SECONDARY HYPERPARATHYROIDISM (secondary HPT):

WHAT'S BENEATH THE SURFACE OF ADVANCED CHRONIC KIDNEY DISEASE

WHAT IS SECONDARY HPT?

MILLION AMERICAN

HAVE CHRONIC KIDNEY DISEASE (CKD),¹ a condition

where over time the kidneys become damaged and can't function properly.2



END-STAGE **RENAL DISEASE IS** STAGE 5 OF CKD,3

and the point at which the kidneys no longer function well enough to survive without dialysis or a kidney transplant.2

89% of hemodialysis patients will develop secondary HPT.4,*

Secondary HPT is a chronic disease which occurs when the parathyroid gland secretes too much parathyroid hormone (PTH) in response to decreased renal function, and impaired mineral metabolism.3,5



Elevated levels of PTH can lead to an increase in the release of calcium and phosphorus from the bones.5-7

HOW IS SECONDARY HPT DIAGNOSED?



Even though secondary HPT is often a silent disease without any symptoms, there may be more going on

> **BENEATH THE SURFACE** than one realizes 5



A physician must **CHECK A PATIENT'S** LAB VALUES in order to determine if treatment is appropriate.5



PTH, CALCIUM AND PHOSPHORUS

LEVELS are used as markers to assess secondary HPT severity and treatment response.5

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.5

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.5

*Data are from OutcomesPlus, a national database of clinical data from patients receiving hemodialysis in facilities across the United States, excluding hospital and governmental entity 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.

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