

Kidney Konnections

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Bay Area Association of
Kidney Patients

The Bay Area Association of Kidney Patients is an all-volunteer, non-profit organization formed to educate and support Bay Area kidney patients.

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Hypertension, Salt and Chronic Kidney Disease

By Marco Martin

The BAAKP warmly welcomed a truly respected and distinguished doctor to our Fall forum: Dr. Toby Gottheiner. He came to our meeting to educate our members on salt, hypertension and kidney disease. The audience was encouraged to ask, as many did, questions during and after the session.

High blood pressure is the number one reason people see a doctor. It is also the top reason for pharmacy prescriptions (30% of adults take medications for high blood pressure). This statistic is expected to increase due to rising obesity.

Diagnosing high blood pressure (or HBP), takes at least two readings at different times spread across different days. Dr. Gottheiner described two common occurrences when conducting HBP readings:

- "White Coat" hypertension and
- "Masked" hypertension.

Simply stated, the "White Coat" hypertension refers to the patient's blood pressure (BP) rising in the doctor's office because he is uneasy. The latter is quite the opposite; having good

blood pressure in the doctor's office that disappears once the patient leaves. It was also interesting to learn that a person's blood pressure is highest in the morning. People with kidney disease tend to be "non-dippers." This means their blood pressure does not lower much when they go to sleep, unlike those without chronic kidney disease (CKD).



Dr. Toby Gottheiner

There are many causes of hypertension. It can be due to genetics, salt intake, obesity, lipid abnormalities, anxiety, sleep apnea, and even certain occupations. Middle managers have high blood pressure more than the people at higher and lower levels of business, likely due to stress. However, high blood pressure is

mostly secondary to another disease. Kidney disease is number one on this list.

Hypertension, affecting 85% of CKD patients, is partly caused by stiffness in the vessels. CKD with high salt intake also affects the production of the body's natural blood pressure lowering chemicals (mainly nitrous oxide).

This is the true cause of hypertension and not the old belief that more salt leads to the veins retaining more fluid. Hemodialysis or peritoneal dialysis relieves some of this hypertension. However, a low blood pressure reading before dialysis has been correlated with poor outcomes. It points to a weak heart muscle. Doctors do not know the optimal blood pressure reading for dialysis patients. The recommended blood pressure for diabetics and CKD patients is less than 130/80 (and 125/75 if you have protein in your urine). Pre-hypertension is defined as blood pressure readings from 120-139/80-89 for those without chronic kidney disease. Scientists have not seen a decrease in cardiac events (for these patients) who have blood pressure readings below 130/80.

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There are a few classes of medications that a CKD patient can use to treat high blood pressure. Unfortunately, only 30% of the CKD population has their blood pressure under control. In most cases, a combination of drugs are used. *Diuretics* help the kidneys excrete salt and are important since they dilate the blood vessels. Diuretics are also helpful in treating nephritis. It has been observed that certain BP-lowering drugs sometimes increase creatinine. Doctors accept this, and this initial bump will stabilize. An *ACE inhibitor* can also be used to control blood pressure. For those allergic to an ACE inhibitor (evidenced by a cough), a switch to an *ARB* type medicine is recommended. A combination of ACE and ARB medications is believed to slow or halt kidney disease in diabetics; however, some people may not be good candidates for these drug combinations.

Dr. Gottheiner further explained that having wildly fluctuating blood pressure readings is a predictor of cardiovascular occurrences; that is worse than having higher but consistent blood pressure readings. The good news is that this variability can be easily treated with medication. Another interesting fact is that the higher the difference between the top and bottom number in the blood pressure reading, the more damaging the pressure is on the vessels; it becomes serious if the difference is 50 points or more.

Hypertension is rare in populations that consume less than 1.3 grams of salt/day. Just remember, one teaspoon of NaCl (table salt) is about 2.3 grams. You won't see immediate large benefits from salt restriction, yet it prevents blood pressure from rising to high levels later in life. Less salt also enhances a patient's

response to certain medications. It is known that a very high salt intake is associated with a decrease in kidney function over time.

Nutrition recommendations by Dr. Gottheiner included restricting salt to less than 2300 mg/day for normal people and <1500 mg/day for patients with hypertension, diabetics and those with CKD. Dr. Gottheiner recommends the Dash Diet and consuming 8-10 servings of fruits and vegetables a day; remember that a serving portion is the size of your fist.

Increases in the use of high fructose corn syrup, we also learned, mirrors increases in hypertension. This is also seen in animals. Thus the forum was advised to limit fructose, which is found in ice cream and soft drinks.

Even more interesting facts were exchanged during our event. These pieces of non-conventional yet illuminating information are our reason for bringing these exciting forums to you, the public. To learn more about our free public presentations and how you can attend, please visit our website at www.baakp.org.

We sincerely thank Dr. Gottheiner for joining us for the BAAKP 3rd Birthday celebration and for conducting a well received lecture.

This newsletter is not intended to be a substitute for advice from your medical professionals. Please consult your physician or other medical professionals about any changes or additions you make to your kidney care.

