



spotlight on health

Chronic Kidney Disease: More Common Than You Think TM

(NAPSA)—Katherine, a mother of two from the suburbs of Orlando, Florida, was diagnosed with type 2 diabetes shortly after her 30th birthday. Two decades later, her diabetes led to kidney failure. Unfortunately, this scenario is not uncommon, as diabetes is the leading cause of kidney failure in the United States, accounting for nearly half of the people who begin treatment each year.

When the kidneys stop working normally, it is called chronic kidney disease (CKD). In Katherine's case, the disease advanced to its most severe form, CKD Stage 5, which occurs when an individual has lost at least 85 percent of his or her kidney function and begins dialysis. Of the 20 million Americans who have some form of kidney disease, more than 530,000 are on dialysis. Dialysis performs tasks that healthy kidneys do, such as remove wastes, control excess salt and water balance, and maintain blood pressure.

The overall management of kidney disease is challenging and can lead to a variety of additional problems. In Katherine's case, she developed hyperphosphatemia (hip-per-FOS-fuh-TE-me-uh)—high levels of phosphorus in the blood—which can lead to serious long-term health problems over time, such as mineral deposits in the heart and blood vessels, bone disease and even death.

Fortunately, there are treatments available to help patients control their kidney disease and limit the impact of hyperphosphatemia. Through a combination of dialysis, diet and phosphate binder therapy, patients can manage their phosphorus levels. In addition to going to dialysis three times a week, Katherine follows a diet that limits foods high in phosphorus, such as dairy products and dark soda. But phosphorus is found in most foods, so patients often cannot reach target blood phosphorus levels through dietary restriction and dialysis alone. Many patients, including Katherine, need to take phosphate binders at meals and snacks to help further control their phosphorus levels. Phosphate binders are prescription medications which “soak up” phosphorus in the gastrointestinal tract before it can be absorbed into the blood, thereby helping patients maintain target blood phosphorus levels.

Because phosphate binders need to be taken with each meal, finding an effective binder that fits each individual patient's needs can be challenging. In April 2005, a member of Katherine's health care team recommended that she change her phosphate binder to FOSRENOL[®] because it could reduce the number of tablets she had to take each day.

The change worked for Kather-

ine. Instead of the 12 tablets she was taking per day on a previous phosphate binder, Katherine now takes fewer than five tablets a day.

The new medication has enabled Katherine to consistently maintain her phosphorus levels within the recommended guidelines. Katherine's new binder also is a chewable tablet, which she prefers, because like all dialysis patients, she needs to restrict the amount of water she drinks each day. While Katherine has not experienced any side effects related to FOSRENOL[®], her doctor did advise her that individuals taking the medication may experience nausea or vomiting, which generally lessen over time as patients continue with their treatment.

Thanks to dialysis, diet and her newly prescribed phosphate binder therapy, Katherine is successfully managing her health and staying active. On most days, she can be found in her swimming pool with her children and grandchildren.

This patient account reflects one person's experience with hyperphosphatemia, CKD Stage 5 and her treatment with FOSRENOL[®]. This information is not intended as a substitute for medical advice.

For more information about CKD Stage 5 or treatment with FOSRENOL[®], visit www.fosrenol.com.

Note to Editors: Important Safety Information: During clinical trials, the most common side effects of FOSRENOL[®] were gastrointestinal, and included nausea, vomiting, and diarrhea. Nausea and vomiting generally lessened over time as patients continued with their treatment. Patients who stopped treatment usually reported gastrointestinal side effects as the reason for stopping. Other side effects reported in trials included dialysis graft complications, headache, abdominal pain, and low blood pressure. Although studies were not designed to detect differences in risk of bone fracture and mortality, there were no differences demonstrated in patients treated with FOSRENOL[®] compared to alternative therapy for up to 3 years. The duration of treatment exposure and time of observation in the clinical program were too short to conclude that FOSRENOL[®] does not affect the risk of bone fracture or mortality beyond 3 years. While lanthanum has been shown to accumulate in the GI tract, liver, and bone in animals, the clinical significance in humans is unknown. If you suffer from acute stomach ulcer, colon inflammation and colon ulcers, Crohn's disease, or bowel obstruction, it is important to know that patients with these conditions were not included in FOSRENOL[®] clinical studies—please discuss with your doctor. Don't take FOSRENOL[®] if you are nursing or pregnant, or if you are under 18 years of age. Please visit www.fosrenol.com for Full Prescribing Information.