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Current Practice and Educational Needs of Clinicians Who Manage Hyperphosphatemia in Patients with Chronic Kidney Disease (CKD)

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Hyperphosphatemia is prevalent in patients with CKD on dialysis and is associated with poor clinical outcomes. We sought to understand current approaches to managing hyperphosphatemia in patients on dialysis to determine continuing educational needs across the patient care team.

A survey including 2 case scenarios was developed to assess approaches to managing hyperphosphatemia. Survey responses were collected in Jan 2021 from US-practicing nephrologists (n=125), nephrology nurses (n=52), and dietitians (n=50).

Most healthcare providers (HCPs; 72%) recommend dietary phosphate restriction and phosphate binders (PBs) as initial treatment of hyperphosphatemia. Few recommend phosphate restriction (19%) or pharmacotherapy (5%) alone. The max average daily dietary phosphate intake recommended by nephrologists, nurses, and dietitians was 960 mg, 960 mg, and 1040 mg, respectively. HCPs are moderately likely to recommend dialysis adjustments for patients with refractory hyperphosphatemia, with nurses more likely to do so than dietitians and nephrologists. Preference for initial PB differed; 55% of nephrologists, 37% of nurses, and 32% of dietitians opt for sevelamer, and the rest split between calcium- and iron-based PBs. All HCPs identify side effects, tablet burden, and affordability as significant barriers to the use of PBs. Most HCPs would select a therapy with a new mechanism of action (MOA) as initial or combination therapy for patients with hyperphosphatemia. HCPs report low-to-moderate familiarity with the MOAs of current and developing therapies, although they perceive a need for therapies with new MOAs.

HCPs perceive significant barriers to optimally managing hyperphosphatemia in patients on dialysis. There is no consensus for PB preference, and most HCPs perceive a need for therapies with new MOAs. All HCPs may benefit from continuing education focused on optimal hyperphosphatemia management, approaches to dietary restriction and PBs, and emerging therapies.

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