

Problems Associated with Medications taken by End Stage Renal Failure Patients

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At first, we need to present and clarify the renal failure patient and what is his complications and how these complications is dealt with, as our topic actually is about problems related to managing the kidney patient problems or complications

- This is the style life of kidney patients
- Of minimum 3 - 4 hours a day
- 3 days weekly
- An end stage renal failur patient is a one who is suffering from:
 1. Electrolyte imbalance in form of: low calcium -----so taking supplements of 500 mg tablets 3 times a day
 2. Suffering from anaemia -----so taking: 5 tablets of folic acid once daily multi vitamins -----for: iron, vit B
 3. Suffering from high blood pressure ----so at least taking one type of anti hypertensive medications (sometimes with malignant hypertension high doses of several types of anti hypertensive medications are prescribed (may reach 230/130)
 - Or Hypotension that may leads to syncope and shock
 4. Also the patient on dialysis in continuous stress causing stress ulcer and together with uraemia -----causing gastritis
 5. High blood pressure also may leads to vomiting - All of which recommend good management alternating between proton pump inhibitors and antacids to avoid aluminium hydroxide protective coating as it is not eliminated on dialysis
 6. Active vitamin D (Hydroxycalciferol)-----For calcium metabolism (absorption and bone deposition) Other less common medications
 7. Pain killers for: Itching, Bony aches
 8. Antibiotics -----for: secondary infections and catheter related infections
 9. So in general a patient may take between 5 up to 15 tablets 3 times daily That's why we are here to talk about

How to make pills for (ESRF) patient easy to swallow?

In general: We need to study which combination could be done with avoiding drug interactions.

- We should change the form of medications that are specified for renal patients as this will help the patients to keep taking their medications regularly.
- Bearing in mind that Suffering in taking the medications makes the patient give-up and start refusing all medications and get desperate and lose hope in life together with psychological problems.

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- Therefore Big tablets as calcium could be made chewable or even gelatinous solution in vials Folic acid tablets should dose formulas, as no need for a patient to count 5, 10 or even 15 tablet of one medication for psychological purpose.

Gastric medications should be combined and given as effervescence Specific multi vitamin formulas for ESRF patients Digestive enzyme supplement tablets should be prescribed to correct mal-digestion.

If medications can be provided as syrup or powdered forms in capsules for example to be easily dissolved in water or drinking vial like packages Specific multi-vitamin and food supplements (as L-carnitine) formulas and forms suitable for kidney patients.

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