



Yorkshire and the Humber Strategic Clinical Networks

Yorkshire and the Humber Renal Network News

Issue 4

13th April 2015

Welcome!

Welcome to Issue 4 of the Yorkshire and the Humber Renal Network News for 2015.

This e-bulletin aims to provide a focus on national and regional developments in renal care and supports the sharing of research, advice and best practice across Yorkshire and the Humber. Additionally, this e-bulletin aims to highlight upcoming dates of importance and encourages staff and patients across the region to become involved in shaping the future of renal care.

If you have any ideas for improvements or suggestions for content in future editions please get in touch via our contacts details, which can be found [here](#).

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Advice about using ACEi and ARBs in Chronic Kidney Disease

ACEi and ARBs have potent effects on renal vasculature and, within the first 6-8 weeks of commencement, may cause a modest rise in serum creatinine (sCr) of up to 25-30% above the baseline sCr.

In high risk patients the rise in sCr can be severe, leading to acute kidney injury (AKI) and hyperkalaemia. High risk patients include:

- Frail elderly patients
- Patients who become volume depleted
- Patients with suspected bilateral renal artery stenosis

- Hypotensive patients
- Patients taking other drugs that affect kidney function

Approximately half of the patients with AKI requiring dialysis will have been taking either an ACEi or ARB, and in many instances the AKI may have been predictable and avoidable.

Recommendations:

1. Does the patient really need to be on an ACEi or ARB?

Care should always be taken with the frail elderly. ACEi and ARBs have no renoprotective effects over other anti-hypertensives unless the patient has type 1 diabetes or hypertension and significant proteinuria (i.e. PCR >100mg/mmol or ACR >70mg/mmol). ACEi or ARBs are only specifically indicated in patients with CKD if they have hypertension and significant proteinuria.

2. Measure serum creatinine and potassium

A rise in sCr of up to 25% above baseline is acceptable. A rise in potassium up to 6mmol/L is safe. If the potassium is >6mmol/L: review all drugs; reduce or stop the ACEi or ARB; give appropriate dietary advice which will be available from your local renal unit.

3. Avoid excessive hypotension

For most elderly patients (>80 years old) a systolic blood pressure of around 160mmHg is probably acceptable.

4. Suspected renal artery stenosis (RAS)

Patients at risk of RAS are those with widespread vascular disease, are usually severely hypertensive and may have had episodes of flash pulmonary oedema. A very large rise in sCr (sCr rising by more than 50% of baseline) in high risk patients may signify RAS. If this occurs stop the ACEi or ARB and discuss with a nephrologist.

5. Avoid other nephrotoxic drugs

Specifically NSAIDs, trimethoprim and potassium sparing diuretics. A small number of patients do benefit from combinations of all of the above with ACEi or ARBs, but usually only in exceptional circumstances and after discussion with the appropriate specialist. Patients should be warned about NSAIDs bought over the counter.

6. "Sick day rules"

Patients should be advised to seek medical or nursing advice early if they develop a severe dehydrating illness or symptoms of hypotension. Interrupting the ACEi or ARB for a few days may prevent avoidable AKI.

7. Re-introduction of ACEi/ARBs

Where ACEi or ARBs are essential (e.g. in cardiac failure) and need to be re-introduced after being stopped, it is advisable to recommence with a low dose and titrate up as clinically indicated.

**This advice was produced by the Northern Renal Clinical Network
November 2013**

Dialysis Away From Base – Last Chance to Comment

The public consultation launched by NHS England regarding Dialysis Away From Base (DAFB) is set to close on 23 April 2015. If you have not yet submitted your comments the DAFB commissioning policy and FAQ paper can be found [here](#).

Devices for Dignity: Survey and Patient-led Event

Devices for Dignity (D4D) are a publicly-funded organisation based within the NHS with a mission to develop technology based solutions to help patients and carers living with long-term conditions.

D4D work collaboratively with patients, carers, clinicians, academics, designers and industry partners to develop technology solutions to help address unmet clinical needs. Listening to, understanding, and working with patients and carers is a key part of how D4D work towards technology solutions.

D4D are trying to gain a wider understanding of how the daily living activities of patients and carers are affected by the conditions they live with and care for. To facilitate this understanding D4D will be running their first [Patient-led Event](#) in Sheffield on 2 June 2015.

The event will be free for patients and carers and will include patient speakers, discussion sessions to build on survey results, and facilitated sessions around D4D's themes, which include renal technologies. To view the projects undertaken so far by D4D for renal patients please click [here](#).

In advance of the event D4D have published a survey around independence, which can be accessed [here](#). The survey is aimed at patients and carers, takes only 5 minutes to complete and answers will contribute to discussions at the event and the development of future technologies for renal patients.

PD Research Day: Call for Abstracts

On Friday 1 May 2015 the National Institute for Health Research will be

hosting a PD Research Day in the Medical Education Centre, Northern General Hospital, Sheffield.

The event has been organised to showcase PD research that is about to start, is ongoing, or has finished from across the UK. If you are taking part in PD research we want to hear from you!

If you would like to submit an abstract, or attend the research day, please contact [Louese Dunn](#) by Friday 17th April 2015 for more information. Please note there is a £30 delegate fee for the day.

Kidney Education Network Meeting – 8th May

On Friday 8th May 2015 the Kidney Education Network are holding an event at University Hospitals Coventry & Warwickshire NHS Trust focussed around “Evidence into Practice”.

Previous meetings have been evaluated very highly and the Kidney Education Network would be delighted to welcome delegates new and old. The full day event, including lunch and refreshments, is only £40 and further information and places can be purchased [here](#).

More Dates for Your Diary!

Forums:

- Thursday 23 April, 1000-1400, **Nurses AKI Forum**, Samuel Fox House Room 243, Northern General Hospital, Sheffield
- Friday 15 May, 0930-1300, **Yorkshire & the Humber Transplant Forum**, Hatfeild Hall, Wakefield
- Friday 22 September, 14:00-17:00 (lunch from 13:00), **Yorkshire & the Humber Home Therapies Forum**, The Strayside Education and Clinical Skills Centre, Harrogate

If you would like to attend any of the above, or require further information, please email sarah.boul@nhs.net.

Learning Event:

- Wednesday 10 June, 1000-1600, **Shared Haemodialysis Care Learning Event**, Marriott Hotel, Leeds.

If you would like further information about the 4th Shared Care Learning Event, or wish to book a place, please click [here](#).

Contacts

If you would like to discuss any of the items included in this e-bulletin or would like further information about the Renal Network please contact:

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Links and Partner Organisations

- British Kidney Patient Association. Click [here](#) for the website.
- National Kidney Federation. Click [here](#) for the website.
- NHS Improving Quality. Click [here](#) for the website.
- Yorkshire and the Humber Strategic Clinical Networks. Click [here](#) for the website.
- Yorkshire and the Humber Clinical Senate. Click [here](#) for the website.
- Yorkshire and Humber Academic Health Science Network. Click [here](#) for the website.

Request for Links: If you would like to feature a web link in this bulletin, or provide information as a Partner Organisation, please email details to sarah.boul@nhs.net with the words "Links and Partner Organisations" in the subject line.

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