

1725 I Street NW • Suite 510 • Washington, DC 20006 Tel 202-659-0599 • Fax 202-659-0709 • www.asn-online.org

EMBARGOED FOR RELEASE UNTIL 5:00 PM ET ON MAY 7, 2009

Contacts:

Shari Leventhal: 202-416-0658, <u>sleventhal@asn-online.org</u> (American Society of Nephrology) Laura Mecoy: 310-546-5860, <u>lmecoy@issuesmanagement.com</u> (Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center)

MORE PILLS/LESS QUALITY OF LIFE FOR KIDNEY PATIENTS

Study Finds Dialysis Patients Take an Average of 19 Pills a Day

Washington, DC (Monday, May 4, 2009) — The more pills a dialysis patients takes, the worse their health-related quality of life, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society Nephrology* (CJASN). The findings indicate that increasing the number of medications to control patients' disease may interfere with their ability to enjoy normal activities.

Kidney disease patients undergoing dialysis must take more pills than most patients with other chronic diseases. While these medications are important for controlling patients' disease, at some point taking too many pills (with their ensuing side effects) may negatively affect patients' health-related quality of life, or their perceived physical and mental health.

Rajnish Mehrotra, MD and Yi-Wen Chiu, MD (Los Angeles Biomedical Research Institute), and their colleagues conducted a study to see if "pill burden" affects dialysis patients' health-related quality of life. They studied 233 chronic dialysis patients from three clinics in different geographic areas in the United States.

The investigators found that patients took an average of 19 pills a day and that a quarter of the patients took more than 25 pills a day. Patients with a high pill burden had lower perceived physical health. Medications called phosphate binders, which control the level of phosphorous in the blood, accounted for about half of the daily pill burden. Sixty-two percent of the patients did not take these medications as directed. The more phosphate binders a patient was prescribed, the less likely they were to take their medications as directed and the less likely they were to have their blood phosphorous levels under control. These findings indicate that increasing the number of prescribed pills does not seem to improve control of phosphorous levels and may come at the cost of poorer health-related quality of life.

The authors note that any attempts to tackle dialysis patients' pill burden must address the number of phosphate binders a patient is prescribed on a daily basis.

Dr. Mehrotra has received grant support and serves as a consultant for Shire Pharmaceuticals, the makers of lanthanum carbonate. This study was funded by a grant from Shire Pharmaceuticals.

The article, entitled "Pill Burden, Adherence, Hyperphosphatemia, and Quality of Life in Maintenance Dialysis Patients," will appear online at http://jasn.asnjournals.org/ on May 7, 2009, doi 10.2215/CJN.00290109.

Founded in 1966, the American Society of Nephrology (ASN) is the world's largest professional society devoted to the study of kidney disease. Comprised of 11,000 physicians and scientists, ASN continues to promote expert patient care, to advance medical research, and to educate the renal community. ASN also informs policymakers about issues of importance to kidney doctors and their patients. ASN funds research, and through its world-renowned meetings and first-class publications, disseminates information and educational tools that empower physicians.

###