



RENALIFE

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**Blessed to have Three
Living Kidney Donors**

**Thriving, not just
Surviving on
Home Dialysis**

**INNOVATOR SERIES:
CVS Health**

**Valarie's Holiday
Eating and Exercise
Tips for Kidney Patients**



A Publication of the American Association of Kidney Patients

AAKP **RENALIFE**

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Understanding kidney disease is a critical first step to improving your health. The American Association of Kidney Patients is the leader in kidney patient centered education. For 50 years, AAKP has provided patients and families the educational tools they need to understand kidney disease and take a more active and informed role in their health care.

Our efforts across the country to speak on behalf of patients and their families have improved their lives and well-being - benefiting all of America's kidney patients. Building communities among kidney patients and their families, health care professionals, and other support groups is an important goal of AAKP.

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AAKP promotes education and encourages conversations that help improve patients' everyday lives.

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The Independent Voice of Kidney Patients Since 1969™

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In this innovator interview with Bruce Culleton, MD of CVS Health, learn how CVS Health plans to reshape how kidney disease care is provided in this country. In this article, Dr. Culleton explains “Our goal is to help make transplants, or convenient at-home peritoneal and home hemodialysis, a reality for as many patients with kidney disease as possible. We believe the best way to accomplish this is to identify those at risk earlier, provide risk-based education and support, and improve access to innovative care models.”

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MESSAGE FROM AAKP

Dear AAKP members and Friends,

It was in 2008 that I applied to join AAKP's Board of Directors. Renee Bova-Collis, a social worker, with Quality Insights Renal Network 5 and head of the Network's Patient Advisory Committee on which I served encouraged me to apply. However, my experience with kidney disease started long before I was aware of AAKP. I was unaware of the causes of what was happening to me, I knew I had hypertension, but not the devastating effects that it was causing to my kidneys. Before I knew what chronic kidney disease was, I was diagnosed with kidney failure and immediately found myself on in-center dialysis. The journey from a healthy life to a life depending on a machine to live was hard to accept. It was during the four-hour dialysis sessions, three times a week that I reflected upon my situation and what I might have done differently.

It was 2004 when I started in-center dialysis. I was President of a Boy's and Girl's Club, a Soccer coach, a Board member of a Regional Chamber of Commerce, a Board member of New Hope Academy (my son's school) and running my own business at the time. I challenged myself to maintain my lifestyle, despite the encouragement from many at the dialysis center to settle down, consider disability, and accept my life as it was now. While on dialysis I started to educate myself, and those in the chairs next to me, about the importance of educating oneself on treatment options, asking questions and making sure kidney disease doesn't consume us. I observed a level of depression among many of the patients and personally experienced cognitive impairment, which made it difficult for me to think clearly. After a few years, I was fortunate to receive a kidney transplant from a living donor, Jamie Costa. I am forever grateful to her for the gift of life.

I started advocating locally and continued to educate myself. I had a strong desire to do more. As I mentioned above, I was encouraged to join the AAKP Board of Directors where I could make a difference on a national level. After joining AAKP, I served in many roles – Treasurer, Executive Committee, Finance Committee, and Strategic Planning Committee. In 2014, my good friend Paul T. Conway was elected President of AAKP and I was elected as Vice President and named as Chair of Public Policy. Together, with input from patients, our Board and many allies across the kidney community and the private sector, the two of us began formulating the framework for a new and more comprehensive AAKP National Strategy. We elevated and honored the principles of our predecessors, worked closely with the AAKP Board and skilled professional staff to include their tremendous expertise and proceeded to take an already effective national, grassroots, legacy organization and began building it into the largest most effective and fully independent majority patient-led kidney patient organization in the U.S.A.

As AAKP enters into a milestone year – our 50th Anniversary – it's my distinct honor to be named President of AAKP. I'm also proud to announce my fellow 2018-2020 AAKP Officers:

- Daniel Abel, Vice President
- Jenny Kitsen, Treasurer
- Edward V. Hickey, III, Secretary, and Chair, Veterans Health Initiative
- Paul T. Conway, Immediate Past President, and Chair, Public Policy and Global Affairs

The full list of AAKP Board of Directors and bios can be found online at <https://aakp.org/board-of-directors/>.

It's my commitment, along with these Officers, to continue the momentum and strong growth AAKP has seen over the last four years. We are a legacy organization, founded on grassroots efforts to serve a population that for decades has seen little innovation to change the status quo of kidney care. As president, AAKP will continue to execute our National Strategy, approved by the Board of Directors in 2014, which led to our expanded national reputation, substantially improved capabilities and capacities for communications including social media, and our AAKP Center for Patient Engagement and Advocacy and AAKP Center for Patient Research and Education. We will continue to build upon the success of the organization's predecessors – most

recently under Immediate Past President Paul Conway. We will continue to focus on early detection, slow the progression, educate the patient and support research and innovations which will allow patients the opportunity to determine the best treatment option for them to live their best life and achieve their aspirations.

Some of our accomplishments in 2018:

- **10 AAKP HealthLine Webinars:** AAKP held educational webinars on a variety of helpful topics for patients and caregivers including emergency preparedness, staying active, working, women's health, gout, diet/nutrition and many more. If you would like to view any of webinars from this year, watch On Demand at www.aakp.org/aakp-healthline/ and click on Past Webinars.
- **99 Field Ambassadors:** AAKP's Ambassador Program is part of our Center for Patient Engagement & Advocacy that works to ensure that we hear the voices of kidney patients and their families. AAKP Ambassadors are our most engaged volunteers. They are seasoned experts on kidney disease, dialysis, transplant, and living kidney donation, and their involvement is crucial to our mission. Our Ambassador Program is growing every day, with representation in 47 states plus D.C. Read more about our Ambassadors or to join and represent one of our three remaining states visit: www.aakp.org/fellow-patients/
- **Multiple visits to The White House, Cabinet Secretaries and Independent Agencies:** AAKP has met with senior officials, agency heads and other senior leaders to discuss kidney issues, kidney-related policies and the AAKP National Strategy as it relates to patient-centered care and the importance of innovation, competition and transparency in all patient care issues and proposals. AAKP participated in a Rose Garden Ceremony on the issue of prescription drug pricing.
- **500+ Hill Visits:** Individually and in collaboration with our allies, AAKP conducted over 500 bicameral and bipartisan visits to legislative representatives in 2018, both the Executive and Legislative Branch. Please read about our Hill Days at www.aakp.org/hill-days/ Learn more about the latest policy issues affecting patients at the AAKP Action Center: www.aakp.org/action-center/

- **Inaugural Public Policy Summit in Washington D.C.:** The AAKP Public Policy Summit entitled The Transformation of American Kidney Care, took place on September 28 – 29 at The Hall of States Building in Washington, D.C. AAKP was joined by representatives from Federal agencies including the DOL; NIH/ NIDDK; HHS; PCORI; CDC; FDA, CMS, CMMI and leading industry professionals whose companies are developing tomorrow's treatments to improve kidney care. Read about the Public Policy Summit by visiting: www.aakp.org/public-policy-summit/
- **43rd Annual National Patient Meeting:** AAKP broke all records at the 2018 meeting featuring the most exhibitors and sponsors to date and the largest attendance in convention history! You may watch select meeting sessions on YouTube at any time – visit: www.aakp.org/national-patient-meeting/

Looking ahead to 2019 – AAKP will be celebrating its 50th Anniversary and taking Washington, D.C. by storm!

Spring 2019

- ASN & AAKP Kidney Health Advocacy Day
- Kidney Health Initiative Stakeholders Meeting, AAKP co-chair
- International Summit, a collaborative effort between The George Washington University & AAKP

Fall 2019

- 44th Annual AAKP National Patient Meeting – registration will begin soon!
- 2nd Annual AAKP Public Policy Summit

Help us celebrate our 50th Anniversary by visiting www.aakp.org for the latest news on activities and events we are hosting throughout the year and follow us on social media: Facebook @kidneypatient and Twitter @kidneypatients.

You can also take part in our Give \$50 for AAKP's 50th at www.aakp.org/giveyourway to support our 2019 initiatives.

I look forward to leading the AAKP and continuing our great work – representing the true, independent patient voice. Let's make it happen!



Richard Knight
President of AAKP

Thriving, not just Surviving on Home Dialysis

By Melissa Bensouda

At one point in my childhood I had dreamed of becoming a nurse. That dream quickly changed when I learned about the “behind the scenes” things nurses did to care for sick patients – my stomach wasn’t cut out for it. I would have never imagined that my desire to help sick patients would now be best used to save my own life with home dialysis.

When my kidney function declined to stage 5, I knew it was time to make some very tough decisions. I was a full time mother of three very young children with a promising career in front of me. I struggled to understand how dialysis three times per week away from home would allow me the flexibility and quality of life to maintain adequate balance at work or home? While I firmly believed each patient had different circumstances that dictated their path to continue working, at the age of 27 and with so many aspirations in front of me, drawing disability was not an option. At times my chosen path has been frightening and uncertain, but manageable.

