SECONDARY HYPERPARATHYROIDISM (secondary HPT):
WHAT'S BENEATH THE SURFACE OF ADVANCED CHRONIC KIDNEY DISEASE

Even though secondary HPT is often a silent disease without any symptoms, there may be more going on UNDER THE SURFACE than one realizes.5

HOW IS SECONDARY HPT DIAGNOSED?

Even though secondary HPT is often a silent disease without any symptoms, there may be more going on UNDER THE SURFACE than one realizes.5 A physician must CHECK A PATIENT'S LAB VALUES in order to determine if treatment is appropriate.4 PTH, CALCIUM AND PHOSPHORUS LEVELS are used as markers to assess secondary HPT severity and treatment response.8

HOW IS SECONDARY HPT MANAGED?

Managing the disease is complex and therapies may require frequent adjustments including:3,5

• MORE INTENSIVE DIALYSIS
• DIETARY RESTRICTION OF PHOSPHATE
• MEDICATION
• SURGERY TO REMOVE THE PARATHYROID GLANDS

The goals of treating secondary HPT are to maintain APPROPRIATE LEVELS of PTH, calcium and phosphorus using diet, medication and dialysis.8 Nephrologists and other physicians, nurse practitioners, physician assistants, dialysis nurses, social workers and dietitians work together to MANAGE THE DISEASE EFFECTIVELY.5

IT'S IMPORTANT for patients to take an active role and work with their healthcare team to manage the disease.3

Managing the disease is complex and therapies may require frequent adjustments including:3,5

• MORE INTENSIVE DIALYSIS
• DIETARY RESTRICTION OF PHOSPHATE
• MEDICATION
• SURGERY TO REMOVE THE PARATHYROID GLANDS

The goals of treating secondary HPT are to maintain APPROPRIATE LEVELS of PTH, calcium and phosphorus using diet, medication and dialysis.8 Nephrologists and other physicians, nurse practitioners, physician assistants, dialysis nurses, social workers and dietitians work together to MANAGE THE DISEASE EFFECTIVELY.5

IT'S IMPORTANT for patients to take an active role and work with their healthcare team to manage the disease.3

Managing the disease is complex and therapies may require frequent adjustments including:3,5

• MORE INTENSIVE DIALYSIS
• DIETARY RESTRICTION OF PHOSPHATE
• MEDICATION
• SURGERY TO REMOVE THE PARATHYROID GLANDS

The goals of treating secondary HPT are to maintain APPROPRIATE LEVELS of PTH, calcium and phosphorus using diet, medication and dialysis.8 Nephrologists and other physicians, nurse practitioners, physician assistants, dialysis nurses, social workers and dietitians work together to MANAGE THE DISEASE EFFECTIVELY.5

IT'S IMPORTANT for patients to take an active role and work with their healthcare team to manage the disease.3

Data are from OutcomesPlus, a national database of clinical data from patients receiving hemodialysis in facilities across the United States, excluding hospital and governmental facility patients. It contains information from the majority of the U.S. hemodialysis population. The above analysis was performed from January 2016 to September 2016, and reflects the average number of hemodialysis patients with PTH ≥150 pg/mL.