

## Your Opinion, Please!

*In Control* was designed to be an educational resource for you—and your patients. There have been 7 issues so far, including this one, and now it's time to get your feedback.

### Survey Card Inside

You'll find a postage-paid business reply card in the center of this issue. Please take a few moments to answer our questions about *In Control* and how you use it.

### Win Free Registration to NKF Spring Clinical Meeting!

Every completed entry will be entered into a raffle for a complimentary registration to the NKF Spring Clinical Meeting, April 19–23 in Chicago.

One free registration to the NKF 2006 Spring Clinical Meeting will be awarded. The winner will be notified by mail on or before December 15, 2005.

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## Herbal Products and Chronic Kidney Disease

Use of over-the-counter herbal supplements has become so popular in the U.S. that 40% of adults report taking at least one supplement, high-dose vitamin, or both.<sup>1</sup> Among people who take prescription drugs for chronic conditions (like CKD), 1 in 5 also reports use of at least one supplement. So, it is likely that your CKD patients may be taking herbal remedies, too.<sup>2</sup>

### Why Supplements?

People with chronic diseases turn to herbal products for a variety of reasons. They may experience unpleasant side effects from prescription medications, may be frustrated with the failure of traditional medicine to “cure” their disease, or, may be trying to gain a measure of control over their condition.<sup>3</sup> In most cases, patients simply want to “feel better,” as evidenced by the fact that the best-selling supplements among the general public are linked with mood, food, sleep, and sex.<sup>4</sup> Whatever the motivation, it must be strong, since patients are willing to pay “out-of-pocket” for alternative medicines that are not covered by most health plans.

### Unreported Use

People who take herbal supplements often don't tell their care providers. Studies have shown that 40–50% of patients who use these products do not tell primary care physicians during routine physical exams.<sup>5,6</sup>

It is not clear whether underreporting results from oversight or intent.

Caregivers can improve the chances that patients will report the use of herbal remedies in two ways: by directly asking about the use of supplements,<sup>4</sup> and by establishing a good rapport so patients feel comfortable sharing information.<sup>7</sup>

### Hidden Dangers

Dietary supplements, including herbs, vitamins, and minerals, are not regulated by the Food and Drug Administration. No proof of safety is required, and there is little standardization of labeling. Manufacturers may choose to comply with the United States Pharmacopoeia's (USP) Dietary Supplement Verification Program (DSVP) labeling guidelines, but many do not.

Lack of standardization creates risks for any users—including those with CKD. First, active ingredients may vary in strength, concentration, or even contents. Second, herbal supplements may be contaminated with pesticides, hormones, or heavy metals. They may also contain undeclared pharmaceuticals besides the active ingredients.

### CKD Concerns

Chronic kidney disease exposes patients to additional risks from herbal supplements. Most people with CKD already take multiple medications. Adding any additional medication, including herbal supplements, raises the risk of drug interactions.

*(continued on page S4)*

## Are You a Good Listener?

Patients will be more likely to talk to you—and share information about supplement use—if they see you as a “good listener.” According to Rick Russo, LMSW, Coordinator of Consumer Relations & Community Development at ESRD Network 2, there are a couple of things that dialysis clinic staff members can do to get their patients to open up.

**1. Get the patient’s point of view.** Try to understand what life is like for the person sitting in the chair. Russo thinks this is so important that he conducts 90-minute in-service sessions for dialysis unit staff to help them understand what it is like to live with kidney failure and dialysis. “It helps explain where patient behaviors come from,” says Russo, “and makes

the staff more sensitive to the experience of being the patient.”

**2. Use good communication techniques.** “If you pay attention to the way you communicate,” Russo says, “you can definitely improve patient information-sharing.” Russo suggests a few basic skills that he learned as part of good psychotherapy practice:

- **Give undivided attention.** Stop other tasks to focus on your patient.
- **Make good eye contact.** Look at your patients when they are talking to you.
- **Be conscious of your nonverbal speech patterns.** When you talk to patients, it is not just what you say, but how

you say it. To avoid sending the wrong message, be especially aware of these aspects of your speech:

✓ **Volume.** Be aware of the loudness and/or softness of your voice. Use appropriate volume.

✓ **Rate & Rhythm.** Slow down and take time to communicate well.

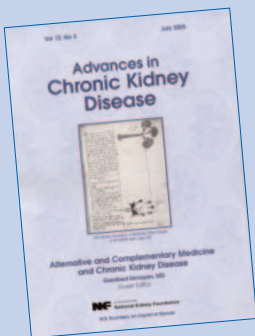
✓ **Tone.** Your inflection and pitch convey as much meaning as your words. Avoid using an angry, sarcastic, or demeaning tone.