My nephrologist shared with me the benefits of shorter, slower treatments which included better blood pressure control, improved energy and (my personal favorite) fewer dietary restrictions. These benefits wouldn’t come easy, but with a lot of determination and family support, I trained for six weeks to learn nocturnal hemodialysis. Once I got the hang of it, I started dialysis six days a week for eight hours a day which eventually turned out to be too much for my body to handle. I was fortunate enough to have a doctor who believed in patient centered care and after reviewing my labs for a three month period, my potassium, phosphorus and BUN stayed chronically low. He adjusted my treatments to eight hours every other day and that’s done the trick for nearly 12 years.



Representing Missouri at RPA Advocacy Day on Capitol Hill – Dr. Gary Singer, MD; Melissa Bensouda, AAKP Ambassador MO; Kinza Bensouda (daughter)

I’m often asked what it’s like to do my own dialysis along with everything else going on in my life. I’ll share with you a few of my key experiences and responses:

- It’s not easy. At the end of a day filled with work, children’s activities and kidney advocacy – I typically want to simply rest, but my life is not set up that way. My gift of freedom to do those things is earned by setting up my dialysis machine, keeping inventory of supplies, drawing labs, attending monthly doctor’s appointments and dialyzing every other day.
- The alternatives aren’t appealing. I often dialyze in-center across the country when I travel on business and although I’m grateful that option exists, my body does not handle shorter, infrequent dialysis well.
- I’m in charge of my health. Over the years I have learned so much about what my body needs. Even though I have a great medical staff that supports me, I can almost predict what my lab values will be based on how I’m feeling.

You never know where life’s journey will take you. Thinking back on that little girl who thought helping the sick would turn into a career, well she was right. It just happens that the incentives brought about in that career was a daily fight to keep herself alive.



Give \$50 for AAKP's 50th!

**Help support the AAKP and celebrate its
50-year legacy of education,
advocacy and patient engagement by
making a tax deductible donation today!**

All funds go toward supporting the mission of AAKP and ensuring that those who suffer from kidney disease are provided with the information and resources they need to understand their condition, make informed choices about their care and achieve their aspirations. Donations will also go toward supporting the AAKP Ambassador Program and ensuring that the true patient voice is represented to policy-makers whose decisions impact patient care.

Donate today at www.AAKP.org/giveyourway

Any amount helps – together we ARE making a difference in the lives of those affected by kidney disease and those yet to be diagnosed.

Follow us on social media: Twitter: @kidneypatients Facebook: @kidneypatient



COVER STORY

Patient Profile:

Victoria Schmalstig Blessed to have Three Living Kidney Donors

By Deborah Pelaez, AAKP Marketing and Communications Manager



Victoria is thankful. She is thankful for her donors, as well as all living and deceased donors.... the support of her family and friends through everything..... and 15 years of memories that she says would not

have been without the gift of life.

Victoria was born with Reflux Nephropathy. She was not formally diagnosed with Kidney Disease until the age of three years old. As a baby she would get a lot of Urinary Tract Infections, and the doctors told her mother she was not changing her diaper enough. But, her mother knew that not to be the case, and continued to seek out answers. Luckily, she was referred to a nephrologist who was able to give her the diagnosis early enough to maintain her kidney function through her childhood years with only medicine. Victoria credits her mother for advocating for her instead of just accepting the diagnosis of Urinary Tract Infections.

As Victoria approached high school graduation, her kidney function slowly declined and doctors started discussions about the need for dialysis or a kidney transplant. Victoria's father was tested to be a Living Kidney Donor and found to be a good match. On July 16, 1993, just one year after graduating High School, Victoria received a kidney from her father. The surgery was successful, and all was well until about 6 months post-surgery. The doctors started treating for rejection, however, they found out later that it was not rejection. Her native kidney had gotten an infection and it ended up spreading to her father's donated kidney. Sadly, it was too late when this was discovered to save any of her kidneys, native or her father's.

In 1994 Victoria got married to her first husband, and one year later her husband asked if he could be tested to be a Living Kidney Donor. He was tested and found to be a good match. The surgery took place on April 9, 1996 but the kidney got a blood clot and after hours of surgery, the doctors were unable to save it.

Victoria then did Peritoneal Dialysis (PD) for six years. While on PD, Victoria was feeling down. Her doctors suggested that she learn about the Transplant Games of America. She ended up going to the Orlando Games in 2002; she made it a vacation.



