEQUACY TARGETS**

Peritoneal Treatment	Kt/V	CrCl
CAPD, with fluid in abdomen	2.0 or more	60 liters or more
APD, automated PD	more than 2.0	more than 60 liters
CCPD, fluid in the abdomen during day	2.1 or more	63 liters or more
NIPD, dry abdomen during day	2.2 or more	66 liters or more

**(4) What questions can be asked of your dialysis team?**

- **What measurement(s) are used to monitor my adequacy of dialysis?**
  - **What is my current Kt/V or CrCl?**
  - **How can I help make sure my dialysis is adequate?**

Don't hesitate to ask members of your dialysis team about your adequacy. It is important for you to discuss the effectiveness of the dialysis treatments you are receiving. Remember, it's your well being and the quality of your life that depend on it.

If you have any questions for "Glad You Asked That," forward them to ESRD Network 13, 6600 N. Meridian, Suite 155, Oklahoma City, OK 73116-1421, or phone 1-800-472-8664. Selected questions will appear in future issues of *Kidney Concerns*.

## NETWORK SENDS 4 TO ANNUAL AAKP CONFERENCE IN FORT LAUDERDALE

Network 13 sent three patients and one staff member as representatives to the annual American Association of Kidney Patients (AAKP) conference. This year the conference was held in Fort Lauderdale, Florida from September 18-21. Representing Network 13 was Richard Reeder, hemodialysis patient from Tulsa, OK, Dallas Fiantt, hemodialysis patient from Baton Rouge, LA and Walter Morant, **30-year hemodialysis patient**, from Carencrow, LA. Attending with the PAC members were family members Steven Fendt, Margaret Fiantt and Sandy Morant. Roberta Bachelder, Patient Services Coordinator for the Network, was also along to attend the conference and spend some quality time with patients,

learning about patient issues.

A highlight of the conference was the presentation of an award of recognition to Mr. Morant for his thirty-year odyssey as a dialysis patient. A number of patients from around the country were similarly recognized for achieving a twenty-five year mile stone as dialysis patients. Because the delegation from Network 13 was so large - seven of us, altogether! - Walter received a loud, raucous round of applause from the audience led by his special band of supporters. It was a moving moment for Walter, his wife, Sandy and those of us who have come to know and appreciate Walter's exemplary life of courage. It was a moment in time this writer will never forget. Congratulations, Walter!



From left to right: Richard Reeder, Steven Fendt, Margaret Fiantt, Walter Morant, Dallas Fiantt, Sandy Morant

## PATIENT SPEAKERS A BIG HIT AT WORKSHOPS!

The Network 13 Patient Advisory Committee (PAC) has been busy providing the "patient perspective" at Network 13 workshops in the three state area of Arkansas, Louisiana and Oklahoma. All six PAC members have given presentations to audiences of dialysis Nurses, dietitians, technicians, administrators and social workers. The "patient voices" have been enthusiastically received and repeatedly evaluated as "the best part of the workshops!" PAC members presented as follows: Richard Reeder - Tulsa, OK; Hershel Banks (Chairperson) - OKC, OK; Dallas Fiantt - Baton Rouge, LA; Walter Morant - New Orleans, LA; Penney Pilkington & Paul Thomas - Little Rock, AR.



### KIDNEY KONCERNS NEEDS YOU!

*Kidney Concerns* is published quarterly by the Patient Advisory Committee of ESRD Network 13. The next edition is scheduled for Spring/April. To make this newsletter a success, we need your assistance. If you are interested in contributing to this newsletter, please send any articles, materials and/or ideas to:

#### *Kidney Concerns*

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