



Renal Anaemia – Information for Patients

What is Renal Anaemia?

Anaemia means there is not enough haemoglobin in the red blood cells to carry oxygen around your body. Blood is very important to your health because it contains the nutrients that your body needs to stay healthy.

There are many reasons why people develop anaemia, which may include:

- Bleeding
- Vitamin deficiency
- Iron deficiency
- Hereditary traits, as in sickle cell anaemia
- Renal anaemia

Renal anaemia only develops in people with kidney problems.

What causes Renal Anaemia?

Your kidneys control how many red blood cells are made in your bone marrow. They do this by monitoring the oxygen levels in your blood. As the oxygen levels fall, the kidneys produce a hormone called erythropoietin (EPO). This stimulates the bone marrow to make haemoglobin and red blood cells. When your kidneys are not working properly, not enough EPO is released, and the level of red blood cells goes down. Because of this, patients with kidney problems often develop renal anaemia.

If you have renal anaemia, you may have some of the following symptoms:

- Feeling tired
- Feeling cold
- Loss of appetite
- Having trouble concentrating
- Forgetting things
- Loss of interest in sex
- Women may find their periods stop

It is important to let the doctor or nurse know if you have any of these symptoms when you attend the clinic.

How can Renal Anaemia be treated?

Renal anaemia is treated with a drug called EPO. This is given as an injection, or a tablet called a HIF-PH inhibitor. Not all patients need these treatments straight away. If you do require the treatment, the anaemia nurse (s) will help you to decide which treatment is best for you. The anaemia nurse(s) will monitor your blood results when you attend the outpatient clinic.

Is there an alternative treatment?

The only alternative to EPO injections or HIF-PH inhibitors would be a blood transfusion. This would mean a visit to the hospital. This can reduce your chance of having a kidney transplant if you are on the transplant list.

If I chose EPO, who will give me the injections?

The anaemia nurse(s) will teach you or your carer how to give the injection. A container will be given to you so that you can dispose of needles safely after use.

How long will I have to take this drug?

You are likely to need this treatment for as long as you have kidney problems. However, the dose may change depending on how your body responds to the treatment.

Are there any side effects?

Most patients have no side effects from taking EPO injections, but uncommonly or rarely some patients may experience some of the following:

- a rise in blood pressure
- flu-like symptoms
- discomfort or skin irritation around the injection site
- some patients may develop antibodies against EPO

Please inform the anaemia nurse if you experience any problems.

Further information about side effects is available on a data sheet that you will find inside the box of EPO.

How often will I need the injection?

EPO injections are given weekly, fortnightly or monthly. The anaemia nurse will let you know how often you will need to have the injection.

Can I take it the same time as my insulin?

NO, it is better to leave about half an hour between injections.

When will I need these injections and how do I get them?

Your renal doctor or the anaemia nurse(s) will let you know when you need to start EPO injections. You will meet the anaemia nurse(s) before you start the EPO injections, and you will be given full training and information about the treatment.

How do I get my prescriptions?

The anaemia department will supply your EPO injections.

- With your consent, the anaemia nurse(s) will register you with a home care delivery service who will deliver the injections at an agreed time and address of your choice. When delivered, the boxes will need to be put immediately into a fridge.
- Haemodialysis patients will have EPO administered intravenously during dialysis and this will be supplied by the dialysis unit.

The anaemia nurse(s) will explain the procedure to you in more detail, when and if, you require injections as part of your treatment.

How do I know if it's working?

You will need regular monitoring to check your response to the injections. This will involve you having a blood test every four weeks for the first three months of treatment and then at least every three months thereafter. **A delay in having the blood test will mean a delay in the issuing of your prescriptions.** You will need to attend the hospital for your blood test. The blood test is required to see how your red blood cell count is responding to the EPO. The result of the blood test will be required for further prescriptions to be issued. The anaemia nurse will contact you if your blood test is not up to date.

You will need to keep a check on your blood pressure. This can be undertaken by yourself or a family member at home. If you do not have a blood pressure monitor, please let the nurses know and they can provide you with a list of recommended monitors. You will be provided with information around how to check your blood pressure at home and when you should contact the renal team, if there are concerns about your blood pressure reading. Alternatively, your local pharmacy or GP surgery may offer this service.

The anaemia nurse(s) will let you know by telephone of any changes that are to be made to your prescription. You will be given a co-operation card so that you can keep a record of your blood pressure, red blood cell level and the date of your next blood test. When your prescription starts or the dose changes, we will confirm this in writing to you.

Once your haemoglobin level has reached the target 100 g/l – 120 g/l, you will be followed up during your normal clinic visits. If a change to your medication is needed or you require a blood test, the anaemia nurse(s) will contact you by phone, by letter or see you in clinic.

Once you start dialysis, your blood levels will be checked every month.

HIF – PH Inhibitors

This is a tablet form of treatment that works by increasing your body's production of red blood cells, therefore increasing the level of haemoglobin in the blood. In doing so, it helps to improve the oxygen supply and may improve your symptoms of anaemia.

You will need to take this tablet three times each week. There must be at least one day between each dose. You must take it on the same day each week. For example, Monday, Wednesday and Friday or Tuesday, Thursday and Saturday. You will need to check your blood pressure before you take your tablet.

How will I know if it is working?

When you first start taking the tablet, you will need to have a blood test every two weeks. You will need to attend hospital for the blood test. This is to check your haemoglobin level to see how you are responding and to check if your dose needs adjusting. This will reduce to once every four weeks when your haemoglobin level is stable. **A delay in having the blood test will mean a delay in the issuing of your prescription.**

Possible side effects

Some people may experience a side effect.

Common side effects include:

- High blood pressure
- Diarrhoea
- Swelling/fluid retention
- Nausea

Some more serious side effects may also occur, such as blood clots, infection or seizure. If you are worried by a new symptom, please contact your medical team.

How do I get my prescriptions?

The anaemia department will supply your prescriptions. It is your responsibility to contact the anaemia team when you require a prescription. You will need to collect the tablets from the hospital pharmacy.

How to contact us:

If you would like further information, you can contact the anaemia nurse(s) direct on:

0121 424 3160 or 0121 424 1069

For further sources of information:

You can access information from The National Kidney Federation via their website: www.kidney.org.uk

Accessibility

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