

# Medicines for anaemia and mineral bone disease

Patient information: **medicines**



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## What is this leaflet about?

Medicines can be used to help manage conditions associated with chronic kidney disease (CKD), which include anaemia and mineral bone disease. This leaflet gives you more information about your medicines and some of the possible side effects. For more information, ask your doctor, pharmacist or dietitian.



## What do the medicine names mean?

Most medicines have two names: the real (drug) name and the brand (company) name.

In this leaflet, the brand name will be indicated by the use of a capital first letter and a registered trademark symbol ® – like Renacet®. Doctors tend to use the real name of the drug.



## What types of medicines might I need?

Some of the most common medicines that you may be prescribed include:

### Medicines that treat mineral renal bone disease

Medicines to help to stop phosphate being absorbed from your diet:

Phosphate binder	When to take	Common side effects
Calcium acetate (Renacet®, Phosex®)	Swallow whole 10-15 minutes before meals	Feeling sick, can raise calcium levels
Calcium carbonate (Calcichew®)	Chew 10-15 minutes before meals	Chalky taste, can raise calcium levels
Lanthanum (Fosrenol®)	Chew during, or just after, meals	Feeling sick if taken on an empty stomach
Sevelamer (Renvela®, Renagel®)	Swallow whole just before meals	Feeling sick
Sucroferric oxyhydroxide (Velphoro®)	Chew just before meals	Black stools (poo)

**Note:** these medicines should be taken when you eat foods containing phosphate. Your dietitian or healthcare professional will talk to you about avoiding phosphate-rich foods. Don't take antibiotics or iron tablets at the same time as your phosphate binders, as this will stop them from working.

### Other medicines to help with renal bone disease

- Vitamin D tablets** – alfacalcidol, calcitriol, and paricalcitol. These help to balance your calcium levels and control your parathyroid hormone (PTH) level. They are usually taken once a day, or three times a week, after haemodialysis. *Note: these medicines can also cause the calcium level in the blood to rise.* Side effects also include feeling sick – try taking with food. These are not the same as the vitamin D supplements you get from the chemist as they are specially made for kidney patients.
- Cinacalcet.** This is a medicine for patients with very high levels of parathyroid hormone who are not able to have a parathyroidectomy operation. It is used to bring down the parathyroid hormone level in your blood. This drug has the advantage of not raising calcium levels, but levels still need to be monitored. Side effects include feeling sick and abdominal pain. It is best taken with food. Etelcalcitide is an intravenous (given straight into your blood stream) version of cinacalcet which may be used if you can't take cinacalcet.

## Medicines that treat anaemia

Many patients with kidney failure have a condition called anaemia. This means they have a lack of red blood cells in their body.

Red blood cells carry oxygen around the body. Your kidneys help the production of red blood cells in the body by making a substance called erythropoietin (EPO). When your kidneys do not work, they produce less EPO and you also absorb less iron from your food. This can make you anaemic which can make you feel very tired.

- **Iron tablets** can be taken, for example ferrous (iron) sulphate tablets. These are often taken three times a day. Side effects include indigestion, black stools (poo) and feeling sick. If they make you feel sick, try taking them with meals. Do not take at the same time as some antibiotics and calcium tablets. If your poo suddenly becomes very black, tell your doctor.
- **Iron injections.** Iron can be given into your blood stream if you cannot take it by mouth, or are on dialysis. Venofer<sup>®</sup>, Diafer<sup>®</sup> and Monofer<sup>®</sup> are types of iron injections. Rarely, people can have an allergic reaction to iron, which can be serious. People also sometimes get a metallic taste in their mouth.
- **EPO or erythropoietin stimulating agents (ESA)** injections (for example Eprex<sup>®</sup>, NeoRecormon<sup>®</sup>, Aranesp<sup>®</sup>) can be given as an injection under the skin, or directly into your blood stream on dialysis. The dose can vary from three times a week, to once a month. They can cause your blood pressure to go up, so this will be monitored by your doctor.
- **HIF-PH inhibitors**, such as roxadustat and dapradustat, increase production of red blood cells and levels of haemoglobin in the blood. They are usually given as tablets.



### Looking after your medicines

You should store your medicines in their original packet in a cool, dry place, out of the sight and reach of children.

Do not get rid of any expired or unwanted tablets by flushing them down the toilet, or throwing them away. Take them to your local pharmacy who will dispose of them for you.

## Where can I find more information?

NHS: [www.nhs.uk/conditions/iron-deficiency-anaemia/](http://www.nhs.uk/conditions/iron-deficiency-anaemia/)

Kidney Care UK:

- Anaemia and CKD your questions answered:  
[www.kidneycareuk.org/anaemia-ckd-faqs](http://www.kidneycareuk.org/anaemia-ckd-faqs)
- Managing anaemia and CKD:  
[www.kidneycareuk.org/managing-anaemia-ckd](http://www.kidneycareuk.org/managing-anaemia-ckd)
- Iron levels for people on dialysis:  
[www.kidneycareuk.org/iron-levels-dialysis](http://www.kidneycareuk.org/iron-levels-dialysis)




## Contact us



In partnership with



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