



KEEPING YOUR HEART HEALTHY ON DIALYSIS



February is known as American Heart Month



Why Dialysis Patients Have Higher Risk:

- ♥ Diabetes
- ♥ High blood pressure
- ♥ High cholesterol
- ♥ Anemia (low red blood cells)
- ♥ Problems with calcium and phosphorus



**THESE THINGS
MAKE THE HEART
WORK TOO HARD.**

How Doctors Check Your Heart?

- ♥ ECG: Checks your heartbeat
- ♥ Echocardiogram: Shows how your heart moves
- ♥ Stress test: Shows how your heart works when you exercise
- ♥ Angiogram: Looks for blocked blood vessels



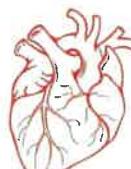
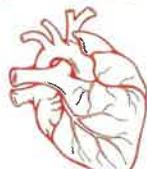
**DOCTORS
MAY DO
TESTS LIKE..**

How You Can Protect Your Heart

- ♥ Eat healthy foods
- ♥ Be active
- ♥ Keep your blood pressure and cholesterol under control
- ♥ Limit processed and fast foods

- ♥ Control your blood sugar if you have diabetes
- ♥ Do not smoke
- ♥ Try to lower stress
- ♥ Keep a healthy weight
- ♥ Follow your dialysis plan

**YOU CAN TAKE STEPS EVERY DAY TO KEEP
YOUR HEART STRONG.**



ANATOMY OF ANEMIA

Understanding anemia and its impact can empower people with kidney disease to work with their care team and take proactive steps to stay healthy.

Symptoms of Anemia include fatigue, weakness, shortness of breath, dizziness, pale skin, cold hands and feet, difficulty concentrating.

Red blood cells (RBCs) carry oxygen from the lungs to the rest of the body.

Hemoglobin, a protein in RBCs, binds to oxygen and delivers it to tissues.

Healthy kidneys produce **erythropoietin (EPO)**, a hormone which signals the bone marrow to make RBCs.

People with **kidney failure** produce little or no EPO, leading to anemia (low RBC count).

Treatments to Help Increase Red Blood Cell Production

- Erythropoiesis-stimulating agents (ESAs), subcutaneous injection or IV
- Iron supplements, Oral or IV
- Hypoxia-inducible factor prolyl hydroxylase inhibitors, oral
- Blood transfusions via IV

Proactive Steps to Take

Know Your Numbers Check your labs and know your hemoglobin levels.

Work with Your Care Team Your nephrologist will adjust treatments based on your labs.

Stay on Track Don't miss a dialysis treatment or a prescribed medication dose.

Speak Up Say something to your healthcare team if you have symptoms.

ANEMIA IN CHRONIC KIDNEY DISEASE

During this month's nursing article, let's take a moment to review what healthy kidneys do and what happens as kidney disease progresses, specific to anemia. The kidneys do many things when they are functioning well. In addition to filtering blood to remove waste products and excess fluid (the process for making urine), they also help with managing blood pressure, maintain potassium and blood pH levels, help to keep the bones healthy, and aid the body in making red blood cells. It is interesting to note that erythrocyte is the medical term for red blood cell (RBCs) and erythropoiesis is the medical term for making RBCs.

Maintaining an adequate number of RBCs is important to daily health and wellness. RBCs carry oxygen (O₂) from the lungs to cells throughout the body. When kidney function is lower (as defined by certain kidney lab results such as serum (blood) creatinine, estimated glomerular filtration rate (eGFR), blood urea nitrogen (BUN), carbon dioxide (CO₂), and urine albumin-creatinine ratio (UACR)), then the kidneys are not as effective at releasing a special hormone called erythropoietin (EPO). EPO acts as a chemical messenger sending signals to the bone marrow (inside the bones) to make RBCs. When the kidneys are not functioning like they once did, their ability to help the body make RBCs (erythropoiesis) is diminished. This diminished ability to aid the body with making RBCs can lead to anemia. See accompanying Anatomy of Anemia Infographic for more information (Kidney Talk, Fall/Winter 2025).