Victoria with her husband, Tony, both kidney recipients from living donors.



Victoria with her younger brother, Mike, her third Living Kidney Donor. Victoria presented her first Gold medal from the Transplant Games to Mike.



Victoria and Tony's wedding on a baseball field with their two donors, Mike and Denny.

She went to see first-hand kidney transplant athletes competing. She said it was the best thing that she ever did – it completely changed her mind set about being a kidney patient. She said it allowed her to get her head straight and start to look on the bright side again.

However, it was at the games, while still on PD that she got peritonitis. She also had high creatinine levels and so she was forced to switch to hemodialysis. Victoria says that she did not do well on hemodialysis and the doctors encouraged her to ask family and friends to donate again. She had only gotten one call from a transplant center in the last six years and that kidney was found not viable.

Victoria's younger brother, Mike, who was now 26 years old, had seen her previous two kidney transplants. After seeing her loose two kidneys in a matter of three years and struggling with dialysis, Mike decided to get tested to be a Living Kidney Donor and was a good match. On March 4, 2003 she received her brother's kidney. This is the kidney she still has today. Mike later told her that he could not imagine not having her around to be an Aunt to his children, and that was what motivated him to be tested. Having no children of her own, Victoria says that she spends as much time with her nephews

and nieces as possible. She is a proud Aunt to four nephews and three nieces.

After her transplant in 2003, she decided to get more involved with the Transplant Games of America. She joined Team Ohio, and she has not missed any of the Games – she has competed in Florida, Wisconsin, Kentucky, Pennsylvania, Utah, Ohio, and Michigan. Victoria met her current husband, Tony (also a kidney transplant recipient from his brother, Denny) through Team Ohio. They have been competing together as a married couple since 2016. In 2016, she competed in Volleyball and won a Gold Medal in Mixed Doubles Bowling with her husband as her teammate. In this year's games that took place in August in Salt Lake City, Utah, Victoria won Gold in Corn Hole and defended her Gold in Bowling with Tony.

Victoria feels she is blessed to have three Living Kidney Donors. She says that she donates her time and skills every day to one organization or another. In addition to now being Team Manager for Ohio for the Transplant Games of America, Victoria is also active with Lifeline of Ohio (Donate Life), The YNott Foundation, and as an AAKP Ambassador. Victoria's advice to those waiting for a transplant is "Never give up – eventually it will happen." 🌸



AAKP Innovator Series: CVS Health – Bruce Culleton, MD Vice President and CMO, Kidney Care, CVS Specialty

CVS Health is a pharmacy innovation company with a simple and clear purpose: Helping people on their path to better health. The company's new initiative focused on chronic kidney disease and dialysis, builds upon the company's focus on driving innovation in the management of chronic disease to help improve patient health outcomes.

Tell us about your first experience with kidney patients and what impressions that left on you as a person and as a professional.

My first real experience with kidney patients came while I was a medical student. At this time I met many transplant and dialysis patients. Thirty years later I still recall several patients who had a profound impact on me. One patient was a young woman who developed kidney failure due to lupus nephritis. She died in the hospital and I still think about her and her young family and the immeasurable impact her premature death had on her children. Another patient I recall fondly was a middle-aged man starting on peritoneal dialysis. He and his wife lived in a small fishing village and came to our tertiary care center for training. Despite their support for one another, dialysis was completely overwhelming for them. It took over

their life. Both patients, and many since then, have helped guide my career decisions and focus my priorities at work. They have also helped me as a father instill values of caring and empathy in my children, and convey the importance of making a bigger difference through our actions.

Please share why CVS Health is interested in entering the kidney space and what that means for those with kidney disease and those yet to be diagnosed?

In dialysis today, there is a large unmet medical and societal need for better care of patients with kidney disease. For patients with end-stage kidney disease, death rates are unacceptably high, hospitalizations are too frequent, and quality of life is generally poor. As we explored this area it became clear that our enterprise assets – from our experience with complex patient home care, the breadth of our chronic disease management capabilities, and our payor relationships will enable us to help reshape how kidney disease care is provided in this country.

Our goal is to help make kidney transplants or convenient, at-home peritoneal and home hemodialysis a reality for as many patients with kidney disease as possible. We believe the best way

to achieve this is to identify those at risk earlier, provide risk-based education and support, and improve access to innovative care models.

Explain your “new model in kidney care” for those with chronic kidney disease and how CVS can help change the status quo in kidney care.

At CVS Health we are continually looking for opportunities to help patients on their path to better health and to help payors improve outcomes and reduce costs for their members. We are excited to bring our resources to bear on one of the most challenging areas in health care — chronic kidney disease.

CVS Health will be approaching this new initiative in phases, with the first phase focused on the early identification of CKD and ongoing education on condition management and treatment options, including kidney transplantation.

The second phase will include the launch of our comprehensive home dialysis program, for both home hemodialysis and peritoneal dialysis. We believe, based on published research, that peritoneal dialysis and more frequent and longer duration hemodialysis results in better health outcomes and quality of life for patients who need dialysis. We also believe that the home environment is the most convenient place for these types of treatments, which is why we are focused on building a home rather than in-center dialysis program.

By leveraging our clinical experience and expertise to provide education about symptom management, diet and comorbidities, we aim to reduce hospitalizations, delay the onset of dialysis, and improve transitions in care. Our comprehensive home hemodialysis and peritoneal dialysis program will also inform patients about their treatment options, provide training on the use of at-home dialysis and enable a safe, supported transition to home therapy.

How does CVS Health plan to increase access to home hemodialysis?

There are several challenges to at-home hemodialysis, including patient education and the availability of an easy-to-use device and clinical support to ensure a safe, supported transition. Many patients report that they were not properly educated about all available treatment options before beginning dialysis. Our program will address significant challenges to at-home hemodialysis by:

- Helping identify and diagnose advanced kidney disease before urgent dialysis is required
- Educating patients about kidney transplantation and at-home treatment options before they start dialysis
- Providing comprehensive patient training to enable a smooth transition to home with ongoing support in the home
- Working with a world-class device development company to obtain FDA clearance of a new home hemodialysis machine

Can you share other novel approaches CVS Health is taking to help advance care for those with chronic kidney disease?

We are working with a partner to develop a home hemodialysis device. This device has been designed with features intended to make home hemodialysis simple and safe for patients, in order to facilitate longer, more frequent treatments. Obviously the device is only one aspect of our overall goal of improving the care and outcomes for those with CKD and ESRD. We expect to provide more information on the device and our associated activities in the coming months.

*Information Article continued
on next page*

As a medical doctor and a leader in health care, you know well that it is not easy to develop a novel approach to treatment or enhanced care. What do you draw upon internally to keep your drive, optimism and focus on patients going at full speed during the tough days?

It would be quite misleading to say that improving care through device development or business model innovation is easy. There are many set backs and surprises. A friend of mine has a clock with a seconds hand that takes two movements forward and then one movement back. It keeps perfect time, and is a reminder that innovation can only happen with failure, but with each failure comes progress.

My experience as a physician has definitely helped me stay calm during stressful times and at the same time remind me of the bigger picture that is so easily missed on a day-to-day basis.

By the year 2020 – what do you expect to see in terms of how care is provided to kidney patients, what immediate changes do you think can occur?

2020 is just around the corner so I don't see broad sweeping changes to the delivery of care to kidney patients over the next 12-18 months. However, I do believe significant progress can be made to deliver more holistic integrated care with a better balance of care and investment across the CKD continuum than we see today.

Final question – AAKP believes this can reveal a lot about a person – who is one of your heroes and why?



Bruce Culleton, MD speaking at AAKP's 2018 Public Policy Summit

There are many people that I consider heroes – from family members and friends to well-known scientists to some patients that I have had the privilege to care for. I am honestly unable to put one person ahead of another, but they all approached their accomplishments with unrelenting passion and humility. 🌱



*Bruce Culleton, MD - Vice President and CMO, Kidney Care, CVS Specialty
Dr. Bruce Culleton is currently Chief Medical Officer for the Kidney Care business at CVS Health. Before joining CVS Health in 2007, Dr. Culleton spent 10 years leading Clinical Development and*

Global Medical Affairs teams at Becton Dickinson and Baxter Healthcare. Prior to joining industry, Dr. Culleton worked at the University of Calgary in Alberta, Canada where he divided his time between clinical research and patient care. He has authored more than 100 publications focused on CKD, dialysis and population health. Dr. Culleton received his MD from Memorial University in Newfoundland, Canada and Certifications in Internal Medicine and Nephrology from the Royal College of Physicians and Surgeons in Canada. He also trained in Clinical Epidemiology at the Framingham Heart Study and received an MBA from Kellogg School of Management.

