



Talk to your patient guide:

ANEMIA AND KIDNEY DISEASE

Though anemia may not be the most severe complication of kidney disease, it is highly prevalent among kidney disease patients. Anemia is a common side effect of chronic kidney disease (CKD), and most people with end-stage renal disease (ESRD) have anemia. Anemia may cause kidney disease to worsen. Even if your patient does mention or currently show symptoms of anemia, set aside time to talk to them about anemia and available treatment options.

How to use AKF's anemia resources

There is often not enough time in one appointment to cover every topic related to CKD or ESRD in depth. In order to help maximize time and facilitate anemia discussions, AKF launched ACT on Anemia, a patient education campaign designed to increase awareness of anemia as a serious condition associated with kidney disease.

ACT on Anemia features the following patient-centered resources, in both **English** and **Spanish** to enhance discussions with your patients about anemia.

ACT on Anemia website: refer your patients to [kidneyfund.org/anemia/](https://www.kidneyfund.org/anemia/) to access patient-facing information on anemia with CKD and ESRD.

- Ask your medical staff to print relevant pages from the ACT on Anemia site to create a packet your patients can take home.

ACT on Anemia booklets: Anemia in Chronic Kidney Disease and **Anemia in End Stage Renal Disease.**

- Print the booklet(s) most relevant to your patient, then use it as a conversation tool during the appointment.
- If you do not have enough time to discuss anemia during an appointment, print the booklet(s) for your patient to read at home.

Talk to Your Doctor Guide: provides tips for patients to proactively seek more information about their anemia.

- Download the **Talk to Your Doctor Guide**.
- Ask your patients to use the guide to track their lab values and write down their questions to bring to the next appointment.
- You may want to have your patients **watch the video** that accompanies the guide on a tablet while they wait in the lobby or during the appointment if there is time.

Risk Identifier Quiz: helps patients to correctly identify possible symptoms of anemia.

- Direct your patient to take the **online quiz**.
- Allow patients to take the quiz in the waiting room or ask them to complete it at home and bring their results to their next appointment.
- Review your patient's quiz results with them during the appointment to guide your discussion about their symptoms and treatment options.

These resources can be found and downloaded from:
[kidneyfund.org/anemia/](https://www.kidneyfund.org/anemia/).



Why talking to renal patients about anemia is important

- Patients may not know that they have anemia
- Patients may not know or recognize symptoms of anemia
- Patients often feel overwhelmed with other health issues, making anemia less of a priority to discuss with providers

Clinical judgement is paramount in anemia treatment

Clinical judgment based on an individualized assessment of a patient is championed as the best approach to treatment decisions in anemia care. A complete assessment requires a patient's history and preferences, pointing to the importance of starting these conversations.

Communication strategies

According to renal professionals **surveyed** by AKF, the top barrier to discussing anemia is patients feeling overwhelmed by other health factors they deem more important. Starting the conversation by saying that you want to “pause” to talk about anemia may allow your patients to focus on anemia for this period. You could also let your patients know that you will be blocking a specific part of the visit to discuss anemia.

To discuss anemia with kidney disease patients and reduce barriers to their understanding, consider these communication strategies:

Teach-back Method

The teach-back method involves asking a patient to **explain in their own words** what you have told them about anemia. Here is how you can use the teach-back method:

- Ask your patient to explain in their own words what you have discussed with them about anemia.
- Explain that your goal is to make sure you have communicated clearly; not to quiz your patient.
- If your patient misunderstands key points, try describing it in a new way and re-check.
- Use a caring tone, make eye contact, and avoid speaking too fast.
- Ask open-ended, as opposed to ‘yes or no’ questions when possible.
- If a caregiver accompanies the patient to an appointment, solicit their questions as well (if they don’t have questions).
- During the visit, refer to the ACT on Anemia patient-facing materials such as the **Anemia in CKD** or **Anemia in ESRD** booklet and point out key information to your patient.

Patient-centered Communication

Patient-centered communication (PCC) involves **understanding the patient's perspective**, while considering the patient's psychosocial and cultural backgrounds, to reach a mutually agreeable plan of action. Here is how you can use PCC:

- Express empathy for your patient's concerns.
- Listen to and affirm your patient's needs, feelings, ideas, and treatment expectations related to anemia.
- Understand that patients may feel overwhelmed by multiple concerns, which may cause them to not fully focus on information about anemia.
- Offer explanations in plain language, avoiding medical jargon when possible. Plain language provides clarity, regardless of a patient's level of education.
- Give your patient time to reflect and think of questions after you tell them something.
- Use medical interpreters for patients whose primary language is different than your own.
- Recognize the impact of cultural values and religious beliefs on patient-provider communication.
- Write information down so that patients can research or revisit information at their own pace.

