magnesium hydroxide, polyethylene glycol, sorbitol and lactulose, exert their properties by drawing water into the colon and allowing easier and faster passage of the stool. In addition to the passive paracellular K^+ excretion,[10] such-induced increase in the intestinal luminal flow would activate the colonic BK channels (Fig. 1), similarly to the increased renal tubular flow that activates the renal BK channels.[3] Given such pharmacological properties, the osmotic laxatives, which increase fecal K^+ excretion through the activation of colonic BK channels, would also be beneficial in the treatment of hyperkalemia in CKD patients.

Conflict of interest

None declared.

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Comments: "Intervention study to verify the effect of live classic music during hemodialysis on the quality of life of patients with chronic kidney disease"

Comentario a «Estudio de intervención para comprobar el efecto de la música clásica en directo durante hemodiálisis sobre la calidad de vida de pacientes con enfermedad renal crónica»

Dear Editor,

We read with great interest the article by Serrano et al.[1] They show that listening to live music during hemodialysis treatment has a positive effect on the lives of patients with chronic kidney disease. The clinical trial focused on evaluating descriptive variables, such as the etiology of kidney disease, hemodialysis treatment time, sex, age, vascular access by arteriovenous fistula or central venous catheter, mathematical expression Kt/V to measure the efficacy of hemodialysis treatment, consumption of psychotropic drugs and/or analgesic medication, serum hemoglobin (g/dl), serum albumin (g/dl), and mean arterial pressure (mmHg). A total of 90 patients participated in the clinical trial. They were orga-

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nized into 2 groups. Researchers carried out a prospective, cluster-randomized trial. The intervention group was exposed to music during sessions and the control group received their regular therapy.

Studies show that anxiety and depression are psychological reactions that manifest in chronic kidney disease patients during hemodialysis treatment.[2–7]

Patients requiring dialysis may present with complications resulting from their use, as well as diet restrictions and limitations in their daily activities. This leads to a certain degree of stress. For this reason, we believe that the authors should have considered anxiety and depression among their descriptive variables and used psychological tests, such as the State-Trait Anxiety Inventory (STAI) and the BECK Anxiety Inventory (BAI),[8] as guides.

Anxiety and depression are the most frequent mental disorders in patients with chronic kidney disease requiring hemodialysis.[2,4,6] We would also like to emphasize that physicians do not evaluate patients for anxiety disorders[3] although these are associated with an increased risk of hospitalization and mortality.[7] In addition, healthcare professionals experience the same depressive symptoms as their patient.[5]

Conflict of interest

The authors declare that they have no conflict of interest.

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Tolvaptan-related toxicoderma

Toxicodermia relacionada con el uso de tolvaptán

Dear Editor,

Tolvaptan (Jinarc®) is a vasopressin V2 receptor antagonist whose action leads to a decrease in intracellular cAMP levels.[1]

This drug is indicated for patients aged 18–60 years diagnosed with autosomal dominant polycystic kidney disease (ADPKD)[2–4] in cases of rapid progression and CKD stages 1–4.[5,6]

It first became available on the European market in 2015 following the promising results of the TEMPO 3:4 clinical trial.[7] Dosage is divided into two daily intakes, starting at 45 + 15 mg, with progressive increase up to the full dose of 90 + 30 mg,[1] maintaining the highest dose tolerated by the patient and monitoring the main side effects: hepatotoxicity and polyuria.[8]

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