

Common Prescribing Questions for Patients with Chronic Kidney Disease not on Dialysis

Your patient has chronic kidney disease (CKD). Listed below are some of the most common prescribing questions for patients with CKD. These recommendations are only a guide. If you have a patient specific question, please contact your patient's nephrologist or care team.

1. Gout

- a. Acute treatment:
 - i. AVOID: NSAID's (including COX-2 selective drugs)
 - ii. SUGGEST: colchicine 0.6-1.2mg at onset of attack, then 0.6mg po BID OR Prednisone 15-50 mg po daily x 3 -5 days
- b. Uric Acid lowering (suggest if > 2 episodes of gout/year)
 - i. Allopurinol (with dose adjusted based on eGFR)

2. Urinary tract infections

- a. AVOID: Nitrofurantoin (lower efficacy and increased toxicity in CKD)
- b. SUGGEST: All other oral antibiotics generally ok. Ensure they are dosed for renal function as required
- c. NOTE:
 - i. Trimethoprim/Sulfamethoxazole and Ciprofloxacin may transiently increase creatinine. This does not indicate renal toxicity and should reverse when the course of antibiotics are over.
 - ii. Most antibiotics require dose adjustment. However, macrolides, clindamycin, cloxacillin and metronidazole do not require adjustment if eGFR > 15 mL/min
 - iii. Trimethoprim/Sulfamethoxazole may raise serum potassium - caution in patients with a tendency to hyperkalemia

3. Pain

- a. AVOID: NSAID's (including COX-2 selective drugs)
- b. SUGGEST: Acetaminophen, tramadol (reduce dose if eGFR <30 mL/min), topical preparations (ex. diclofenac emugel)

4. Shingles

- a. All antivirals (acyclovir, valacyclovir, famciclovir) require dose adjustment in CKD. Significant neurologic toxicity can occur if dose not adjusted
- b. If gabapentin or pregabalin are being used for analgesia, these also require dose adjustment
- c. If opiates are indicated, agents such as hydromorphone or fentanyl are preferred as the metabolites are less neurotoxic than those of other agents. No dosage adjustments are required in CKD.

5. How do I help my patient avoid acute kidney injury (AKI)?

- a. Counsel your patient to hold their ACE inhibitors, Angiotensin receptor blockers (ARB's), diuretics, metformin and SGLT-2 inhibitors if they are ever suffering from an illness that causes them to be dehydrated. Please see bcrenalagency.ca/node/1338 for a helpful patient teaching tool.

6. My patient needs to go for a colonoscopy, what preparations are safe?

- a. AVOID: Oral phosphate containing bowel preparations
- b. USE: PEG based solutions

7. My patient needs to go for an angiogram or a CT with contrast?

- a. SUGGEST:
 - i. Health care provider (or patient) encouraged to contact nephrologist or kidney clinic
 - ii. Ask patient to HOLD ACE inhibitor, ARB, diuretic and metformin the day before the test
 - iii. Check creatinine 3-7 days post procedure and then restart the medications that were on hold
- b. NOTE: Eye exams with fluroscein dye and scans with oral contrast are not nephrotoxic