**3. Control your body language.** Stay relaxed and non-threatening in your posture. And, be aware of how you use your arms and hands. Don’t cross your arms over your chest, for example; it gives the impression that you are not open to what the person is saying. Pointing a finger can seem aggressive or threatening.

**4. Use silence.** During a conversation with a patient, allow for moments of silence. A quiet moment gives patients time to process what they have heard and creates an opportunity to ask questions or make comments.

**5. Use re-statements.** Clarify patient comments and questions by re-stating them in your own words. For example, “Are you asking...?” or “Do you mean to say that...?” This technique will also give your patients confidence that you are really listening to them. 🗣️

*Mr. Russo teaches these, and other communication techniques, as part of a 1-day workshop that ESRD Network 2 offers in cooperation with the Crisis Prevention Institute. For more information about the workshop, contact the Crisis Prevention Institute, Inc. at (800) 558-8976.*



The July 2005 issue of *Advances in Chronic Kidney Disease* (Vol. 12, No. 3) is entirely devoted to “Alternative and Complementary Medicine and Chronic Kidney Disease,” edited by Garabed Eknayan,

MD. With articles about herbal remedies, Traditional Chinese Medicine, acupuncture, liability, and more, this publication offers a wealth of timely information on the history, uses, and cautions of alternative products. It would be a valuable addition to any clinic’s library. To obtain a copy of this issue, call (800) 654-2452 (single copies \$63.00).

# Q & A: Ask the Experts

An Interview with Naomi V. Dahl, PharmD

Director, Clinical Affairs, Watson Laboratories, Inc.

Adjunct Assistant Professor of Medicine, Division of Nephrology, UMDNJ-Robert Wood Johnson Medical School

*Dr. Dahl worked as a clinical pharmacist during her appointment as Assistant Professor of Medicine in the Nephrology Division of the Department of Medicine, Division of Nephrology, University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School, New Brunswick, NJ. In addition to her clinical practice in both hemodialysis and ambulatory clinics, her research has focused on various areas related to medication use in kidney disease. She has published articles about the use of herbs and supplements in dialysis patients.*

**Q: We know that some herbal remedies can be dangerous for people with kidney disease, but we also know that many patients often want to try herbal supplements. As a clinician, how did you manage this dilemma?**

**A:** The use of herbal supplements by people with chronic kidney disease does present problems, and the safest, easiest thing to say to patients is “don’t use them.” What we’ve found however, is that a blanket prohibition doesn’t stop patients who want to try “alternative” remedies. Instead, it drives the behavior underground. And that actually increases risk.

As a result, I suggest clinicians take a more practical approach. Encourage open communication. Tell patients that there are safety concerns and unknowns about herbs and supplements, but you’re willing to keep an open mind. Strike a deal to share information: if they tell you about what they want to try, you will give them the medical facts. Then, follow through. In this way, you can help your patients make more informed decisions about using

herbs and supplements, and hopefully, avoid the greatest dangers.

**Q. How can you be sure that patients give you accurate information about herbs and supplements that they are taking?**

**A:** Studies have shown that just asking patients about their use of herbs and supplements greatly increases the likelihood that they will tell you about it. So, asking a *specific* question about herbs and supplements when reviewing a patient’s medications is a good place to start. In practice, however, we have found that it’s best to go one step further. We always asked patients to “bring in *everything* you’re taking” as part of a periodic medication review.

This brown bag system can uncover a great deal. Herbal supplements, especially, vary greatly in terms of dosages and additives that even honest patient reports may not reveal. In addition, patients may not think to tell you about over-the-counter preparations because they are not “medications.” Or, they may not mention Rx drugs prescribed by other practitioners. Finally, they may not report substitutions they’ve made on their

own, or on the basis of “helpful” advice. One of my hemodialysis patients, who had severe CHF, changed one calcium supplement for another with added vitamin D and magnesium because he was told the additives are “good for someone with heart problems.”

**Q. If, in spite of cautions, a patient wants to use an herbal supplement what do you recommend?**

**A:** Many patients who want to try herbal supplements are really trying to gain some control of their health—and that’s a good thing. So, I try to enlist patients as partners in decision-making and focus on safety issues. Here are my recommendations for improving safety, or at least minimizing dangers:

**Inform the nephrologist.** The physician should always know about any medications, supplements, vitamins, etc. Be aware that many dialysis patients have multiple care providers.

**Determine motivation.** Why does the patient want to take this product? Is there an unmet need that we can handle another way?

**Point out known dangers.** Certain substances pose serious dangers for people with CKD.

*(continued on page S4)*

(continued from page S1)

## Herbal Products and Chronic Kidney Disease

Too, the inability of the failed kidneys to remove toxins—and lack of knowledge about how dialyzable many herbal supplements are—creates a potential for toxin build-up and/or “overdosing.” Preparations that may be safe for healthy people may be unsafe for people with CKD.


