



Health Awareness

New Treatment Options Helping Kidney Patients Lead More Normal Lives

(NAPSA)—At age 43, Luz Flores was diagnosed with end-stage renal disease (ESRD), a result of uncontrolled hypertension. Today, more than one in 1,000 Americans are being treated for kidney disease. This number is escalating at alarming rates as the incidence of diabetes and hypertension, two leading causes of kidney failure, continues to rise. As a result, minority groups in the U.S. are the fastest-growing population of kidney failure patients.

The failure of Flores' kidneys to remove toxins and excessive fluid from her blood left her with no choice but a lifelong course of dialysis treatment. When reviewing her treatment options, her criterion was specific: the least interruption of her daily activities. Adding to the challenge, Flores' religious convictions prohibited her from practicing any medical intervention involving blood removal. Thankfully, Flores was able to perform a dialysis therapy that she could do at home and would not compromise her religious convictions. Peritoneal dialysis (PD) uses the body's abdominal lining as a natural filter so blood never leaves the body.

Though she had success with her dialysis treatment for several years, Flores began experiencing difficulty removing enough excess fluid from her body, making her heavy, tired and weak. Without immediate attention, she would likely have had little time left to live.

Then her nurse recommended a new product, EXTRANEAL, which at the time was awaiting U.S. Food



Luz Flores was the first U.S. patient to benefit from a new kind of kidney treatment.

and Drug Administration approval. Shortly following its approval in December 2002, Flores became the first U.S. EXTRANEAL patient. This new PD solution helped her remove nearly 15 pounds of water weight during just the first two weeks of treatment. The removal of so much retained water alleviated her breathing difficulty and improved her energy and attitude. Additionally, Flores was able to care for her family again, preparing meals and taking care of her grandchildren. "Before this new treatment, I was swollen, listless and couldn't breathe. It got so bad, I was using a wheelchair and oxygen tank," says Flores.

Flores is grateful that her nurse proactively recommended this new treatment. However, not all patients have the benefit of learning about all their treatment options. Studies have shown that patients who are educated about their care are more aware of the options available to them, and can

engage in discussions about their options with a physician.

"In my treatment experience, patients with kidney disease do better if they are educated and actively involved in their care. Patients should seek and share information with their doctor and make an informed decision about their treatment," said Dr. John M. Burkart, professor of internal medicine and director of outpatient services at Wake Forest University School of Medicine. "It's important for patients to have access to all information and treatments, like EXTRANEAL, needed for successful therapy. And it's especially important for healthcare providers and professionals to provide these resources."

More information on kidney disease, PD or HD dialysis options and EXTRANEAL can be found on www.kidneydirections.com in both English and Spanish.

EXTRANEAL is contraindicated in patients with a known allergy to cornstarch or icodextrin or in patients with glycogen storage disease. In clinical trials the most frequently reported adverse events occurring in $\geq 10\%$ of patients, and more common in EXTRANEAL patients than in control patients, were peritonitis (26% vs. 25%), upper respiratory infection (15% vs. 13%), hypertension (13% vs. 8%) and rash (10% vs. 5%). These were also observed in control patients. The most common treatment-related adverse event for EXTRANEAL patients was skin rash (5.5% vs. 1.7%). Since falsely elevated glucose levels have been observed with blood glucose monitoring devices and test strips that use glucose dehydrogenase pyrroloquinolinequinone (GDH PQQ)-based methods, GDH PQQ-based methods should not be used to measure glucose levels in patients administered EXTRANEAL. The manufacturer(s) of the monitor and test strips should be contacted to determine if icodextrin or maltose causes interference or falsely elevated glucose results. Patients with insulin-dependent diabetes may require modification of insulin dosage following initiation of treatment. Individual prescribing information may differ.