Other Kidney Support Groups & Meetings

<p>AAKP American Association of Kidney Patients</p> <p>Has many resources available both on their website & through their publications.</p> <p>3505 E. Frontage Rd. Suite 315 Tampa, FL 33607 800-749-2257</p> <p>www.aakp.org</p>	<p>T.R.I.O Transplant Recipients International Organization</p> <p>Silicon Valley Chapter Meets on the 2nd Thursday of each month at 7:30 pm. El Camino Hospital, Conference Room E, 2500 Grant Road, Mountain View, CA 94040</p> <p>www.bayareatrio.org 408-353-2169</p>	<p>San Francisco Polycystic Kidney Foundation</p> <p>For general PKD information, call: 1-800-PKDCURE</p> <p>For information about local groups, go to: www.pkdcure.org/sanfranciscochapter</p> <p>For chapter specific questions, please send email to: sanfranciscochapter@pkdcure.org</p>	<p>The National Kidney Foundation of No. California & No. Nevada</p> <p>Has many resources available and sponsors many events. For more info: www.kidneyca.org 415-543-3303</p> <p>National Kidney Foundation www.kidney.org</p>
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BAAKP Receives National Award!

The Bay Area Association of Kidney Patients (BAAKP) is so excited and honored! We recently received the award for “**Kidney Patient Support Group of the Year**” from the American Association of Kidney Patients (AAKP)!

The AAKP’s 37th national convention was held from September 2-4, 2010 in Tampa, Florida, bringing together more than 300 kidney patients, families, and health providers from all over the United States. Speaking of the award, Carolyn Price, AAKP President stated, “These individuals have done inspiring work in the renal community. It is an honor to recognize their efforts.” Representing the BAAKP and receiving the award, Linda Umbach, a founding member of the Bay Area Association of Kidney Patients said, “The BAAKP would like to thank the AAKP for this prestigious award and the recognition that comes with it.”



Walt Umbach (co-founder), Grant Bennett (current BAAKP President), and Linda Umbach (co-founder) proudly display the AAKP award.

AAKP is a national organization founded by kidney patients for kidney patients. They are dedicated to improving the lives of kidney patients and their families by helping by helping them deal with the physical, emotional and social impact of kidney disease.

The Bay Area Association of Kidney Patients is a non-profit, 501(c)3, patient-run organization whose mission is to “Educate and Support San Francisco Bay Area Kidney Patients.” We host quarterly presentations at the Palo Alto Medical Foundation on issues impacting the kidney community, publish this newsletter, and maintained a website at www.baakp.org.

Thank You to Our Supporters

Our Educational and Support programs could not exist without the assistance of many. First of all, many thanks to Dr. Gottheiner for giving up his Sunday afternoon during the World Series play-off excitement! In addition, thanks go to Kurt Koptish and Pete Clarke from DaVita Dialysis for very generously sponsoring the refreshments! The beautiful Birthday Cake was contributed by Ryan Ferguson of NxStage Medical, Inc., a manufacturer of home hemodialysis equipment. We are also grateful to Trader Joe’s in Menlo Park, a new sponsor, for the gift basket for the speaker. And, another new sponsor, Walgreen’s in Menlo Park, donated the 3 door prizes (blood pressure cuff and 2 weeklong pill sorters)! Please patronize our community sponsors; we appreciate their many contributions! Finally, we cannot forget the efforts of the folks at the Palo Alto Medical Foundation, especially Becky Beacom, for hosting these events in such 4-star facilities! THANK YOU EVERYONE!



 Bay Area Association of
Kidney Patients

Stay updated!

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www.Facebook.com/baakp

www.Baakp.org

Click the links if you are reading an electronic version of this newsletter.



The AAKP “Kidney Patient Support Group of the Year” Award



Bay Area Association of Kidney Patients

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Please visit our website at
www.BAAKP.org
for back issues of
our newsletters and videos
of our past meetings!

*Newsletter publication dates are November, February, May and August
If you've received an extra copy of this newsletter, please pass it along!*

SAVE THESE DATES! General Meetings:

- **January 9, 2011**
**UCSF Kidney
Transplant Team**
- **March 20, 2011**
**Program to be
announced**
- **May 22, 2011**
**Program to be
announced**

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Steering Committee Meetings

**Second Wednesday of
every month at 6:00 pm**

*If you would like to join us in the
leadership of this group, we would
love to have your help.*

(Call for location)

**bay.area.kidney@gmail.com
650-323-2225**

UCSF Kidney Transplant Team to Speak at January 2011 meeting

On Sunday, January 9, 2011 we are thrilled to have scheduled the University of California San Francisco (UCSF) Medical Center Kidney Transplant Team to discuss their kidney transplant program. They will discuss transplant qualifications, the pre-transplant period, the surgery itself and post-transplant management.

The Connie Frank Transplant Center at UCSF provides care for patients seeking pre and post kidney and pancreas transplantation services. Established in 1964, UCSF has performed more kidney transplants than any other hospital in the world. As a major transplant center for the West, UCSF's kidney team evaluates about 1,200 patients a year as potential transplant candidates. Currently, UCSF performs more than 300 kidney transplants per year. That's twice as many as any other transplant program in Northern California, according to the United Network of Organ Sharing (UNOS). UCSF Medical Center's kidney transplant patients have the highest one-year success rates of all Northern California transplant programs. Bring your questions and concerns; this is a great opportunity!

This FREE event will take place at the Palo Alto Medical Foundation, 795 El Camino Real, 3rd floor Conference Room, Palo Alto, CA 94301 on Sunday, January 9, 2011 from 1 PM to 4 PM. There will be ample time for audience questions, social interaction and patient support. Kidney-friendly refreshments will be served! To reserve your seat, please email us at bay.area.kidney@gmail.com or call us at 650-323-2225.