### Kidney School™ Can Help

Module 15 of Kidney School, the Life Options on-line, tailored, kidney learning center covers a number of alternative therapies, including herbal remedies. Eighteen of the most-often used herbal products in the U.S. were extensively researched for potential benefit or harm to people with compromised kidney function. More than 300 abstracts were reviewed, and the module also had two special reviewers: a registered pharmacist/herbalist, and a nephrologist.

Information about each herb includes its name, uses (based entirely on published research on effectiveness), forms (e.g., tea, tincture, capsule), and cautions. The module can be viewed live or downloaded as a pdf at [www.KidneySchool.org](http://www.KidneySchool.org).

### Proceed with Caution

Although there are dangers, experts have concluded that some herbal supplements can be used safely by people

with CKD<sup>6</sup>...and patients, as adults, have the right to pursue their use. You can help them do it more safely by keeping the lines of communication open, researching specific products to rule out serious dangers, and providing helpful suggestions for improving safety—like a visit to Kidney School. 

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## Quiz Answers

1. True
2. True
3. False. Herbs are *not* miracle cures.
4. True
5. True

## Ask the Experts... (continued from page S3)


For example, in dialysis patients, anything with metal ions causes problems, especially potassium, which could be potentially lethal. In people with CKD (stages 2–4), herbal “diuretics” (actually kidney irritants) can damage remaining kidney function. The list of known dangers is beyond the scope of this article (see [www.LifeOptions.org](http://www.LifeOptions.org) for a list of reliable resources).

**Set limits.** When no specific dangers exist, suggest a controlled trial, sort of like a clinical trial with an “n” of one.

Guidelines should be set for:

- **Number of products** - only one product at a time
- **Dosage** - start low!
- **Product selection** - seek out products with proper labeling, preferably with the FDA “supplemental facts” panel, and/or those made by reliable manufacturers, ideally those who make other Rx pharmaceuticals or whose specific product has been used in a published study.
- **Duration** - decide how long you

want to wait before evaluating any effects.

- Record results – suggest patients keep a journal to track any positive or negative effects. 

### In Control

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# Patients In CONTROL

A Medical Education Institute/Life Options Publication

VOL. 2 | NO. 3  
SEPTEMBER 2005

## Kidney Disease and the Use of Herbs

When you have kidney disease, a doctor guides your treatment plan. Because your kidneys no longer filter out wastes, certain products that may be helpful—or at least harmless—for the general public can hurt you. They may react with other drugs you need to take or even build up to levels that could poison you.

If you have used herbal products in the past and they are important to you, talk with your health care team. There may be room for some products in your treatment plan, if you speak openly with your care team and ask questions.

### Open Communication

Your doctor and health care team know your health status and can tell you if something you are taking might harm you. Be honest with your care team about your use of over-the-counter herbs, vitamins, and supplements.

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Herbs, in particular, can be harmful—or even lethal—if you have kidney disease. Here are some safety

tips from Kidney School Module 15 ([www.KidneySchool.org](http://www.KidneySchool.org)) on herbal supplements:

1. Talk to your doctor and dietitian before taking any new herbal product. Don't try to diagnose yourself.
2. Find out if the herb is filtered out by the kidneys, affects blood clotting, raises blood pressure, or changes potassium levels. Some herbs (or wrong doses of herbs) can stress the kidneys or build up to toxic levels.
3. Add only one herb at a time to see how it affects your body, and *always* start with a small amount.
4. Ask your doctor or pharmacist if an herb will react with your other drugs.
5. Read labels. Products with many ingredients raise the risk of drug interactions.

Working closely and honestly with your health care team will help them to help you stay as healthy as possible.

### Not a Miracle Cure

Herbs are not miracle cures, but some users find that they improve day-to-day well-being by reducing some symptoms.

*(continued on page P4)*

## Quest to Slow Kidney Failure Leads to Vitamin and Herb Use

These days, many people are aware of herbs, vitamins, and/or diet supplements. While some of these “complementary” treatments may help, they can also harm, especially if you have a chronic illness like kidney disease. With her care team’s okay, Mary has used herbs, vitamins, and supplements along with her diabetes and kidney disease treatment for the past 15 years.

### Using Herbs and Supplements

Mary, age 40, has had type 1 diabetes since she was nine. By the time she reached her teens, she needed blood pressure medications. In her 20s, Mary was told she had kidney disease due to poorly controlled diabetes, and that she should



Mary, working full-time as a graphic designer

prepare for dialysis or a transplant. “It was at this time that I started to research my options,” recalls Mary. “I became interested in herbs and supplements that might prolong my kidney function.”