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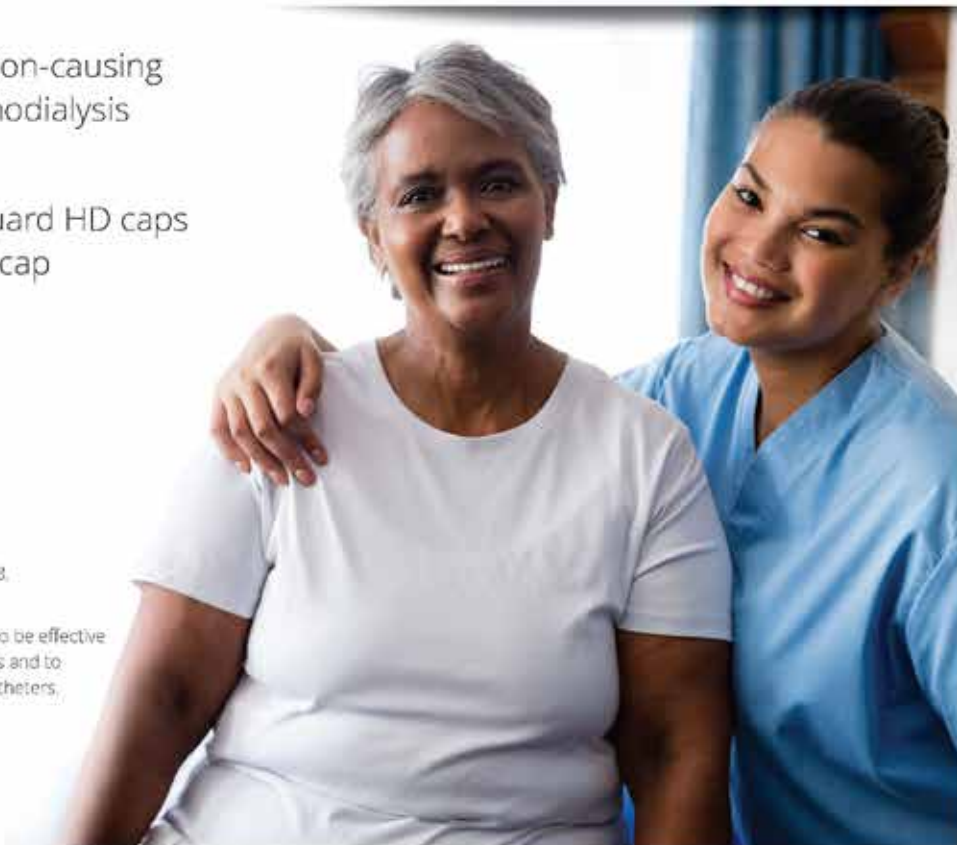


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¹Brunelli, SM et al. 2018. J Am Soc Nephrol. Apr;29(4):1336-1343.
²Hymes, JL et al. 2017. Am J Kidney Dis. Feb;69(2):220-227.

