

A) COMMENTS ON PUBLISHED ARTICLES

A comment on the question 'Are the aims of the K/DOQI guidelines for mineral metabolism disorders in stages 3-5 chronic kidney disease unachievable or inadequate?'

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To the Editor:

I read with much attention and a great deal of interest the editorial by Dr. Elvira Fernández¹ on whether the aims of the K/DOQI guidelines on mineral metabolism disorders in stages 3-5 chronic kidney disease are unachievable or inadequate. Dr. Fernández concludes that the recommended values are adequate but unachievable at the time the OSERCE I study was conducted, since no drugs such as oral paricalcitol, sevelamer carbonate or lanthanum carbonate were available for use in pre-dialysis.

However, I believe that the evidence on the adequacy of the mineral metabolism parameter values is not clearly defined by any prospective study as the KDIGO guidelines demonstrate: neither are stage 3 and 4 parathyroid hormone values clear, nor is it clear whether or not we should maintain 25(OH)D values > 30ng/ml or whether or not we should use non-calcium chelating agents in pre-dialysis. The study by Block GA et al.² on the effects of phosphorus chelating agents in moderate renal failure using calcium and non-calcium chelating agents is very disturbing, given the association between high levels of phosphorus and mortality. The conclusion of that study was that phosphorus chelating agents significantly lowered serum and urinary

phosphorus and slowed the progression of secondary hyperparathyroidism in patients with moderate chronic renal failure (CRF) with normal or near normal levels of phosphorus, but that it nevertheless promoted progression of vascular calcification, which called into question the effectiveness and safety of phosphorus chelating agents in stage 3-4 CRF. We require well-designed comprehensive prospective studies that use hard endpoints such as total and cardiovascular mortality to assess what mineral metabolism values are adequate and what interventions can be carried out to achieve them safely.

Conflicts of interest

The author declares potential conflicts of interest.

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1. Fernández E. ¿Son inalcanzables o inadecuados los objetivos de las guías K/DOQI en las alteraciones del metabolismo mineral en pacientes con enfermedad renal crónica 3-5? Nefrologia 2013;33(1):1-6.
2. Block GA, Wheeler DC, Persky MS, Kestenbaum B, Ketteler M, Spiegel DM, et al. Effects of phosphate binders in moderate CKD. J Am Soc Nephrol 2012;23(8):1407-15.

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Response to the Comment 'Are the aims of the K/DOQI guidelines for mineral metabolism disorders in patients with stage 3-5 chronic kidney disease unachievable or inadequate?'

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To the Editor:

I thank Dr Armando Negri for his interest in and Comment on the editorial 'Are the aims of the K/DOQI guidelines for mineral metabolism disorders in patients with stage 3-5 chronic kidney disease unachievable or inadequate?',¹ written with the aim of putting into context the original published in the same issue on the adequacy of the K/DOQI guidelines to stage 3 to 5 chronic kidney disease patients (OSERCE II).²

Dr Negri disagrees with the term "adequate" applied by me to the values recommended in the K/DOQI guidelines, owing to a lack of evidence in prospective studies. I justify using the term for two reasons: 1) the credibility that we owe guidelines for which the literature has been thoroughly revised in order that experts of recognised prestige may determine the best evidence available and 2) the adjective "adequate" is not equivalent to "ideal". I understand that when it is applied to medicine, there is a slight distinction, with it being understood as something that is not perfect, although it may be "reasonable" or "advisable".

Nevertheless, the concern of Dr Negri has obliged me to reflect on the word and agree with his evaluation. The term "adequate" cannot be applied to aims that are unachievable. The acronym S.M.A.R.T. is employed as a mnemonic resource to remind us what properties