Shared Decision-Making

Exercise shared decision-making (SDM) so that your **patient feels valued and has an active part in their own care**. Here is how you can use SDM:

- Explain to your patient why a certain anemia treatment is being prescribed over another.
- If there are other available treatment options, ask your patients which option they prefer best.
- Provide your patient with the **ACT on Anemia Talk to your doctor guide**.
- Provide access to information your patient needs to make the decision, such as the **Anemia in CKD** or **Anemia in ESRD** booklet.
- Provide advantages and disadvantages of each anemia treatment option.
- Explain how each treatment option would fit into the patient's personal values and lifestyle.
- Come to a decision that you and your patient are satisfied with.

Motivational Interviewing

Motivational interviewing (MI) is **collaborative conversation that evokes self-motivation and commitment to behavior change**. This practice is a form of counseling and intervention where the patient identifies both the problem and the solution. Here is how you can use MI:

- Reinforce self-efficacy by focusing on your patient's strengths and past achievements in anemia management, no matter how small.
- Roll with your patient's resistance, avoid arguing or steering the patient's views, and allow new ideas rather than shutting them down.
- Return questions and problems back to your patient to work through.
- Help your patient distinguish the discrepancy between where they are right now and the anemia goal they have set for themselves.
- Utilize the MI tactic known as 'OARS':
 - **O**pen ended questions
 - **A**ffirm what you hear and empathize with the patient
 - **R**eflect out loud on what patient is saying rather than assuming
 - **S**ummarize the conversation to reinforce what has been said
- Engage in "Change Talk". The more a patient talks about their motivation and commitment to changing an anemia-related behavior, the more likely they are to succeed.

Conversation guide

Use the following plain language conversation guide to talk to your patients about anemia and kidney disease.

Step 1: Block time and set the stage

"I understand you have many important health factors you are thinking about right now. There is one that you might not think about as much, but it's still very important. For the next 5 minutes, I would like to talk to you about anemia."

or

"I realize you have a lot on your plate right now. In our next visit, I would like to talk to you about anemia. How does that sound?"

Step 2: Share information and use educational resources as needed

- When your kidneys are not working, they are not helping your body make enough red blood cells.
- Anemia is a condition that happens when there are not enough red blood cells in your body or when there is not enough iron in your body.
- Red blood cells carry oxygen through your blood. If you have anemia, there are not enough red blood cells to carry oxygen around your body.
- Sometimes there aren't symptoms of anemia, but symptoms can include dizziness, loss of concentration, pale skin, chest pain, shortness of breath, fatigue or weakness, and sensitivity to cold.
- A blood test that checks for hemoglobin, the protein in red blood cells that carries oxygen, will tell you for sure if you have anemia or not.
- The first step in treating anemia is to take iron supplements. They come in the form of pills, injections, or an IV.
- If you have anemia because your body is not making enough red blood cells, the next step of the treatment involves taking erythropoiesis-stimulating agents (ESAs). ESAs help your body make more blood cells.
- Many people need to take both ESAs and iron supplements to reach a healthy red blood cell count.
- Anemia usually gets worse as CKD gets worse. Most people with kidney failure who are on dialysis have anemia.
- Getting a new kidney does not remove your risk for anemia. In fact, patients who have had a kidney transplant are at high risk for having anemia.

Step 3: Recruit assistance

If you do not have enough time to discuss anemia with your patient, ask your medical staff to prepare a packet of resources your patient can take home. Also ask your patient's nurse or social worker to reinforce your anemia conversation with the patient.

Questions to ask your patients

Ask these questions to help start a conversation about anemia and kidney disease with your patients.

1. What do you know about anemia? It's okay if you do not know much about it, I will explain it today.
2. What questions do you have about anemia?
3. What questions do you have about your anemia treatment?
4. I want to make sure I explained the risks and benefits of your anemia treatment to you. Would you mind repeating the risks and benefits back to me? This is not a quiz, I just want to be sure I explained this well.
5. From what we discussed, which anemia treatment sounds like it would be a good fit for you?
6. Do you feel that your anemia treatment is working well for you? Why or why not?
7. Would you be interested in trying a different treatment for anemia or are you happy with your current treatment?
8. Is there anything you're still unsure of about kidney disease and anemia?
9. There are new treatments for anemia that are in the last phases of drug development. Would you have interest in participating in clinical trials or learning more about clinical trials?



KidneyFund.org/anemia



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