Anemia is defined as not having enough healthy RBCs circulating throughout the body in the bloodstream. Anemia can be determined by certain lab results and signs and symptoms a person may experience. The labs that help to determine anemia include hemoglobin, hematocrit, iron, ferritin, and transferrin (TSAT). A person with anemia may have one or several of the following signs and symptoms:

- ◆ Look pale Feel tired ◆ Have little energy for daily activities ◆ Feel dizzy ◆ Have a poor appetite
- ◆ Trouble with sleeping ◆ Feel short of breath ◆ Have a rapid heart rate

In addition to kidney disease, other causes of anemia include liver disease, HIV/AIDS, systemic lupus erythematosus, cancer, sickle cell disease, blood loss from injury, accidents, surgery, etc.. (even women during their menstruating years may become anemic), infection or inflammation throughout the body, and having too little (or being deficient in) iron, vitamin B12 or folic acid.

It is important to maintain appropriate levels of iron, vitamin B12, and folate in the body in order to assist with making RBCs (erythropoiesis). There are foods that contain each of these three vitamins and minerals. Check with your DCL dietitian about fruits & vegetables, meat & seafood, cereal & grains, beans & legumes, and nuts & seeds that you can eat and contain iron, vitamin B12, and folate.

The treatment for anemia depends on its cause. Erythropoiesis stimulating agents (ESAs) are drugs that can be given to help the body make RBCs (erythropoiesis). These drugs, such as Retacrit & Procrit, are given as a shot under the skin. Iron supplements can be given as a pill or an infusion into a vein.

Talk with your DCL healthcare team about anemia and your kidney disease. They will help you understand what you need to know and how it is treated.

References:

- American Association of Kidney Patients: Gander, Jennifer: RENALIFE (July/August 2021): Practical Tips to Begin Your Physical Activity Journey
- American Heart Association (n.d.) Heart Walk: How much physical activity do you need? Recommendations for adults.
- QSource ESRD Network (2025, January 10): Staying Active in Cold Weather: Chair Yoga Routine with Karen Guzak

Discussing Depression With Your Care Team

Why is it important to know if I am depressed?

Depression can often make life more difficult for people living with kidney disease. It can make it hard to take care of yourself, which can make your medical condition worse. Finding out if you are depressed can help your doctor find the best treatment for you.

Patient Fears

It is common for people to be afraid of sharing their feelings with their care team. Most of those fears are caused by misunderstandings or myths about depression. Below are some common fears and the truth to help you see that the care team is there to help and support you. Use this table to think differently about each fear.

Fear	Truth
The doctor will put me on medicines that I'd rather not take.	 There are many ways to treat depression and medication is just one of them. Depression is often a chemical imbalance, and just as you would treat headaches or high blood pressure, depression may also be treated with medication. The decision to take medicine is between you and your doctor.
I do not want people to think I am weak or crazy.	 Depression is a diagnosed mental health condition many people have. It is not a sign of "weakness" or "craziness." Depression can affect anyone at any time.
I will be told to go to a counselor, psychologist, psychiatrist or social worker.	 Just as a nephrologist treats your kidney disease, there are professionals trained to work with people diagnosed with depression. They can be there to help and guide you, but the decision to meet with a counselor or therapist is up to you.

Fear

I am afraid of what changes I would have to make to get healthy.



I do not want to distract the care team from dealing with my physical health problems.



The care team might think less of me if I talk about my depression symptoms.



When I told my care team I was depressed, they did not do anything about it.



You have already made a number of big changes to treat your chronic kidney disease, which may have been hard at first. It is normal to feel uncomfortable, and this will get better when you have a support team helping you.

Depression can also be related to physical problems. It is important for your doctor to understand what you're feeling. Your emotional health is just as important as your physical health.

Anyone can become depressed, even your care team members. Remember, you are not alone. They are there to help you, not just with dialysis. Your overall quality of life is important to your care team.

If you are not feeling heard by your care team, talk with your social worker or nurse. Ask what steps you can take to get help.

