



Upcoming Events:

RSA/ANZSN
Melbourne,
Aug 25-27 2014

[www.renalweek
2014.org](http://www.renalweek2014.org)
registrations open

ISPD—Madrid Sept
7-10th
www.ispdmadrid2014.com
registrations open

Big Red Kidney Walk
Sept 14 registrations
open

[bigredkidney-
walk.org.au](http://bigredkidney-walk.org.au)

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Daily or Nocturnal Haemodialysis—good for the heart?

Dr Chris McIntyre has published many articles on heart disease and dialysis. His latest publication highlights that as more is determined about the links between cardiac disease and chronic kidney disease the more complex the pathophysiology becomes, raising many new questions. Put simply standard haemodialysis regimes are attributed to causing cardiac stress, localised inflammation and cardiac injury. Also microcirculation changes (small capillaries) are associated with increased left ventricular mass and arterial remodelling.

Additionally the syndrome known as cardiac stunning which occurs in at least two thirds of patients causes cardiac ischaemia. This leads to cardiac failure starting to develop within 12 months. It is also hypothesised that the ischaemic impact on organs affects residual renal function causing urine output to decrease and making fluid control harder.

Inflammatory markers and endotoxins are associated with cardiac disease and are high in this dialysis population. Research has shown that extended and higher frequency HD leads to reductions in the inflammatory markers. Endotoxin levels in daily HD and nocturnal HD have been shown to become almost normalised. It is also noted that reducing interdialytic intervals improves sodium and fluid balance variations improving blood pressure and volume status.

Given that even alternate day dialysis contributes to these cardiac benefits, for those interested in a healthy heart it would be worth assessing to determine if more than three treatments per week would offer possible health benefits.

McIntyre, C. Cardiovascular benefits of daily haemodialysis: peeling the onion. *Neph, Dial, Trans* 2014;29(1):1-4

Nurse Link—keeping your unit in touch

Kidney Health Australia are exploring ways to ensure that nurses are kept informed about educational and support services for their patients. For those isolated at home sharing the information is particularly important. One new strategy to inform nurses is Nurse Link.

Nurse Link is a networking and communication platform for renal nurses throughout Australia. Nurse link nurses will be informed about new resources and programs for patients available from KHA, as well as volunteering opportunities and will be encouraged to share this information with their unit. There will also be a focus on providing information about innovative practise at different units as well as profiling nurses that are doing amazing things in their community.

The information is communicated through monthly newsletters as well as email contact as necessary. If your unit does not have a nurse link member we would like to hear from you. To become a member, or to find out more about Nurse Link email nurse.link@kidney.org.au





The
HOME
Network™
Educate, Enable, Empower
Established 2009

The HOME Network

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Through education and advocacy the HOME network aims to enable patients and healthcare professionals to use their knowledge and the practical resources developed by the group to empower more patients to embrace the freedom of home

HOME Network By Josephine Chow, Chairperson



At the Home Therapy Conference in March 2014 in Melbourne, members of The HOME Network had the opportunity to showcase our vision and achievements. Our stand attracted a large number of delegates seeking further information about our works. The theme for our stand was "Visit the HOME Network stand – share ideas and help make a difference for our patients".

We aimed to increase Health Care Professional networking and to share some of the novel ways in which we as healthcare professionals are making a difference. The delegates were encouraged to share their ideas that support their patients to choose the home dialysis option. Forms were completed and displayed for everyone to see during the conference. The summary of the ideas will be posted in our new HOME Network Website which is currently under development and will go live in the near future.



Patient focused innovation in the UK

In the United Kingdom the National Institute for research allocated 14 grants to industry, for development of technologies that could improve management of kidney disease. A number of the industries are looking at better ways to detect/manage earlier chronic kidney disease including home monitoring of kidney function. An interesting one for anyone on centre based dialysis is an app to book dialysis transport.

Of interest to the home dialysis area are four grants. The first is to increase telemedicine and reduce patient hospital attendance. The second is for the UK renal data collaboration to develop a system that allows patients to check results and medical record entries so that they can flag if mistakes have been made (UK patients have far wider access to results and records than in Australia).

Jasmine media production LLP have received a grant to develop a virtual 4D technology that will assist patients learning self-cannulation. Microsensor Limited have a grant to develop infection sensors that can be incorporated into existing peritoneal dialysis products. How great would that be; no wondering if the bag is cloudy or not?

Kidney dialysis patients were part of the panel that judged the entries and selected who received the grants which may explain the strong consumer focus of many of these projects. It will certainly be interesting to see the outcomes.

News article at: www.sth.nhs.uk/news



Editors Word!

Welcome to edition 30 of Home Updates.

Keeping healthy is important for all of us. Exercise helps heart health and weight loss. KHA are hosting the Big Red Kidney Walk again this year on Sep 14th and would enjoy your company. Visit bigred-kidneywalk.org.au for more information.

To subscribe, comment or contribute email Debbie Fortnum at:

