



Managing anaemia of chronic kidney disease

Anaemia of CKD & Me is a series of guides for people with chronic kidney disease (CKD). They have been created with patient organisations and a renal anaemia nurse to make sure they cover information that may be important to you. This guide tells you about the different ways to manage anaemia, which is a symptom of CKD. This information can help you talk about anaemia with your doctor or nurse if you want to.

Treatment goals

Anaemia is a condition when your body doesn't have enough healthy red blood cells to carry oxygen around the body. The goal of treatment is to treat the cause(s) of your anaemia and increase the levels of haemoglobin and red blood cells in your body to a level that is specific to you. You may want to discuss your personal anaemia treatment goals with your doctor, for example being able to complete daily tasks such as shopping or physical activities such as walking.

Treatment of anaemia may offer the following benefits:

- ✓ Stop your anaemia from getting worse
- ✓ Reduce your symptoms of anaemia
- ✓ Improve your quality of life and make daily life easier
- ✓ Make sure you have the right haemoglobin levels and amount of red blood cells

If anaemia is not treated it can lead to more serious health problems. This is because your body is not getting enough oxygen to work properly, which can be life-threatening. These serious health problems can include:

- ✗ Increased risk of developing heart disease
- ✗ Worsened kidney function
- ✗ Increased risk of developing lung problems

How is anaemia of CKD treated?

There are different treatments for anaemia. Your doctor should discuss these options with you. The right treatment for you will depend on:

- What has caused your anaemia
- How severe it is
- The impact anaemia is having on your daily life
- The stage of CKD you have
- If you are on kidney dialysis or not
- What other health conditions you may have
- The side-effects of the anaemia treatment

This resource has been developed based on insights from an Astellas advisory board with kidney patient organisations. We would like to thank Juan Carlos Julian (European Kidney Patients' Federation), Laurie Cuthbert (Kidney Care UK) and Bintu Bangura (Renal Anaemia Clinical Nurse Specialist) for their role in creating this guide for the patient community.

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Available anaemia treatments include:



Iron supplements

This is to top up the iron you have in your body. You may be given pills, liquid, or injections.



Erythropoiesis-stimulating agents (ESAs)

This tells your bone marrow to make more red blood cells, in the same way that the hormone erythropoietin (EPO) does. ESAs are usually injected.



Hypoxia-inducible factor–prolyl hydroxylase inhibitors (HIF-PHIs)

This tells your bone marrow to make more red blood cells, by making your body ‘think’ there is low oxygen in the air. It does this by making more EPO and increasing the iron available in your blood. HIF-PHIs are taken orally (by mouth).



Red blood cell transfusion

This increases the amount of red blood cells in your blood by giving you blood from someone else (a donor). This involves injecting red blood cells from a blood donor into your blood.

Is my treatment working?

You will have regular blood tests to check your Hb levels and iron status to see if the treatment is working. How often you have these tests will depend on what stage of CKD you have. Your doctor will be able to give you guidance on this.

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What can I do?

Here are a few things you can do to help manage your anaemia of CKD:

- If you are taking treatment for your anaemia, follow your doctor's advice and take it at the right time
- Find your local patient organisation as they will be able to offer support and connect you with other people living with CKD
- Ask your doctor to explain your anaemia blood test results so that you know what is happening in your body
- Make a note of any physical symptoms you have and how much they affect your day-to-day life, and tell your doctor about them
- Make a note of any mental health symptoms you have and if they are stopping you from doing the things you enjoy, and tell your doctor about them
- Tell your doctor if you are experiencing side-effects from the treatment
- Check the [European Renal Association \(ERA\) online cookbook](#) or speak with your doctor for advice about what to eat
- Ask your doctor for advice about being physically active



Questions to ask your doctor about managing anaemia

- What can I do to manage my anaemia?
- What were the results of the blood test, and what do they mean?
- What treatment side effects* do I need to look out for?
- How well is my treatment working?
- Can anaemia affect my mood? If so, why?
- Are there any diet or lifestyle changes I can make to help manage my anaemia?
- What signs and symptoms could suggest my anaemia treatment is not working?

* If you experience side effects from a treatment for anaemia, it's important to tell your doctor so they can report them through the official channels in your country. This helps increase understanding of how these treatments affect people and makes sure you get any extra support you need to manage the side effect.



The other guides in the Anaemia of CKD & Me series are:

- About anaemia of chronic kidney disease
- Symptoms of anaemia and chronic kidney disease
- Who anaemia of chronic kidney disease affects
- Getting tested for anaemia of chronic kidney disease
- Anaemia of chronic kidney disease and your body and mind
- Symptoms checker for anaemia and chronic kidney disease

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Word checker

Red blood cells:	One of the types of cells that make up your blood. They carry oxygen from your lungs to the rest of your body.
Haemoglobin (Hb):	A protein found inside red blood cells that allows them to carry oxygen. Your body needs iron to make Hb.
Iron:	Iron is a metal, and in very small amounts it is also an essential mineral your body needs to function. The body gets iron from the food that you eat and by recycling dead red blood cells in your body.
Iron status:	A measure of how much iron you have stored and available for your body to use.
Erythropoietin (EPO):	A hormone that your kidneys make that tells your bone marrow to make red blood cells.
Low EPO:	When the body isn't making enough EPO to make enough healthy red blood cells. When your kidneys are damaged they make less EPO, which can lead to anaemia.
Blood transfusion	A procedure where blood or specific blood cells from another person are added into your blood, usually because you have either lost blood or don't have enough healthy blood cells.

For more information visit the Astellas website at:

www.astellas.com/eu/patient-focus/patient-partnerships.

Please contact us at eupatientpartners-sm@astellas.com if you need this document in an alternative format. References are also available upon request.