For more information or to file a grievance, please contact:

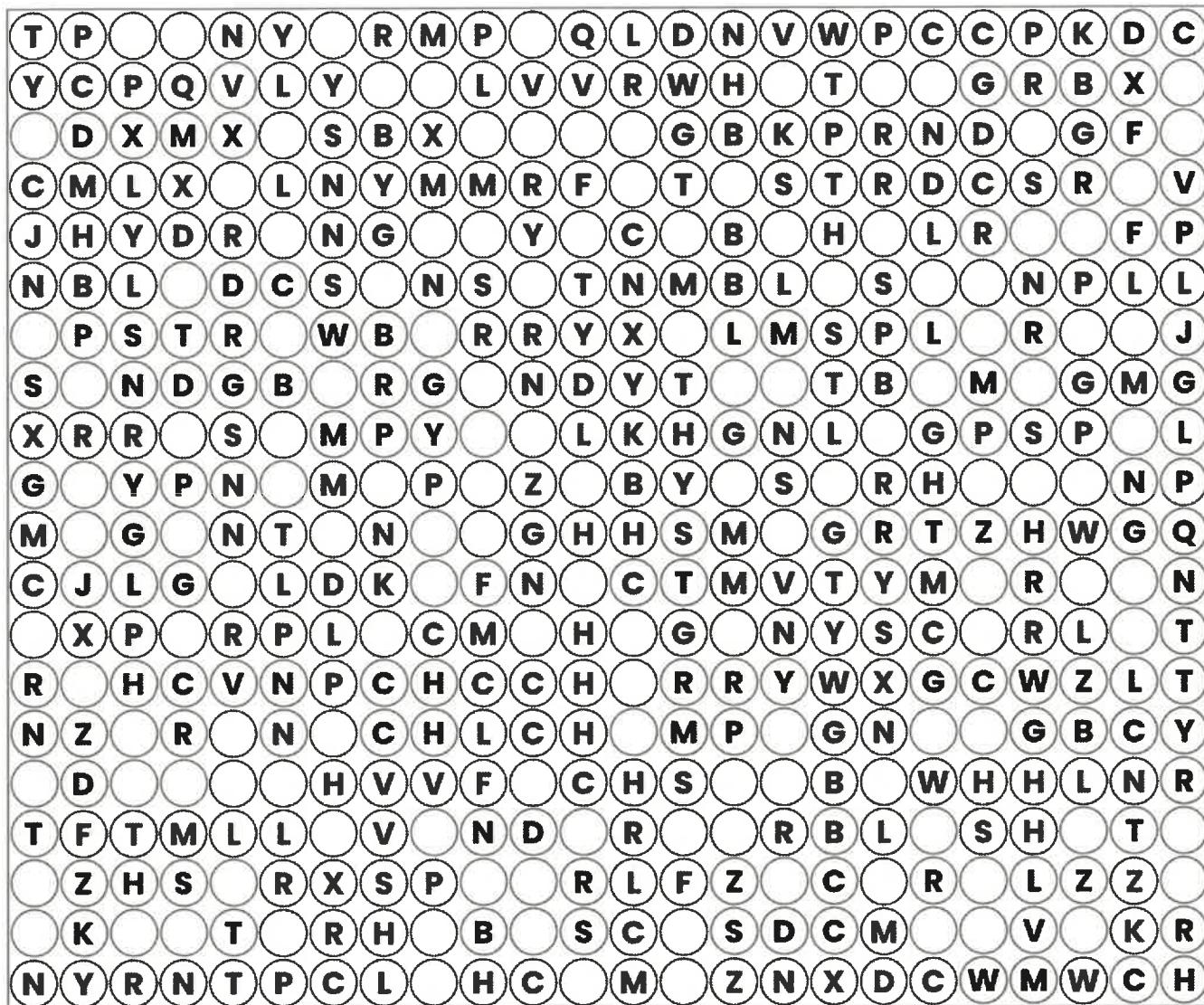
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Valentine's Day Colors Missing Vowels Puzzle

Find and circle the words in the list. The vowels are missing in the puzzle.



AMETHYST

BLUSH

BUBBLEGUM

BURGUNDY

CANDLELIGHT

CARNATION

CHAMPAGNE

CHERRY

CORAL

CREAM

CRIMSON

FLAMINGO

FUCHSIA

GOLD

GRAPE

HEATHER

HIBISCUS

HYDRANGEA

IVORY

LAVENDER

LILAC

MAGENTA

MAHOGANY

MAROON

MAUVE

PEACH

PEARL

PEONY

PINK

PLUM

PURPLE

RASPBERRY

RED

ROSE

RUBY

SALMON

SAND

SCARLET

STRAWBERRY

SUNRISE

SUNSET

THISTLE

VIOLET

WHITE