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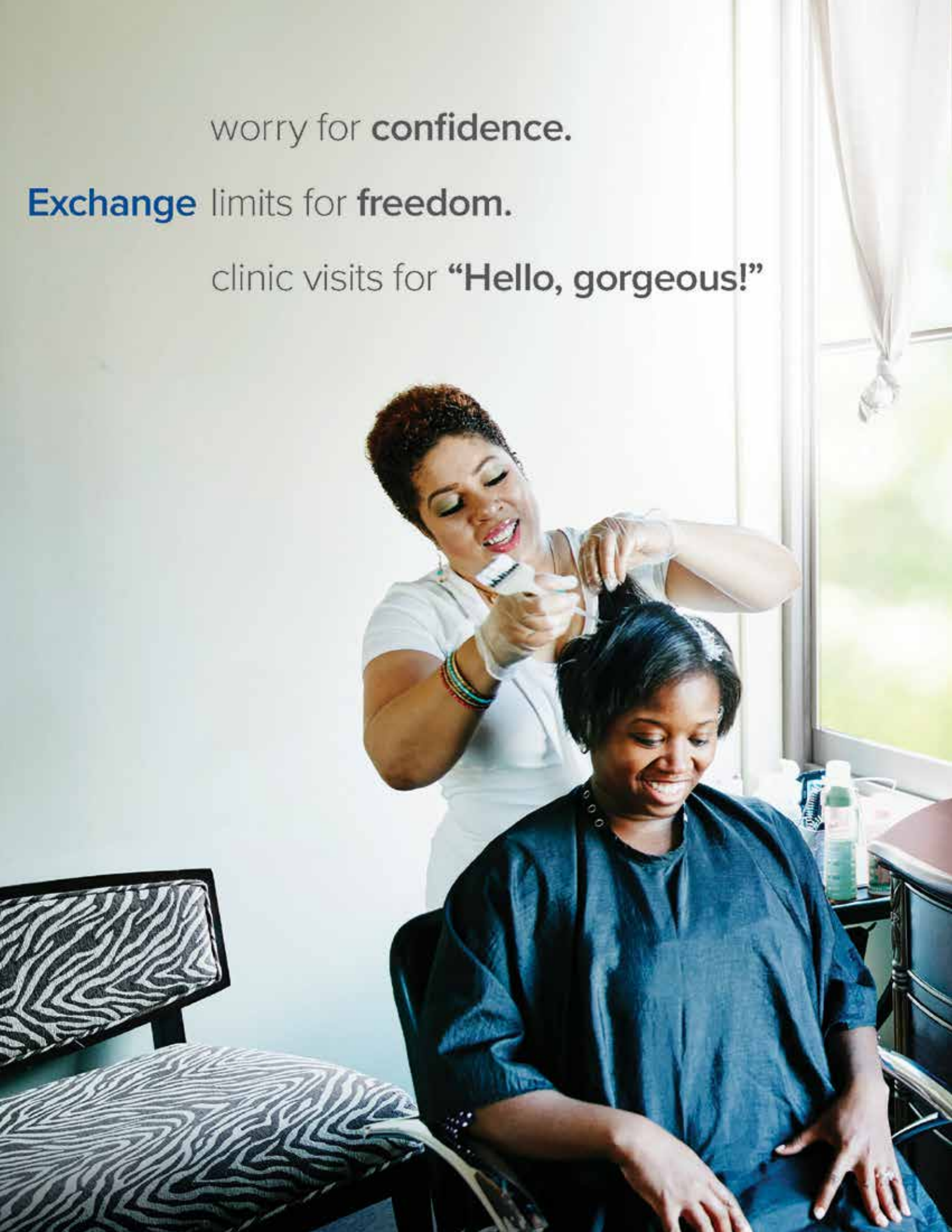
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Are you interested in PD? Talk to your healthcare team about a PD option that may be right for you and visit exchange.pdempowers.com.



NUTRITION ARTICLE

Valarie's Holiday Eating and Exercise Tips for Kidney Patients

By Valarie Hannahs MS RD, LD

You may feel like food is everywhere during the holidays. At home, at your dialysis center, at work, you can't escape it! Food represents cultures, seasons, comfort, and reward for many people. The weather is colder, the seasons are changing, and during the holidays the food is richer and sweeter than ever!

Finding the balance is key for kidney patients – and for everyone reading this article! Eating in moderation is a Dietitian Cornerstone. The 80/20 approach to eating says that 80% of the time you need to watch your diet and make good choices

– eat healthy. 20% of the time is your wiggle room to enjoy some of the foods you love but not over indulge. You don't have to deprive yourself, however the majority of the time, you should be eating the foods that are healthy for you.

Holiday Foods to enjoy/"Green Light" foods...

- Roast turkey, chicken, duck, lamb, beef, pork or wild game
- Note: If you are a CKD patient, enjoy smaller portions of high protein foods listed here.
- Cranberries/cranberry sauce*

- Yeast Rolls
- Pie: 1 slice of Apple, Berry, Cherry, Peach, Lemon Meringue*
- Plain or frosted sugar cookies*
- Green beans, cabbage, cauliflower, green peas
- Cole slaw, pasta salad, green salad
- Shrimp Cocktail or Steamed Shrimp
- Deviled Eggs
- Pasta, White Rice
- Raw Vegetables, unsalted pretzels or crackers with cream cheese
- Apple cider, cranberry juice, ginger ale, clear soda (diet soda if diabetic)

* Sugar free if diabetic

Maybe just a little/"Yellow Light" foods...

- Gravy, wild rice or stuffing- made from scratch
- White potatoes (soaked or "dialyzed")
- Sweet Potatoes (from a can, fresh peeled, soaked or "dialyzed")
- Broccoli, Corn
- ½ Slice of Pumpkin Pie or Sweet Potato Pie
- Biscuits (high in sodium)
- Gingerbread or molasses cookies (higher in potassium)

**Avoid salty ingredients such as flavored salts, bouillon, and broths: These are higher in sodium, potassium and phosphorus.