At first, Mary went to health food stores and asked a lot of questions. “I’d ask about what pills were for which illnesses, and what to avoid,” she says. “Then I asked my doctors how the herbs and supplements could react with my prescription drugs—you always have to ask your doctor!”

For years, Mary took grape seed extract when she learned it was an antioxidant and good for blood sugar control. Other products she’s tried include: niacin, fenugreek, flax seeds/flax seed oil, oleic acid, fish oil, bran/fiber, dandelion root, selenium, and chromium picolinate. At one point I had to cut down on my use of supplements due to cost,” Mary remembers, “but cutting out the supplements made me feel much worse than I was used to. I also had a worse complexion and a lack of energy.”

### A Delayed Start

“I held off dialysis for 15 years,” Mary states proudly—she started in-center hemodialysis this past February. “Two nephrologists and my diabetologist believe my use of supplements slowed my kidney failure.” Mary

believes an oversight may have caused her kidneys to fail sooner than they needed to. Explains Mary, “I drank a lot of orange juice for my blood sugar control and forgot about the potassium—that’s what I think was my downfall.”

After starting dialysis, Mary saw a cardiologist and was again happy to hear good news. “The cardiologist said he expected to see worse heart problems in a person my age with type 1 diabetes and kidney failure,” Mary states. “I’m certain the vitamins and supplements I took helped my heart function—plus exercise, of course!”

Now, Mary has limited her supplement use to niacin, folic acid, cinnamon, and Renax®. “I’m looking into grape seed extract again, but one doctor said to stay away from it, so I need to do more research and bring it up again,” Mary says, adding, “I don’t want to mess up my dialysis prescription, so I only add things slowly and with my care team’s approval.”

### Communication Is Key

For Mary, the key to using herbs, vitamins, and supplements has been research and communication. “I’ve never had a bad reaction,” she states, “but if I ever research something and find there are some problems with it, I don’t take it.” Mary also takes her kidney and diabetes drugs apart from her vitamins and supplements.

“You need to always be honest with your care team,” advises Mary. “You don’t want


to hurt yourself!” Mary also suggests talking to the pharmacist, going to the library, and asking questions at the health food store. “You have to cover all bases and do the research, because in the end it’s you that makes the choice to take or not take something.”

### Other Alternatives

Besides herbs, vitamins, and supplements, Mary has dabbled in other alternative treatments. “I have an Aunt who is a Reiki master and also does Bach flower remedies,” shares Mary. “She mixed up a solution of flower essences with distilled water that gave me energy and made me feel balanced.”

Mary also has a special routine she does during dialysis. “I do acupressure with a step-by-step book, and it also calms me to do deep breathing, visualization, and pressure points.” Mary has also read a number of books about positive thinking, stating, “I used to be negative, but I chose to change how I think.”

### Finding Strength

A heart, body, and mind in “excellent shape”—Mary credits these to her use of supplements. “Using herbs and vitamins gave me the physical strength to deal with my illness,” Mary declares. “In turn, feeling good physically let me emotionally process it all in a more positive way. And with inner strength, you can get through anything!” 

## Kidney Disease and the Use of Herbs

(continued from page P1)

Some people who use herbs, vitamins, and other supplements have seen lower blood pressure, an increase in energy, less pain, better sleep, and better control of blood sugar (see patient story on pages S4–5.)

Read labels and note the uses, cautions, and ingredients. Then talk to your doctor about any product you want to try *before* you use it. Just because an herb has a “natural” or “safe” label and is sold without a prescription doesn’t mean it is safe for *you*.

**Note:** *We do not recommend using any complementary approach (however harmless it may seem) without first learning all you can about it, and then talking with your health care team.*

### For More Information...

By reading this issue of *In Control* you’ve taken the first step in learning more about using herbs, vitamins, and supplements. To learn more, talk to your doctor and visit Module 15 of Life Options’ Kidney School: *Alternative Treatments* at [www.KidneySchool.org](http://www.KidneySchool.org). You’ll find a list of alternative treatment resources in the “Further Reading” section of this module. 🌐

### Herb Use Quiz

Now that you’ve read about kidney disease and herbal supplements and vitamins, let’s see how much you’ve learned! See if you can answer the true and false statements below (the answers are on page S8).

1. It is important to be honest with your care team about your use of over-the-counter herbs, vitamins, and supplements.  True  False
2. Some herbs can stress the kidneys or build up to toxic levels.  True  False
3. Herbs are miracle cures.  True  False
4. Some people who use herbs, vitamins, and other supplements have seen lower blood pressure, an increase in energy, less pain, better sleep, and better control of blood sugar.  True  False
5. Just because an herb has a “natural” or “safe” label doesn’t mean it is safe for you.  True  False

#### In Control

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