Take 1 bite or maybe just skip/"Red Light" foods:

- Ham, Corned Beef
- Pre-boxed stuffing, rice and pastas
- Gravy from a can, jar or packet
- Unsoaked potatoes (white or sweet)
- Cooked greens
- Winter Squash: acorn, butternut
- Macaroni and Cheese
- Baked Beans

- Cheese and sausage trays, ham spread
- Salty snacks such as chips, pretzels, olives, pickles, sauerkraut
- Desserts with nuts, dried fruit, chocolate, fudge, ice cream

Sodium

Around the holidays it's even more important to keep in mind your sodium in-take. Foods that contain high amounts of sodium include: ham, gravy, pre-boxed food, canned food. You don't need to deprive yourself, eat in moderation and make smarter choices. For example, don't use gravy from a can, try making it homemade. If you must use canned, choose the low sodium option or add just a tablespoon to your food.

Tip: prepare a dish you know you can eat to bring to a holiday gathering. For example you can prepare fresh green beans instead of green bean casserole (which is high in sodium as well as calories).

Fluids/Alcohol/Caffeine

High sodium foods that you might enjoy during your holiday meal will leave you feeling thirsty. Stay on track with your fluid intake by using a smaller glass or filling a small cup with ice and slowly eating or sucking on it. If you are going to drink alcohol, try to limit it to one beverage. A 6 oz. glass of

Nutrition Article continued on next page





red wine is just the right amount and can provide some antioxidants. Limit intake of beer as it often contains phosphorus. Sip and drink slowly – enjoy every sip – so you aren't tempted to have more when others do.

For caffeine, regular brewed coffee is preferred. A 6 oz. pour is just the right size. Also, watch what you put in your coffee – cream, half and half, and sugar is often what adds the extra calories and phosphorus. Dark colas also have phosphorus, so if you do indulge, limit yourself to one can. You can also try clear sodas or fresh brewed tea instead.

Keep Your Body Moving

Any time you increase your physical activity – check with your doctor first.

Just get up and move. It will help you to burn-off calories from a big meal, keep your heart healthy, get your blood pumping and promotes healing in the body by getting nutrients where they need to be. Start a tradition of a family holiday walk or just get outside to enjoy nature.

If you are in a wheel chair or unable to walk, move your arms, lift your legs, do what you can from a seated position.

If you go to the grocery store, try parking further away to get more steps in. If you are travelling and delayed at the airport, walk around the terminal a few times. Keep your body moving – don't stay stagnant.

Final thoughts from Valarie

- Prepare ahead of time – bring some of the foods that you know you can eat.
- Watch your Yellow Light and Red Light foods.
- Stick to small portions – just have a bite, a slice or a small pour.
- Try a little bit of everything and you'll be surprised at how full you will feel – without over indulging. 🌸



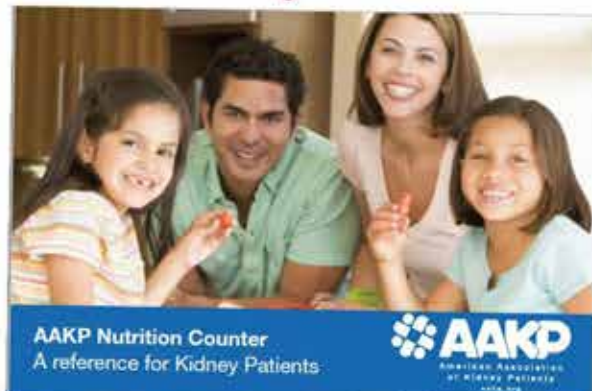
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AAKP's Nutrition Help for the Holidays!

The **AAKP Nutrition Counter** is a great resource all-year-long, but even more so around the holidays! This pocket-size guide lists the nutritional values for standard portions of more than 300 commonly used foods. The nutritional values include carbohydrates, fat, saturated fat, protein, calorie, sodium, potassium and phosphorus levels – dietary values that must be closely monitored by those with or at-risk for kidney disease. This 36-page brochure is an excellent guide for kidney patients who wish to develop a proper meal plan or monitor their daily diet.

Or if you're looking for an easy and delicious recipe for your next holiday gathering that is also kidney-friendly, check-out **AAKP Delicious!** With four editions, AAKP has created more than 100 recipes that will impress your guests and keep you on your meal plan throughout the busy holiday season. Order your copy today at www.aakp.org/shop or give as a gift!



Ketorena in combination with a low protein diet is designed to slow the progression of chronic kidney disease while maintaining or improving nutrition.



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About AAKP

The American Association of Kidney Patients (AAKP) is a national non-profit organization founded by kidney patients for kidney patients. We are dedicated to improving the quality of life of kidney patients through education, advocacy, patient engagement, and through fostering patient communities.

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